



UP!UP!

Evaluation Report

Review of a tier 2 weight
management programme for adults
of Black African & Caribbean
heritage in Lewisham

Food for Purpose FFP CIC

March 2024

Author's notice

This report was authored by Food for Purpose FFP CIC, who were commissioned by the Lewisham Public Health and Commissioning team.

This report's findings are informed by data analysed from interviews with Up!Up! service users, delivery teams, community members, and leaders.

This report does not affect the services delivered by Food for Purpose.

Enquiries about the commissioning or performance of Up!Up! should be directed to the Lewisham Public Health Team on publichealth@lewisham.gov.uk

Shola Oladipo
CEO - Food for Purpose FFP CIC



Contents

EXECUTIVE SUMMARY	1
Background	2
Objectives	3
Methods	4
Recruitment	4
FINDINGS	5
Analysis	6
Relevance	7
Accessibility	9
Equity	12
Social Acceptability	15
Effectiveness	20
Efficiency and Economy	24
Performance Data	27
Final Summary	30
Contacts	31
Appendices	32

Executive Summary

Up!Up! is a culturally tailored tier 2 weight management programme developed in response to Lewisham council's commission for its Black African and Black Caribbean residents.

This 12-week programme consists of 12 one-hour sessions. Each session is group-based and focuses on topics such as increasing physical activity classes, healthy eating and cooking, coaching, and behaviour change. Guys and St. Thomas' (GSTT) staff and grassroots community partner organisations deliver the programme in community sites in Lewisham and online.

Following on from the initial Up!Up! pilot programme delivery in April 2022 – June 2022; this evaluation covers the period of March 2023 – December 2023, where 12 groups were delivered, as face-to-face and online formats. Performance data for the period of this evaluation shows that:

- Nearly 90% of participants were very likely to recommend Up!Up! to friends and family.
- A total of 243 referrals were received into the service, and 168 started the programme.
- 49% of participants attended 8 or more of the 12 sessions for the period.
- 46% of participants who completed the programme achieved 2% weight loss
- 25% of participants who completed the programme achieved 5% weight loss

Based on the measurement of six key quality domains, which involved in- depth conversations with participants, delivery staff and community partners, community leaders and commissioners, it is evident that Up!Up! is progressing positively and consistently. Participants highly value and endorse the programme. However, there is a pressing need to continually and intentionally engage with the Black African and Black Caribbean (BABC) community to ensure a sustainable and equitable service that caters to their specific needs and delivers positive health outcomes. This will not only enhance the impact of Up!Up! but will also promote trust, inclusivity and diversity.

Background

It is evident that Black African and Black Caribbean adults in Lewisham face significant health disparities in regards to tier 2 weight management programs. The statistics reveal that their completion rates and weight loss outcomes are consistently lower than those of their white counterparts. To address this issue head-on, Up!Up! was created - a culturally tailored weight management program designed specifically for the Black community with support from Public Health England. This 12-week program is available both in-person and virtually, offering 12 hours of group-based coaching on culturally relevant nutrition and physical activity, participatory physical activity classes, guided walking groups, and a cooking workshop.

Up!Up! was developed and piloted from April 2022 to June 2022. After the pilot period, an evaluation was conducted by Professor Louise Goff, using a mixed-methods approach to assess the development and delivery of Up!Up!. The evaluation was based on data collected from service users and program facilitators. (Link to the publication at www.upuplivinglighter.org)

Since the pilot project, Up!Up! has undergone some changes to improve key areas. This evaluation uses a quality framework to assess six key dimensions of Up!Up! : relevance, accessibility, effectiveness, equity, social acceptability, efficiency and economy. Focus groups and interviews were conducted to understand the views of service users (members), delivery staff (facilitators) from GSTT and community partners, community leaders, public health and commissioning staff. The findings from this study are expected to inform the ongoing development and improvement of Up!Up!

Objectives

The key objectives of this evaluation report were to:

- Evaluate the overall quality of the Up!Up! from March 2023 – December 2023 by measuring six service quality dimensions:
 - Relevance
 - Accessibility
 - Effectiveness
 - Equity
 - Social Acceptability
 - Efficiency and economy
- Compare Up!Up! with existing tier-two weight management programmes.
- Gain participant's recommendations for ways to improve the Up!Up! programme delivery

Methods

We conducted focus groups and interviews with Up!Up! participants from various cohorts, community leaders, programme delivery staff, community partners, public health and commissioning staff; to understand their views on the six quality dimensions in relation to the Up!Up! programme.

We used Maxwell's model (1992) to measure service quality for our service assessment tool and to frame our conversation guide. The six domains of the model are shown below:

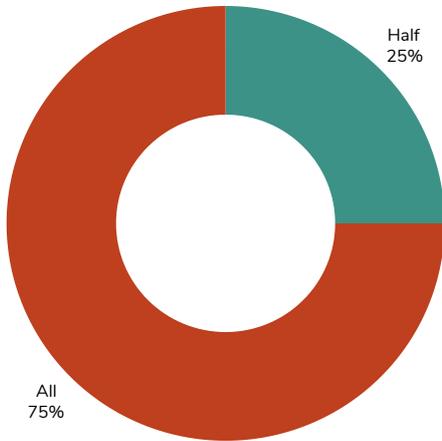


Interviews took place online via Zoom / Google Meet between December 2023 and February 2024. They were recorded with permission and transcribed verbatim. The transcripts were analysed deductively using the Maxwell domains to inform the development of themes. Additional emerging themes were developed inductively based on what the participants felt was meaningful to them.

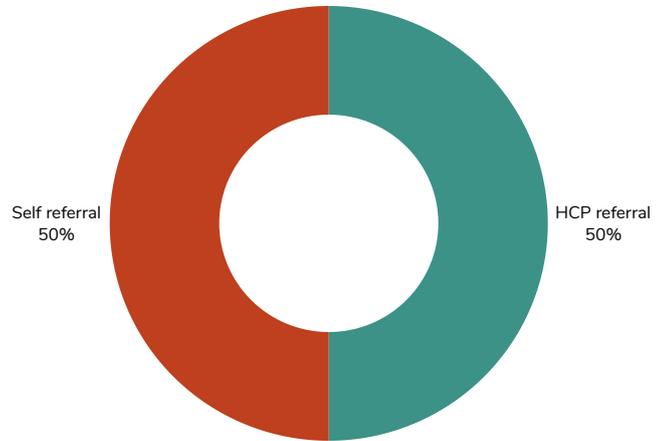
Findings

Demographics

Attendance to sessions



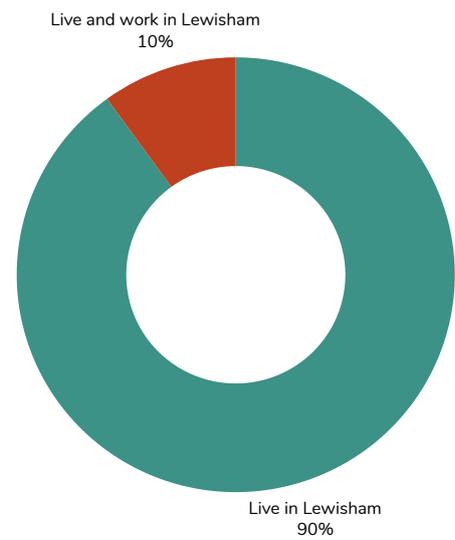
Referral Status



Attendance mode



Location and residence



Members (N= 20)

Female = 100%

Mean age = 57

Age range = 33 – 67

Caribbean 90% , African 10%

Others

Delivery staff (NHS facilitators and community partners) = 5

Community leader = 3

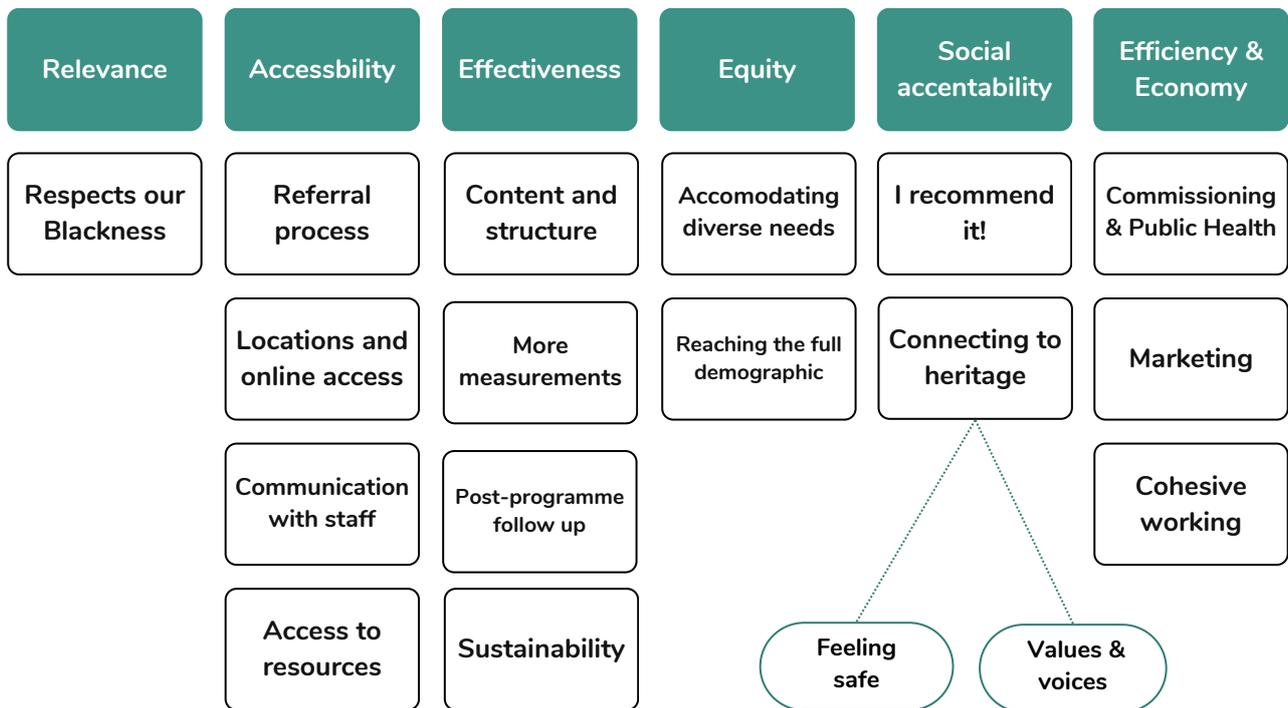
Commissioning / Public health = 2

Analysis

In this section, we have aligned the themes from interview transcripts with the six domains of Maxwell’s framework. A summary of participant quotes, researchers’ commentary and participants recommendations for improvement are also included.

The chart below shows a summary of the domains and themes we developed:

Summary of the Quality domains and themes



Relevance

This domain focused on the overall relevance of Up!Up! in Lewisham. Participants were invited to express specific views about how Up!Up! compared with other services, what made it relevant to individual needs – and how the needs identified in the co-production compared with specific needs. One main theme: respects our blackness, was developed.

Respects our Blackness

Overall members praised Up!Up! as a much-needed programme for the Black community. Members and service delivery staff felt it was a necessary and important option in the borough due to high levels of obesity in the BABC community, and agreed it was what the people wanted. Up!Up! was seen as acknowledging and respecting of the uniqueness in the BABC community.

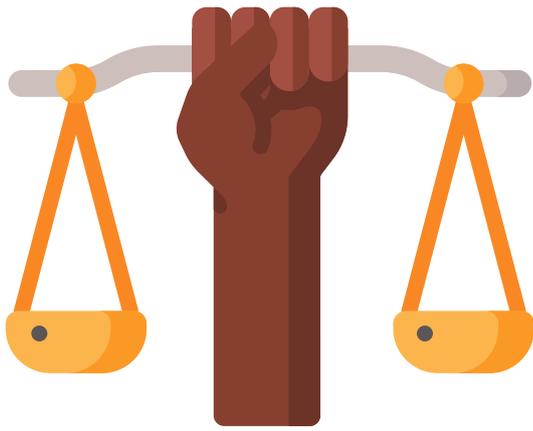
Delivery staff and some members felt Up!Up! could be even more relevant if it included more about Ital foods (veganism); cultural medicinal uses of herbs and spices; and the pros and cons of processed foods. Some felt cooking sessions were too traditional and needed to be more general – depicting that not all Black people ate traditional foods daily. There was also a desire to see more information on dessert during cooking sessions.

“It definitely ticks a box because many of them [participants], they’ve been to Weight Watchers, they’ve been to Slimming World, they’ve tried to do things on their own and it might have some kind of impact but not the kind of impact that Up!Up! would have had on their lives. And I say that it’s really around...we’ve be able to educate them especially in regards to our foods...the primary focus is our foods.”

“I think it has been very relevant because whenever I have gone to...I did a prediabetes course a few years ago and a lot of it is aimed at the kind of European sort of like diet and you know and we are asking questions like ‘so what if we use this?’ and what they were saying was not really relevant.”

“About time there was a programme that respects our blackness..it was definitely needed for this segment of the community..”

The community leaders asserted that health inequities had been ignored for too long in Lewisham, and that the launch of Up!Up! was overdue. They felt that the necessity of this program was a reminder of the years of failure in addressing equality in service provision. The leaders believed that Up!Up! was relevant and would help address this issue, but also opined that it was not a true reflection of the insight and co-production work.



“The Up Up programme was developed to provide a culturally relevant and more supported approach to create more equity and change their [Black people] health and wellbeing trajectory.”

“It’s good to have – but not what I expected from them – it is not led by us.. [Black people]”

“We shouldn’t need courses like Up!Up! all services in the borough should be inclusive – we always end up needing a ‘Black equivalent’”

Summary

Up!Up! was well received and praised by members and delivery staff for being relevant to the Black community and meeting a need for equitable services. However, some community leaders felt it did not live up to what was expected. Up!Up! serves as a reminder of the extensive work required to ensure that all Black individuals in Lewisham have access to relevant, culturally tailored services which respect their uniqueness.

Recommendations for more relevance

- “Younger people might benefit more from being in groups with people from similar ages.”
- “Bringing in replacement recipes (Western-inspired) for those who don’t always cook traditional dishes.”
- Information about other diets and traditional practices such as veganism, dangers of processed foods, herbs and spices, more about herbals, purging, washouts, and ital foods.
- “Would like more about the political element of food – i.e. chicken shops in predominantly Black areas.”
- “..More about the psychology behind food choices...”

Accessibility

This domain focussed on how Up!Up! was accessed by members. Respondents were invited to share views and experiences of accessing the course, referral, access to staff on the phone or via email, access to locations for programmes, access to online sessions and access to resources, session information and materials. Four key themes were prominent: the referral process, course delivery modes, communication between members and delivery staff and access to resources.

Referral Process

The members' experiences of the referral process were quite varied. While about 70% reported that the experience was smooth and without any issues, others expressed their frustration over poor follow-up, unanswered calls, and difficulty in registering for the programme. Most of the poor experiences came from members who were part of the pilot cohort and major improvements had been made since then. However, some participants reported difficulties with self-referral more recently. The delivery team members believe that there are still some minor issues with access to the service and asserted that everyone should be able to access the service every time.

“I just did the link, next thing you know I filled in the form, next thing you know – I was doing it [Up!Up!]. So yeah, it was quite easy for me.”

“It was awful, no one picked up the phone rang off and I was just going to give up at one stage I thought this is crap..”

“Remove the barriers – everyone should be able to access Up!Up! every time”

“No issues accessing the service personally – it was really quick..”

Community leaders and partners acknowledged experiencing and hearing about initial registration issues. They explained how they took action to remedy these, feeling a personal duty to the BABC community. A leader explained how they would personally call the GSTT admin team on behalf of potential members in order to ensure they were signed up to the programme.

“Initially, there was lots of hiccups, none of it worked and people were giving up. I took ownership and called up myself – I had to do this cos our community was in crisis”

Community locations / Online access

Overall, the members expressed satisfaction with the sessions' timing and location, especially those near bus stops. However, the delivery staff and partners expressed dissatisfaction with a location in New Cross that lacked step-free access. Some members

with disabilities, particularly those with blindness and limited mobility, found it challenging to access this venue. Additionally, parking was an issue for some delivery staff in New Cross.

“It was great for me – off the bus and boom you’re there...”

“It was tricky for one of ladies who is partially blind...”

Delivery staff described online access to Up! Up! sessions as poor. This was reportedly a major issue for patients who were not used to using the Blue Jeans online platform.

Communication with staff

A few members faced difficulties contacting the Up!Up! delivery team through GSTT admin phone line and reported poor post-programme communication. Members wanted direct communication channels and a link back to the facilitators for better support. Although the alumni groups were appreciated, members wanted facilitators to be more available on WhatsApp.



After the 12 weeks we still need them [facilitators] to be there for use to access – it’s like your done and gone – we need to link in with them to keep the good work going ...



“Very difficult to access the service. Admin from Guys and St. Thomas was very poor – changing attendance days was hard.”

“Wasn’t kept up to date about reunions. When contacting GSTT, they had no clue what was reunion was being talked about. It was quite frustrating.”

Access to resources

A few members expressed a desire for specially adjusted resources. One participant who was registered blind suggested specific resources to make it easier to participate and fully benefit from printed materials.

“The booklet - the only thing I would say about the booklet is if, for future reference, you can have it in large print as well because otherwise I have to keep using my magnifier. So if you have a version in large print, a lot of people say ‘oh you can get it online’ but what they don’t realise is that a lot of people with visual impairment, reading online can be quite painful because of the screen, because your eyes get really really tired.”

Summary

The initial issues with referrals into Up!Up! have been resolved to a large extent. However, more work needs to be done to understand the areas of concern and enhance communication with delivery personnel, particularly after the end of the programme.

Community partners and leaders expressed disappointment with the inadequate referral process at the outset and felt compelled to tackle it to guarantee the programme's success. Delivery personnel felt that greater attention was necessary while selecting locations to ensure accessibility and prioritising special measures for individuals with disabilities. Better access to the online platform and customised resources were also found to be important for enhancing the programme's accessibility.

Recommendations for better accessibility

- “Better management of waiting lists – communicate with community leaders so that a unified message can be shared ..”
- “Avoid overreliance on community leaders to be the go-between when referral systems do not work.”
- “Everyone should be able to access Up!Up! at the first attempt “
- “Standards for processing referrals and regular audit”
- “Reunions and other news need to be centralised so that all members are aware in good time”
- “Specific resources for clients with special needs”
- “Members to have a helpline or link to facilitators post Up!Up! for follow-up and support after course completion”
- “We need a better online platform that is easy to access and navigate..”

Equity

Study participants were asked to share their thoughts on how Up!Up! effectively reached Black community members without any discrimination. They were also requested to provide their feedback on how Up!Up! was working towards addressing any biases or discrimination that could potentially affect the quality of care provided. Furthermore, this domain aimed to identify any disparities, obstacles, or barriers that could be preventing certain groups within the Black community from joining or benefiting from Up!Up! This domain had two main themes – accommodating diverse needs and reaching the full demographic.

Accommodating diverse needs

Community delivery partners commended Up!Up! 's ethos as a solution for Black people but were slightly concerned about the slow uptake rate, which they attributed to poor marketing. Members felt that Up!Up! served the Black community well, particularly because of the special measures taken to accommodate people with disabilities respectfully.

“It’s good it is definitely reaching our people, but it is slow...marketing is a big issue man”

“It was nice to see our people with disabilities ... it meant they could be part of this and be healthy too”

“ A lady was blind – they made efforts to include her with such respect..”



Reaching the ‘full’ demographic

It was felt that marketing was focused on people who were mobile – ‘out and about’, and concerns were raised about reaching people who were housebound or not in certain areas of the borough where marketing was more intense. Members and community leaders expressed concern that the borough's full demographic of Black people was not being considered.

Community leaders and partners raised similar concerns about the reach of Up!Up! and neglect of particular areas of the borough. Leaders said that some GPs in the area were unfamiliar with how to refer to Up!Up!

There was a belief from some members that the course was more marketed to Caribbean people, which they felt was reflected in the attendance, and that there needed to be more engagement with the Africans in Lewisham.

“If more publicised, then more people can join, it needs to go wider than just the obvious.”

“...suitable for people on the course of a certain age and a certain background...we aren't getting the full demographic of the Black community. I would say there are more people from the Caribbean than from Africa. “

“We are missing people in certain parts of the borough, Up!Up! Is not on all GP systems – so it is not equitable..”

All participants complained about the low number of men on the programme. Some suggested that the men may be intimidated by majority the women present, but also said that when a man did attend, they 'looked after him' so he would complete the programme. Black men were described as not being vigilant about health and as 'hard to understand.'



We are missing our black men – they are laid back and reluctant – women are gatekeepers .. men are not prioritising their health.. dunno how we reach them - our men are so mysterious...



“There were very few men. There was one man in the group who was the only one and had issues cooking at home. It would have been nice if he had another man in the group to encourage and support him. “

“...One man in the group... A better way to reach more men is to invite couples – tell the patient to bring their partner..”

The consensus from one focus group emphasised that the programme was quite biased toward older age groups and that young people were being missed. There was an interesting question about whether the tone and content of Up!Up! materials targeted people who were well versed in English language, and were UK residents as

opposed to migrants who may be bilingual and unfamiliar with a weight management programme for Black people.

“..What about the younger ones, they don't fit in – we had a few but they didn't stay long ..its too old for them you know..”

“...It is a bit polished innit – you know not everyone's mother tongue – so they may not come if they can't even understand ..”

Summary

The course was not seen as equitable for all of the black community. It was felt that the following groups were being 'missed': younger people (aged 25-35), men, those who were housebound or in remote parts of the borough, and those for whom English was not their first language or who were recent migrants to the UK from Africa.

Recommendations for increased equity

- “A campaign with a focus on gym workouts to attract more men-only participants.”
- To attract more men, invite couples to attend Up!Up! sessions.
- “Marketing: focus on how to reach those who are housebound..”
- “More consideration for people with disabilities ..”
- “Not everyone can afford to cook, so don't assume everyone has cooking facilities”
- “Expand the reach aim to attract more individuals from African backgrounds...”
- “Cook foods that aren't traditional meals – our younger people don't eat 'hard food' all the time”
- “Conduct a quality impact (QI) exercise to understand how changes to Up!Up! can be monitored and addressed..”
- “Better dissemination of Up!Up! literature across all GP practices.”

Social Acceptability

Participants were asked to describe how culturally sensitive the programme was for them, particularly how Up!Up! respected, honoured and incorporated the cultural values and traditions of the Black community. They were invited to express what they liked or disliked, and how the programme reflected the needs and preferences of the Black community. For this domain, we developed two key themes: 'I would recommend it', and 'connecting to heritage'; where two subthemes emerged.

I would recommend it!

Most of the members complimented the programme's cultural sensitivity. They particularly appreciated the efforts to tailor the sessions to meet the needs of BABC culture. A particular focus group unanimously spoke highly of the programme and felt that it was more appropriate than Weight Watchers or Slimming World.



Overall, I would recommend it and I would endorse it. In fact, some of the women I was on the course with, we went back for our follow up kind of, how you getting on kind of thing. They wanted to do it again!



Connecting to heritage

During the early rollout of Up!Up! there were complaints regarding the relevance and appropriateness of non-white staff leading the sessions. This topic was discussed in all interviews.

The members of Up!Up! emphasised the importance of the programme being culturally sensitive and connecting to their BABC heritage. According to most members, it was crucial to have Black representation among the facilitators and delivery staff of Up!Up!, and wherever possible, they should lead all sessions. However, most members also felt that non-Black staff who were trained, culturally aware, and open to learning from the Black community should also be allowed to lead sessions. Some members appreciated the helpfulness of non-Black facilitators, while others merely accepted their presence as they did not want to lose the service by complaining.

“... it does not need to be Black specific as long as someone is of colour. I don't like the racial bias. I like when it is us but it doesn't always have to be. If they have the information and know the food, it's fine with me.”

“...Wouldn't be comfortable if it were white people producing or leading the course.”

“...I witnessed a session, and the white lady ***** was simply reading from the book – the group were very accommodating though...”

“I don't mind – whatever colour as long as they know what they are talking about ... it needs to be relatable to get people engaged...ours ***** was white she knew her stuff..”

“

People are more likely to be open with someone that looks like them. But there are people who are immersed in our culture, whether by marriage, whatever it is, it doesn't matter. If there is a genuine understanding and genuine interest, then there is no problem with that.

”

Whilst not openly averse to non-black facilitators, some members felt that having a Black facilitator led to instant connection, trust, openness, and a more relaxed atmosphere. Delivery team members and community leaders felt it could take longer for trust and connection

“They start suspicious.. then each week they loosen up – then its there the trust is there like you are on my side..”

“It does have to be relatable so that we can engage more.”

to occur with a person who did not look or sound like them. Delivery staff suggested that suspicion may be provoked by a Caucasian facilitator, and trust may take a few weeks to embed. The need for training in cultural humility and awareness for non-Black facilitators was addressed and described as lacking.

“The training ... there still isn't anything to really help them [white facilitators] to understand how we interact – connection is like.. hmm ... it was said it would happen but nothing yet.”

A member admitted to not complaining about having a white facilitator to avoid losing the Up!Up! service and making do with them instead. There were undertones of feeling that Up!Up! would be withdrawn if complaints were made, some members seemingly did not want to 'rock the boat.'

“We can't complain too tough cos if we do, we might lose it all .. so better we take it when it .. the odd white person ...comes and hope we get more like us to run it eventually ...”

Subtheme 1- Feeling safe

A community leader described having white delivery staff/facilitators as an unsettling phenomenon and a cause for concern. The issue of feeling safe was raised. In this context, feeling safe was used to describe a feeling of being open, vulnerable, and able to engage without fear of criticism, misunderstanding or being judged for their cultural habits which may have led to being overweight. It was felt that this level of safety was only achievable with every delivery staff member (facilitators) being Black.

“We need our people to feel safe, when I walk into a room and see my own I can immediately relate ... seeing a White person may actually set back the overall outcomes for Black people...what is being doing to keep our people safe”

Subtheme 2 - Our values and voices

Community leaders and partners voiced concern about the commissioning and development of Up!Up! Reflections dated back to the earlier insight sessions and pre-launch workshops. A leader explained their expectation was that the programme would be Black-led by community providers. It was felt that this was a core value communicated from original insights, which was not evident in the process and ultimate launch of Up!Up! They believed that the voices of Black individuals were not being heard and that their opinions were not being taken into consideration. As a result, community leaders believe that

there is still a lack of understanding of the needs of the Black community. This further increased existing distrust towards the commissioning process and the NHS, who are the lead providers.

“I was under the impression that it was going to be led by us. I feel unlistened to and betrayed to see the NHS at the helm ...”

“Our values have not been implemented... they gave us the impression they listened, but they didn't ...”

Summary

The cultural heritage of the BABC community is an important factor connected to the social acceptability of Up!Up! The majority of Up!Up! members who had used other weight management services in the past found Up!Up! more acceptable and would endorse it.

Community leaders felt distanced from the programme due to unmet expectations, which provoked distrust towards the commissioning process, NHS, and overall development of Up!Up!

All participants in this evaluation discussed whether Black staff should lead Up!Up! sessions. Whilst members have not noted this as essential for the social acceptability of Up!Up!, some community partners and leaders insist on the importance of Black-led sessions and the likelihood that this will improve members' outcomes. Some members expressed reservations about addressing their views about Up!Up! due to fear of having the service withdrawn.

Recommendations for better social acceptability

- “NHS to work with Black community leaders and groups to increase employment of local Black delivery staff”
- “Cultural humility should be a bare minimum for staff delivery Up!Up!”
- “Peer support for non-Black staff to manage difficult situations and improve connection with members”
- “Measure the group performance with Black / non-Black facilitators ..”
- “Better communication links between commissioning, public health and community leaders..”
- “Creating safe spaces for Up!Up members to give feedback without fear of losing the service”.



Effectiveness

Participants were invited to share views on the effectiveness of Up!Up! In particular, we welcomed views on overall results, wait times, timing of sessions, content and resources, post-group support, access to specific support that addressed individual needs and onward referrals. We wanted to understand how Up!Up! compared with other programmes they had attended or knew of, and how they felt best practice was demonstrated. Themes from this domain are ‘Content and structure of Up!Up!’, ‘More use of measurements, Post programme follow up, and Sustainability.

Content and structure

Members liked the scheduling and timing of the programme sessions. The general consensus about the course content and structure was that it was practical. The staff were described as ‘very supportive and approachable.’ Members liked the group setting and praised the workbook, especially how it captured traditional foods and images that were culturally relatable.

“Demonstrations and practical nature of sessions ...The demonstration right at the end was very helpful and useful. We all enjoyed that I have to say. “

“There is a general camaraderie – people supporting each other, you know, I just think people liked being with each other. We felt comfortable with each other, sharing our frustrations and our likes with each other. I think that was nice.”

There was reservation about the effectiveness of groups for all personalities— people felt this could be daunting for some people with more reserved personalities.”

“The group don’t fit everyone – some people are quiet cos it’s not their personality to be chatty chatty – Up!Up! needs to have something for people who can’t do groups like that”

Most members felt Up!Up! was just as good, if not better than other providers such as Weight Watchers and Slimming World. One member noted that it had exceeded her expectations, as she had lost more weight than expected. Other members enjoyed learning new things from other cultures and tasting their foods.

“

I am much more conscious of portion control than I was before I started Up!Up!..

”

“It doesn’t compare because I have never been on anything like this before...Up!Up! was more than I expected... WW was more emotionally difficult – weight fluctuating. Couldn’t do it again. Up! Up! is much more inclusive. ”

“I really enjoyed the way they talked about our food!”

“I’ve never ever had fufu before so it was nice to try that and see how they make it – it was good and tasty, it was nice.”

“The educational part helps a lot more than Weight Watchers...”

More measurements

One focus group who had all interacted with other weight management providers felt that Up!Up! would be more effective if calorie counting was introduced and weighing and measuring were mandatory. Measurements were seen as tangible, whilst measuring how you feel was too general. This sentiment was not as strong in other interviews, though mixed concerns about the lack of calorie counting and meal plans were shared. Some members wanted more focused cooking sessions which dealt with nutritional values and portion control.

“I would have liked a bit more help with doing the weight loss side of things...”

“Would like something tangible that helps the ‘why’; otherwise, it’s a bit general.”

Post programme follow up

Members felt that there was a lack of structured follow-up and support after the course. Some wanted the alumni groups to offer more support by being led by a health professional on the WhatsApp platform to oversee the groups and regularly post in them. Some participants wanted to re-enrol for subsequent 12-week courses of Up!Up! to preserve the progress made and gain access to health professionals.

“We need more to keep it going – it feels like 12 weeks and out then you have to start again”

“I felt a bit lost after all that – one minute there was a group of us then all gone..”

Sustainability

Several members, community leaders and partners expressed concerns about the Up!Up! service seeming like a project rather than a long-term solution in the borough. There was an apprehension that funding was not permanent and inadequate funds were available to support it.

One member advised of a rumour going around that Up!Up! was not being recommissioned as they has run out of money.

“Lewisham is broke.. Up!Up! is not being recommissioned. They just ‘aint telling us ..”

During a reunion session, which was attended by a member of the commissioning team, a member spoke of how she had shared a petition for Up!Up! to be preserved. She felt the commissioner was supportive but didn’t confirm that Up!Up! would receive further funding:

“We spoke to the commissioner – he saw our petition – he encouraged us, but who knows if it gets funded again...”

Community leaders and partners felt a responsibility to preserve Up!Up! and wanted to be more involved in supporting a community-led solution that was accessible and dedicated to Black health.

“It’s like it is up to us to get this going.. I took it on.. but I have other priorities. They [council] don’t really tell us anything.. are we coming or going?”

They particularly felt that Up!Up! was less sustainable due to poor marketing and low GP referrals, which stemmed from poor awareness at the practice level. A community leader shared a case study to illustrate their concern about the lack of knowledge about Up!Up! as a solution, and how this may affect the overall sustainability of the programme.

In this instance, a 67-year-old Black Caribbean woman with risk factors for chronic illness who had undergone tests revealing elevated blood markers was not referred to Up!Up! It transpired that Up!Up! was not listed alongside other lifestyle options for GPs and practice nurses to recommend. Similarly, it was reported that posters, flyers, and leaflets were sometimes placed obscurely so that no one could see them. This leader also noted that Up!Up! was advertised in spaces where Black people may not frequent.

“The design of flyers is eye-catching and would attract the attention of the target group, but they were placed in the local library which evidence shows is not a place that many Black and African Caribbean use so they and unlikely to see it..”

“The flyer was also displayed in a small corridor of the practice on the way as a person rushed to the consulting room to see the doctor ...”

Summary

Up!Up! was deemed an effective intervention but requires better post-course follow-up. More focus on objective measures such as mandatory weighing and counselling was raised as a way it can be more effective. Improved marketing and easier access for prescribers to refer to the service were also expected to improve the effectiveness of Up!Up!

Recommendations for increased effectiveness

- “Audit of GP practices to check how they refer to Up!Up! and simplify any issues ..”
- “More visible positioning of posters advertising Up!Up!”
- “More community involvement on how Up!Up! can be more sustainable and transparency about plans for sustainability”
- “Calorie counting and signposting to tools for members who need support ..”
- “More effective pathway for post-course members – where weighing and professional advice can be accessed”
- “Subgroups would be great for encouraging the quiet people to talk”
- “It would be nice to have days to meet up more often with other people from the group...”
- “Adding the Up!Up! programme to the list of lifestyle options listed on the GP systems and in pathways such as the Clinical Effectiveness South East London guide..”
- “A Quality Improvement project for enabling the effectiveness of Up!Up! would be a useful next step.”

Efficiency and Economy

This domain focused on budgeting and resourcing, efficiency measures— including the use of technology, avoidance of waste—and the impact of Up!Up! on chronic illnesses/ comorbidities and outcomes. We also wanted to understand how Up!Up! compared with other T2 weight management solutions and its long-term impact on disease prevention. Typically, this domain was most relevant to commissioning and public health personnel, but we received direct insights and views from delivery staff, community partners, members, and community leaders. Three main themes resonated here – some of which have been discussed in other domains: Commissioning and Public health’, Marketing, and Investment and cohesive working.

Commissioning and Public health

Up!Up! was described as a direct response to the community needs following existing reports and insight work which they commissioned to grassroots organisations in 2020/2021. This highlighted the need for a tailored intervention for BABC people in Lewisham. The commissioning of Up! Up! was initially supported by a Public Health grant, and commissioners advised that it is operating within its allocated budget. It was deemed premature to compare the performance of Up!Up! with other T2 services, as the current version of the programme is a result of the pilot's lessons and adjustments, and still has less than 12 months of data.

Commissioners advised that Up!Up! costs per participant were significantly higher than those of other T2 weight management programmes in Lewisham. Cost savings had been achieved since the pilot.

When compared with other universal services, the annual budget for Up!Up! is higher at £114,178 per year, with a cost per patient for 12 weeks of £396. The budget for Slimming World universal T2 weight management is £34,500 per year— approximately £60.00 per patient.

“The original cost per person was just under £500—now it's just under £400. We managed to make savings by merging an online group. The initial brief was to provide three or four online groups. We merged two groups and knocked the price down. Uptake in online was not reaching max capacity.”

Commissioners attested to the improved referral process, which had been an issue during the pilot phase, and their desire to eradicate waste in the system.

“Referral process initially quite “archaic” and now things have changed. Platform where people can call in. Have adapted from identifying wasted time in processes”

Marketing

The marketing of Up!Up! was described as needing a more efficient plan and better overall communication about Up! Up! The commissioning and public health team described an inherent challenge in promoting preventative services in the borough to ensure accessibility for all.

“There is always more we can do to get the word out about what is on offer. It is a wider general issue. Preventative services are a bit harder to promote and make accessible for everyone. Applies to all services provided.”

They shared how they initially felt word of mouth and the use of digital media would be sufficient to publicise the programme. However, more effective promotion of the service has been a topic of discussion for the last 6- 8 months. They also recognised the costs associated with effectively implementing a marketing plan.

“We thought word of mouth or putting it on the website or social media would be a great driving source, but it wasn’t...”

“Last 6-8 months – monthly catch ups talking about promotion outcomes and outreach. It is costing.. and we have to add to costing for staff to go for outreach. “

“

“We now know that promotion needs a significant chunk of money... linking in with community champions is what is being pushed now...”

”

Investment and cohesive working

All community leaders, partners, and commissioners referenced the potential, and need for cohesive working amongst all parties. It was felt that such working practices contributed to the efficiency and economy of Up!Up!

Commissioning and public health staff particularly spoke of the need for better, more effective communication with the Black community regarding Up!Up! and recognised the need for more coordinated communication to address issues and limit rumours and unsubstantiated claims about Up!Up!

“...initially different types of communication going around which was confusing -there was a gap on the feedback loop to the community... we need better lines of communication ”

The delivery team staff expressed a need for more investment in Up!Up! 's post-programme activities, noting a need to commit resources (money) to re-union sessions. The need for better-quality equipment was also highlighted

“They need to invest in better quality resistance bands ...”

“Reunions all need to have food and drink – nothing heavy but light snacks or something ...”

Summary

Up!Up! is performing within budget, and commissioners have the opportunity to lead actions to improve efficiency in key areas : marketing, communication, commissioning, and equitable partnerships with community leaders-based organisations.

Recommendations for better efficiency & economy

- “Marketing needs to be a priority – involve members and their testimonials ..”
- “Proactive attention to misinformation and dissemination of regular, accurate updates”
- “Quarterly meetings for all service delivery partners to manage quality and effectiveness – transparent lines of communication”
- “Commissioning team needs to build links with Lewisham’s Black-led community organisations and VCSEs such as the LBVN and KINAARA to maximise the opportunity Up!Up! presents for Black communities and for the system and development of integrated services meeting people's needs in the way that suits them best in their neighbourhood.”

Up!Up! Performance Data

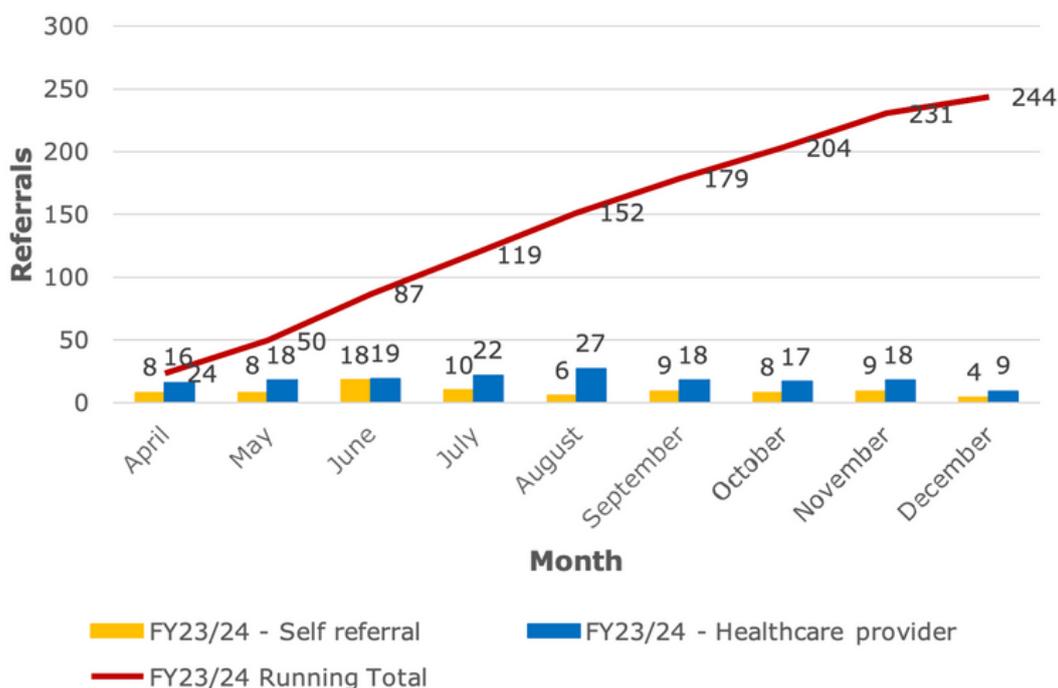
In this section, the data measures and overall performance of Up!Up! are highlighted. There are 16 Key performance indicators (KPIs) for assessing the performance of Up!Up! these are regularly reported and discussed at review meetings between the lead provider, GSTT, and the public health and commissioning team.

Highlight report for the period March 2023 – December 2023:

12 groups were delivered during this period. A total of 243 referrals were received into the service, and 168 started the programme.

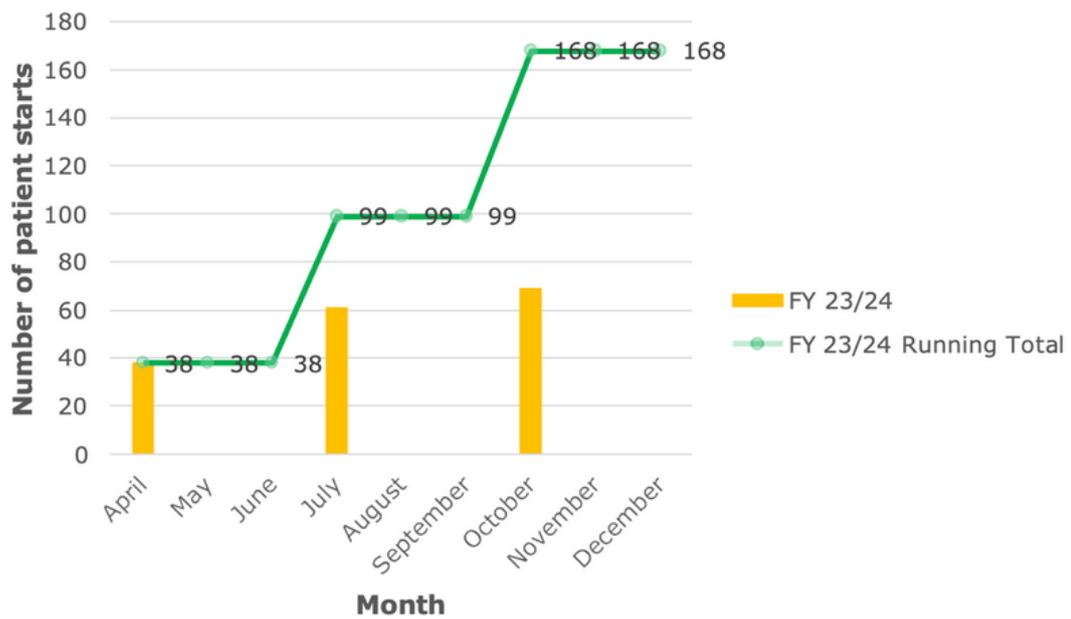
The graph below shows that referrals are increasing month on month, with evidence of some possible seasonal patterns in favour of summer months. Referrals primarily come from health professionals – these range from the highest 27 per month in August 2023 to 9 in December. The average number of HCP referrals is 18 per month. Self-referrals average nine per month, ranging from 18 in June 2023 to four in December 2023.

Up!Up! Referrals April - December 2023



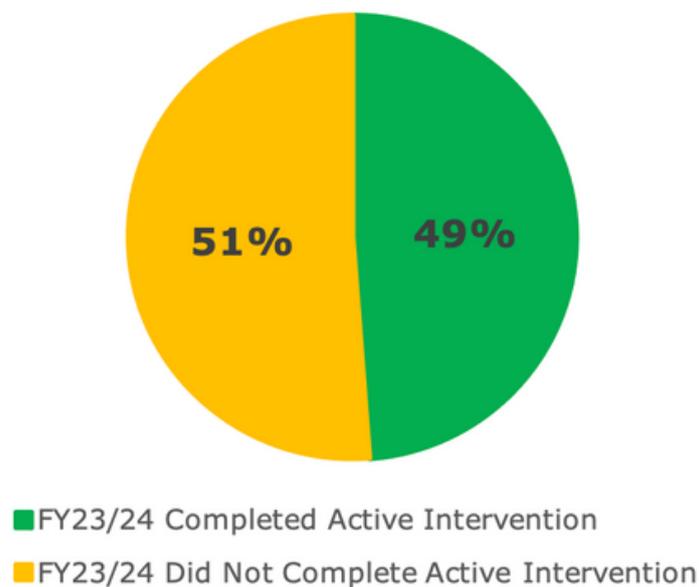
The graph below shows the numbers of participants who commenced Up!Up! between April 2023 and December 2023. A total of 168 members commenced Up!Up! during this period, showing an increasing trend each quarter.

KPI - Minimum of 250 participants to have commenced intervention per annum



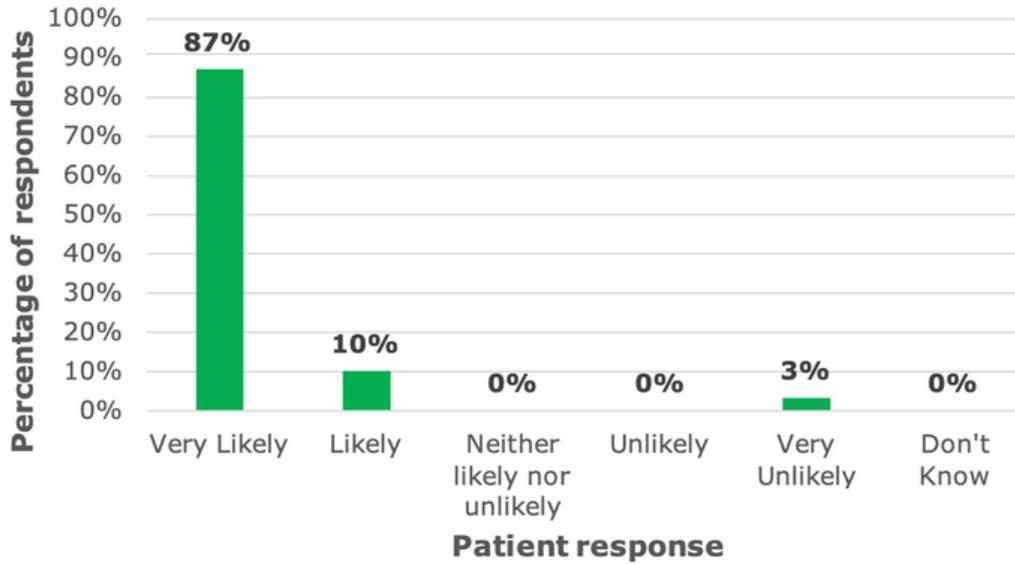
The pie chart below shows the level of completers of the Up!Up! for the period. completers are defined as those who attend at least 8/12 sessions. Currently, non-completers are slightly higher than completers.

KPI - Minimum of 60% participants complete the active intervention



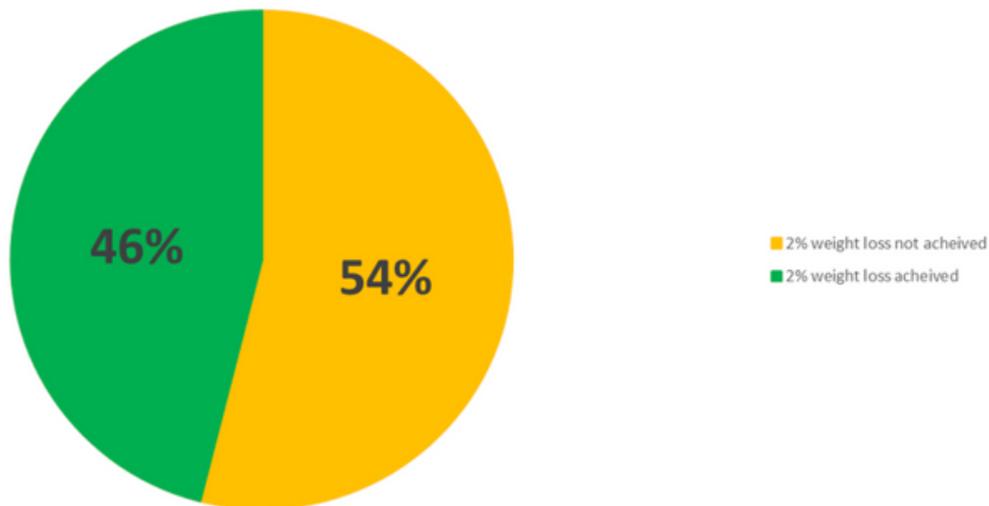
The graph below shows a high level of participant satisfaction with Up!Up!. Nearly 90% of participants were very likely to recommend Up!Up! to friends and family.

KPI - 75% of completers are satisfied with the service (N=39)



Weight loss remains a key performance measure for Up!Up! To date, 46% of members lost 2% body weight as shown in the pie chart below.

KPI - 50% of participants who give baseline anthropometric measurements reduce their measurements by a minimum of 2% of their baseline measure by end of active intervention



Details of all 16 KPIs for Up!Up! are available from the Lewisham Public Health team.

Final Summary

Up!Up! is a well-designed, culturally tailored T2 weight management programme for BABC people in Lewisham. Unlike other T2 weight management programmes, it was specifically designed to address health inequalities in the black community. Up!Up! is performing within budget, and data for April 2023 – December 2023 shows overall positive trends in patient satisfaction, referral rates, and number of patients starting the intervention.

Members speak highly of Up!Up! and particularly appreciate the cultural tailoring, timing of sessions and resources; endorsing it as better than universal solutions such as Weight Watchers and Slimming World. Though huge improvements have been made, patient experiences of accessing the service are still mixed – pointing to the need for further work with the referral pathway.

Up!Up! has effectively implemented certain recommendations and learnings derived from its pilot programme conducted in April 2022 – June 2022. This makes it hard to compare Up!Up! performance data with other T2 weight agent programmes in Lewisham at present, as the current version of Up!Up! has been running for less than 12 months. It is imperative to thoroughly analyse the emerging data trends to understand the areas where the programme requires improvement. Suggested considerations for further analysis are: referral patterns, factors that drive programme completion and actual weight loss. In addition, exploring how to leverage the family and friends feedback and convert this to referrals may be helpful.

It is widely acknowledged that marketing efforts for Up!Up! require focused attention and regular monitoring. This should include a concerted effort to understand how Up!Up! may reach certain members of the BABC community, such as Black men and the housebound.

Post-course support requires greater opportunities for members to engage in long-term health changes and take ownership while accessing relevant support without completing another 12-week course. Members particularly want to see more defined and well-communicated alumni activities that will continually improve health outcomes.

To promote awareness of Up!Up! in the borough, referrers, especially at the GP level, need to be clear about the role of Up!Up!, and how to refer to the service via a simple, unambiguous process.

Cooking sessions may need to be more flexible and focus more on mixed diets than just traditional foods. Portion control and calorie counting should be available for those who need it.

Certain community leaders and partners have challenged the commissioning process of Up!Up! The community's voice was perceived as unheard, and though the intervention has been successfully launched, the expectation of a Black community-led intervention did not materialise. The evaluation underlines the profound interest of Black community leaders in the success of Up!Up! They wish to be engaged as partners and expect working relationships based on transparency and equality.

It is of utmost importance to foster open and transparent discussions about the performance and future plans of the programme. This approach is not only crucial for the sustainability of Up! Up! but also ensures that it aligns with the expectations of both the Black community and the commissioners.

Limitations of this work and recommendations for future work

Referrers were not a key focus of this evaluation – future work should include deep engagement with GPs, practice nurses, and other relevant staff to ensure the existence and benefits of Up!Up! are understood and considered as part of lifestyle medicine in the borough.

We still have a limited understanding of why Black people do not sign up for Up!Up! Patients who enquired about Up!Up! via GSTT but declined to sign up were unreachable for this evaluation, as were those who dropped out soon after commencing the programme. Therefore, we do not understand what improvements/actions may be taken to support these people.

The members involved in this evaluation were all women – an effort to engage men and understand their views is warranted.

The evaluation is focussed on April 2023 – December 2023, which covers 12 cohorts. This limits the ability to observe long-term measures—further reviews should allow for 12–24 month data.

Contacts

For more information about this report, contact:

Food for Purpose FFP CIC
admin@foodforpurpose.org
www.foodforpurpose.org
02031013170

Appendix

- Appendix 1 - Participant Information packs
- Appendix 2 - Topic Guide for Interviews

Appendix 1. Participant information packs

Evaluation of Up!Up! weight management and healthy living programme for the Black African and Black Caribbean community in Lewisham

Up!Up! is a weight management programme tailored for people of Black, African and Caribbean heritage living in Lewisham. This service was developed through an extensive co-production process between the NHS and local community-based organisations.

Up!Up! has been running for almost 18 months and is now undergoing evaluation to determine quality and effectiveness. An important part of this process is to hear from patients and staff who were involved in the programme.

In collaboration with Lewisham Public Health, [Food for Purpose](#) is conducting focus groups to understand the views and experiences of members who have attended Up!Up! We are also keen to speak to programme delivery staff, and staff from Lewisham Public Health and Lewisham Council.

What is the purpose of the evaluation?

We will be measuring key areas to determine the quality of Up!Up! These include effectiveness, accessibility and relevance. This project presents the opportunity for members and staff to share experiences and opinions, which will help shape the future of the Up!Up! programme.

What will happen at focus groups?

You will be invited to an online focus group led by a member of our team. Online sessions will be held on Zoom. We will ask you to share your views, in a safe non-judgemental environment. All sessions will be audio-recorded, and we will take notes. All information will be anonymised and used to inform a report which will go back to Lewisham Public Health.

What does it mean to take part?

You will be expected to join the online conversation which should be 60 minutes and will be recorded and written up. You will receive a £25.00 Amazon voucher for your participation.

What are the benefits of taking part?

By sharing your views and experiences with us, you will be helping to determine the quality of Up!Up! and how it performs against other weight management programmes. Your input will also be used to inform and support the development of improved systems for targeted programmes for the Black community in Lewisham

Are there any risks associated with taking part?

There are no significant risks associated with participation.

What will happen if I decide to take part?

You will first be asked to complete a [registration form](#) telling us a bit about you. We will then book an appointment for you to join a focus group.

Data Protection and Confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act 2018. All information collected about you will be kept strictly confidential. All recordings will be destroyed once they have been transcribed. All paper records and electronic data will be stored securely.

For more details about this evaluation please contact Shola Oladipo on admin@foodforpurpose.org

Click [here](#) for the registration form.

Appendix 2. Interview topic for interviews

Topic guide outline for Up!Up! evaluation

Researcher's introduction:

Thank you for taking the time to attend this interview. I am <insert name>, I work for an organisation called Food for Purpose and we are doing this piece of work in conjunction with the Lewisham Public Health team. This evaluation project is designed to measure key quality areas of the Up!Up! programme.

In this session, I will be exploring your views by asking questions to understand your views. Before I proceed can I check that you are happy to consent to participate in this session and remind you that you have the right to withdraw from this session at any time, and withdrawal will not affect your access to any services. If you would like to do so at any time during the session, please indicate by raising your hand, unmuting, and saying 'STOP'. Your responses will be removed from the data collection.

May I just verify that you have given consent to be recorded? <check for agreement>. Please do activate cameras if you can and speak clearly for the sake of the recording. As previously mentioned, your identity will remain protected, and you will not be identified in any written reports. The recording will be stored securely, and deleted once interviews are transcribed. The session will be about 60 minutes. There are no right or wrong answers opinions, I would like you to feel comfortable saying, what you really think and how you really feel.

Researcher:

To start, we will ask you to introduce yourself in the chat – your name and when you joined Up!Up!

Questions led by the researcher:

Relevance Ok let's kick off with a general question: as most of you know Up!Up! was co-designed to meet the needs of people from Black African and Caribbean heritage. How relevant did you find the programme?

Accessibility Describe your experience of accessing Up!Up!

Researcher to explain we want to understand what went well and what was difficult, we also want to know what participants would like to see for easy access.

Some things to consider are: how easy it was to get referred, how easy was it to get through to someone via phone/email, access to location/online, access to resources and information, and scheduling of sessions.

Equity To measure the equity of Up!Up! We want your views on how the program is reaching all members of the target population fairly and without discrimination. Can you share your views on this?

Prompts:

- How is the program addressing issues of discrimination, bias, or stigma that may affect access or quality of care?
- Were there any disparities in access to the program's services – compared with other weight management programmes?
- Were there any barriers or obstacles preventing certain groups within the Black community from accessing or benefiting from the program?- Give examples of how Up!Up! met the needs of the target population of the health program?

Social acceptability Is used to gauge how culturally sensitive the programme was for participants. We want to know how Up!Up! program respected/honoured and incorporates the cultural values and traditions of the black community?

Prompts:

- What particular issues or concerns do you think this program addressed?
- Are there any specific elements of the program that you particularly liked or disliked?
- How did the program reflect the needs and preferences of the Black community?
- Do you have any recommendations for reaching more black community members with this program?

Effectiveness (for individual patients and community)

We want to know about the positive impact on individuals and the community.

Prompts:

- How effective was the Up!Up! service for you / community?
- What made it effective? How did this compare with your expectations?
- How does it compare with other similar programs you have attended
- How do you think this program has / will positively impact your community as a whole?
- What concerns do you have about how this program might affect the Black community?

Efficiency and economy – *for staff/delivery teams

We want to know about budgets, efficiency measures - both now and future, benefits to generations and impact on chronic illnesses/comorbidities.

Questions :

- Can you describe how the program's budget and funding sources were allocated?
- Is it operating within its allocated budget?
- What constitutes an effectively run programme?
- How does the Up!Up! perform against these?
- What is the program's staff-to-patient ratio, and are staffing levels appropriate for the scale and needs of the program?
- How is the program utilising technology and data management tools to streamline administrative processes and reduce overhead costs?
- How do you identify and eliminate inefficiencies or wasteful spending?
- What is the average wait time for patients to receive care or services, and is it within acceptable limits?
- What is the program's patient satisfaction rate, and how does it compare to similar programs?
- What is the program's overall impact on health outcomes, and how is it achieving its intended results cost-effectively?

Researcher: to welcome any additional questions from participants

End.

Nov 2023.