

Supporting Heart Health

**Health Improvement Offer for Men with Cardiovascular Disease in
Tower Hamlets**

2025



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Introduction

Healthwatch Tower Hamlets is your **local, independent health and social care champion**. We help local people to voice their views and opinions about the services they use.



We **listen** to people and collect their feedback on health and social care services



We **report** key findings and make recommendations for improvement.



We **present** these reports to those involved in the planning and commissioning of the health and social care services.

Project Background

Based on feedback from residents and stakeholders, Healthwatch Tower Hamlets decided to focus one of its research projects for the financial year of 2024-25 on the Health Improvement Offer for Men with Long-term Conditions Management in Tower Hamlets.

After extensive background research looking at existing data on long-term conditions in Tower Hamlets and the feedback collected as part of our Healthy Neighbourhoods project in 2022, which highlighted the need for better access to healthy food and exercise locally, we narrowed down to services supporting men with Cardiovascular Disease in managing their condition.

Cardiovascular Disease (CVD) is an umbrella term for conditions affecting the heart and blood vessels, such as coronary heart disease, hypertension (high blood pressure), hypercholesterolemia (excessive cholesterol), and stroke.

The risk factors for developing cardiovascular disease include smoking, lack of exercise, poor diet, being overweight or obese, alcohol and drug use, and air pollution. According to the recent Cardiovascular Disease Needs Assessment by Tower Hamlets Public Health, the borough has above-average rates of many of the risk factors for CVD, including high rates of smoking, specifically amongst men, and low rates of physical activity.

Therefore, our project set out to speak to men of all ages from a wide range of backgrounds diagnosed with CVD to understand their experiences of accessing services that support them to: follow a healthy diet; stay active and exercise; lose weight; stop smoking; and reduce harmful alcohol consumption.

Introduction

Methodology

The feedback was collected through an online survey between March and May 2025. We would like to thank all the organisations and services that supported our project by sharing and promoting the online survey with their clients and networks. These services include Burcham Street Gardeners, Tower Hamlets CVS, North East ICB, Barts Health, Quit Right Tower Hamlets, RESET, Consortium 50 and Positive East.

We were also invited to hold an informal group discussion with Age UK East London's Stroke Group and to promote our survey to the Bengali Men's Cardiac Rehab Session at the Whitechapel Sports Centre.

In addition, we attended various health events, including Bangladeshi Eid Mela, Bangladeshi Summer Health Fair, and Health Improvement Week at Idea Store Whitechapel and Canary Wharf.

In total, we collected feedback from 32 people, including 2 women, one of whom completed the survey on behalf of a family member, and another who participated in the group discussion at the Age UK Stroke meeting with her husband.

Limitations

We found it challenging to get men to open up about their health. We found that those already accessing support services were more willing to share their experiences compared to men who were approached at events and other community settings. We also struggled with language barriers, although we were supported by volunteers who spoke other languages. However, they were not always available to assist.

We tried to encourage participation with a prize draw, with mixed results. Although it did help us to increase the number of responses, it also resulted in spam responses, which have been excluded from the data analysis. We also created a short version of our survey to make it easier for people to share general feedback on support for men with CVD.

The feedback we have collected is mainly from men from Bangladeshi and White British backgrounds who are already being supported to some extent in managing their condition, such as those attending the Age UK Stroke meeting and the Cardiac Rehab Sessions. Therefore, we acknowledge it is not fully representative of the target group we set out to speak to.



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People shared their feedback on services

Key Findings & Recommendations

Recommendation 1: Improve the information sharing of support programmes and activities available

When asked about the main barriers to accessing support, many respondents told us they do not have information available about programmes and activities available. In relation to stopping smoking, the respondents told us that they had quit by going “cold turkey”, suggesting there is a lack of awareness of stop smoking services. It was also mentioned that a lot of the information exists online and is therefore not accessible for older people, as they often do not have the skills or the desire to access information digitally. Therefore, more targeted, widely shared advertising campaigns are needed to help raise awareness of the support available. In addition, services such as Be Well and Tower Hamlets Connect should attend health events, mosques, and other community settings to promote their services to wider audiences.

Recommendation 2: Introduce more varied, fun physical activity programmes that are inclusive to all communities

Although many helpful programmes and activities to support physical activity already exist and are accessed by the respondents, we found that for people with complex needs, including mobility issues and health conditions, the choice of exercise is very limited. They often rely on going for a walk or doing house chores to remain physically active. In addition, when asked about barriers to accessing support programmes and activities, many respondents mentioned not having found a programme or activity that is suitable for them. It was suggested that exercise should be presented in a more enjoyable way, for example, as a game that gets people moving. Therefore, more varied, fun opportunities accessible for all communities, including those with physical limitations, should be planned and implemented. These activities could include, for example, chair-based exercises, gardening, walking groups, swimming and other low-impact exercises.

Recommendation 3: More practical support should be offered to people who are overweight

The feedback was somewhat indifferent when we asked respondents what they were doing to lose weight. The respondents mentioned trying to lose weight, being told to lose weight, or that they were “not much overweight”. This suggests that the respondents do not have a structured weight loss plan to follow and motivate them, or do not see it as important if they need to lose smaller amounts of weight. Therefore, more practical support alongside conversations about healthy eating and physical activity should be offered to those who are overweight to help prevent the development of further health conditions such as diabetes. This can be done by providing support with creating diet and activity plans to encourage people to adapt them into their daily routine, setting achievable goals, and leading to a more sustainable weight loss.

Full Findings



Attitudes to Self-Management

Diagnosis

At the start of the survey, we asked the respondents to tell us the name of the condition they have been diagnosed with. 84% of them shared the specific condition they had, including coronary artery disease, atrial fibrillation, stroke, heart disease and angina.

This suggests that they understand their condition and that health professionals have explained it to them in a way that is easy for them to understand.

Only 5 people did not share the name of their condition. However, this could be for privacy reasons rather than not knowing the name of their condition.

Self-Management

We asked the participants to tell us if they are actively managing their condition. By this, we meant taking steps to eat healthy, be physically active, or reduce risk factors, such as smoking and drinking alcohol.

94% of the respondents told us that they are doing something to manage their condition. Just two people told us they are currently not actively managing their condition. However, they also did not share further details of their reasons for not doing so.

The rest of the participants provided further details of the steps they are taking to manage their condition.

Healthy Eating

14 respondents who reported actively managing their condition shared details of what they are doing to eat healthy. The majority (64%) reported increasing their intake of heart-healthy foods, such as fruits and vegetables, fish and porridge, while avoiding unhealthy options such as junk food, fizzy drinks, red meat, and foods high in sugar and fat.

Around a third of the respondents reported adopting more structured approaches like tracking calories, following special diets and incorporating supplements such as multivitamins and gut health tablets into their routines.

These practices demonstrate a broad awareness of healthy dietary habits and a proactive attitude toward nutritional self-management amongst the respondents, suggesting that the public health messaging around healthy eating is reaching people.

Attitudes to Self- Managements

Selected Comments:

"Not eating saturated fat or red meat, eating porridge, blueberries, omelette, drinking herbal tea."

"Eat porridge, eat more vegetables + fruit, low-fat diet. I've been given an advice sheet by my GP."

"Polyphenols, low carbs, high protein, no ultra processed, Boots A-Z multivitamins and minerals and Good Gut tablets."

"Balanced diet, weight loss programme, no junk, fizzy drinks, caffeine."

Physical Activity

15 respondents told us they are currently doing something to stay active. However, some reported that they were limited in what they could do due to health conditions or disabilities.

Walking was the most frequently reported and accessible form of exercise, with around a third of respondents incorporating this into their daily routine.

Around a quarter of participants mentioned more structured exercise, such as gym workouts, swimming, cardiac rehabilitation, and physiotherapy. However, health conditions like severe arthritis, COPD, or mobility issues often limited activity levels, with some respondents noting they remained active through household chores or climbing the stairs at home rather than formal exercise.

One respondent who participated in the group discussion at the Age UK Stroke meeting and uses a walking frame mentioned that many had recommended him getting a mobility scooter. However, he is refusing to do this as the walking frame means he remains at least somewhat mobile.

Overall, while the group demonstrated strong awareness of the importance of physical activity, the variety of accessible forms of exercise is limited for those with mobility issues and health conditions and often relies on commitment and self-determination to remain active. This suggests that more opportunities should be offered for people with complex needs when planning future activities to support physical activity.

Attitudes to Self-Management

Selected Comments:

"Yes, go to gym 3 times a week, swim once a week."

"I do a lot of walking and try to be physically active."

"As I have severe knee arthritis and suffer from COPD following a chest infection during heart surgery, I am not very active but do most household chores."

"I'm increasing exercise, but I have limitations."

Weight Loss

8 respondents reported either needing to or actively trying to lose weight.

Overall, there seemed to be less commitment to losing weight, and only two people shared details of how they are doing this. One of these respondents is on an injection-based weight loss programme, and another reported having successfully lost weight in the last couple of months.

The feedback from others, however, seemed more indifferent towards active weight loss, even though they indicated the need to lose weight in their response. The respondents mentioned trying to lose weight, being told to lose weight, or that they were "not much overweight". This suggests that the respondents do not have a structured weight loss plan to follow and motivate them, or do not see it as important if they need to lose smaller amounts of weight.

Therefore, more practical support alongside conversations about healthy eating and physical activity should be offered to those who are overweight to help prevent the development of further health conditions such as diabetes. This can be done by providing support with creating diet and activity plans to encourage people to adapt them into their daily routine, setting achievable goals, and leading to a more sustainable weight loss.

Attitudes to Self-Management

Stopping Smoking

Only 4 respondents told us that they have smoked in the past or are currently smoking.

Those who shared details of how they quit told us they had gone “cold turkey”. One of these respondents told us they had smoked for a long time, but that it was more of a habit rather than a nicotine addiction, as they used to smoke in social situations.

Another respondent told us they had quit after having a heart attack. Some of the participants at the Age UK group meeting also mentioned that having experienced family members dying from a smoking-related disease meant that they never took up smoking.

A third respondent said they had quit cold turkey but had started smoking again. However, they were planning to cut down and said that when they were ready, they would go cold turkey again or go to their GP for a prescription for nicotine replacement products.

It seems that people are more likely to try to quit smoking on their own rather than look for a support programme. This could suggest a lack of awareness of the support programmes available, suggesting more should be done to raise awareness of these support programmes amongst men and promote them as a permanent solution to quitting smoking.

In addition, people are likely to quit or not take up smoking when they have an experience of the severe consequences smoking can have on health, either firsthand or through a family member.

Perhaps sharing these experiences as part of a programme to educate the public on the health effects caused by smoking can help people to quit. Support should also address the psychological aspect of smoking, where it is a habit rather than a nicotine addiction. This could be done through Cognitive Behavioural Therapy on a one-to-one basis and through peer support groups.

Attitudes to Self-Management

Reducing alcohol intake

Most participants reported they never drank or currently do not drink alcohol at all.

5 participants mentioned drinking alcohol on an occasion, mostly at Christmas or birthdays, and none of the respondents reported harmful levels of alcohol consumption. The current guidelines by the NHS regarding alcohol consumption recommend no more than 14 units, spread across 3 days or more¹.

The reasons behind the limited feedback collected are most likely related to the low number of responses, religion, and the age of participants. Although the participants at the Age UK group discussion briefly talked about the cultural and societal pressure that exists, in particular amongst White British communities, which makes it difficult to reduce or not drink alcohol at all. The participants talked about how, over time, when continuing to drink alcohol, the body develops tolerance, leading to increased, harmful levels of consumption. The group agreed that you can drink alcohol, but you have to “know your limits”.

Promoting responsible drinking of alcohol should be considered as a priority in awareness campaigns to prevent the harmful effects of alcohol on health.

¹ <https://www.nhs.uk/better-health/drink-less/#:~:text=Alcohol%20guidelines,6%20pints%20of%204%25%20beer>

Support Programmes and Activities

Our survey asked the participants if they have or are currently accessing support programmes or activities that help them eat healthy, be physically active, lose weight, stop smoking, or reduce alcohol intake. It also asked participants to provide details of the programmes or activities they access and whether they are happy with the support offered.

From the feedback received, it is evident that some great programmes and activities exist in Tower Hamlets and other nearby boroughs. The challenge is how to connect and make them accessible to everyone.

Resident A accesses support for healthy eating and physical activity. They participate in the **DodgyTickers Health and Wellbeing programme** with activities taking place in Waltham Forest, Newham and Redbridge. The resident agrees that the programme supports them to eat healthily, as there are regular check-ins and advice. They strongly agree that the programme supports them with physical activity, as it's *"fun and hugely supportive and accessible to all levels and ages"*.

Resident B participates in multiple programmes for support with healthy eating and physical activity. They attend programmes and activities at **the Idea Store in Whitechapel and Mile End Hospital**. They also participate in a weight loss programme or activity in Tower Hamlets, but due to memory loss, they cannot remember the name of the programme. They neither agree nor disagree that these programmes support them with healthy eating, physical activity and weight loss because they are not always able to attend due to a disability: *"Sometimes I attend and sometimes I don't due to low mood and disability. I use a walking aid"*.

Resident C reported accessing **the Obesity Clinic at Barts Health**, which is located in Tower Hamlets. They agree that this has supported them with healthy eating and physical activity. They told us: *"I joined an obesity clinic with a dietitian at Barts Health. They provide diet support and medical intervention"*.

Residents D, E, and F all attend **the Bengali Men's Cardiac Rehab Sessions** at the Whitechapel Sports Centre. All of them strongly agree that the programme supports them with physical activity. Resident D told us that the programme has helped them build their self-confidence. Resident E says it helps them stay active, and Resident F describes the programme as *"very supportive"*. Resident F is also accessing **MyLifeplan**, a 12-week digital weight management programme. However, they did not tell us whether this programme supports them with weight loss.

Support Programmes and Activities

Resident G's family member, who has been diagnosed with CVD, takes part in **Football for Over 50s**. They say it helps their family member to stay active, but they did not provide further details on where the activity takes place.

Resident H is about to start a **9-month Diabetes course**, which will take place at Stratford Library. They say the course will most likely talk about things they are already aware of, but it will work as a refresher: *"Hearing about things helps you to remember"*. They say that when you're older, you are more likely to take things in. They were referred to the programme by their GP, and they credit their GP for providing them with very good care and support.

Other programmes and activities

The participants at the Age UK Stroke meeting also briefly mentioned other support programmes and activities they have or are currently taking part in. These included: **Good Moves**, an 8-week health and wellbeing course provided by Social Action for Health; **exercise classes at Idea Store Bow**; and **dance classes at Stratford Library**. The participants mentioned that they had found these programmes and activities helpful. They were also very appreciative of **Age UK East London** for hosting the weekly Stroke group meeting, which has been helpful as they have all learned from each other.

One participant also mentioned meeting with a social prescriber who had signposted them to Age UK East London and **Zacchaeus Project**.



If you are interested in any of the programmes and activities mentioned above or want information about programmes and activities available to support healthy living, contact Healthwatch Tower Hamlets.

Free Phone: 0800 145 5343

Email: info@healthwatchtowerhamlets.co.uk

Barriers

We also asked participants to tell us about any barriers preventing them from accessing support programmes and activities that can help them in managing their condition. Our survey gave them a list of barriers and asked them to choose as many as apply to their circumstances. We also gave them the option to choose Other and specify their reason.

The table below highlights the percentage of respondents who chose each given barrier. We have also included the number of responses received for each type of support. We did not receive responses to barriers to accessing stop-smoking and reducing alcohol intake support.

Barrier	Healthy Eating (n.12)	Physical Activity (n.9)	Weight Loss (n.5)
I am not motivated to take part	8%	11%	20%
I have not found a programme or activity I would like to take part in	25%	11%	20%
I do not have information on what programmes or activities are available to me	25%	22%	20%
I have no access to a mobile phone, laptop or computer to access programmes and activities online	8%		40%
Times and locations of programmes and activities are not suitable for me	17%	11%	
The programmes or activities are not accessible to me because of a language barrier			20%
The programme or activities are not accessible to me because of my disability	8%	11%	20%
Other	42%	56%	20%

In terms of the Other responses to healthy eating support, the respondents who chose this answer option told us that they are aware of or have previously been provided with information about healthy eating. Therefore, they have incorporated healthy eating into their routine, which is why there is no need for them to access support. This was also true for people not accessing physical activity support, although a few respondents also mentioned **the cost of gym membership** as a barrier. For support with weight loss, only one person chose the Other option, but they did not specify what their barrier is.

It seems that overall, the main barrier is **a lack of awareness of the available support, or not finding a suitable programme or activity**. Although the majority of the respondents prefer to self-manage their eating habits and physical activity. For weight loss, the response rate was very low, but the main barrier was **a lack of digital access to online programmes and activities**.

Barriers

We also discussed some of the barriers with the participants at the Age UK Stroke meeting. They mentioned the following barriers:

- **Travelling is difficult with mobility issues.** The participants told us about a person who used to attend the Stroke group meetings. However, since the meeting location was moved due to plans to demolish the building, this person can no longer attend, as they cannot travel due to their disability.
- **Exercise should be fun.** The group told us that exercise should be presented in a more enjoyable way, so that *“you don’t even realise you are exercising”*. The exercise should be in the form of a game that gets people moving, but is presented as a fun activity.
- **Being physically restricted makes exercising difficult.** For example, one participant in the group uses a walking stick, but they would be happy to do fun, chair-based exercises.
- **There are often limited spaces within the support programmes.** One participant mentioned that they are on the waiting list to take part in an exercise programme.
- **Successful programmes or activities are affected by cuts to funding or other resources.** For example, the group told us that in the past, physiotherapists from Royal London Hospital came to hold sessions at Age UK, which they found very helpful. However, this no longer happens, and instead, on occasion, physiotherapy students come in, but they do not find them as helpful.

Suggestions for Improvements

Finally, we asked the respondents to tell us how the support programmes and activities could be improved, and if there are any gaps in the support provision.

The respondents told us that there should be more advertising about the support services available in Tower Hamlets. It was mentioned that a lot of the information exists online and is therefore not accessible for older people, as they often do not have the skills or the desire to access information digitally.

One person suggested that there should be more targeted advertising for the elderly to let them know what is available to them. Another respondent said that the best way to find out about support is through a GP, as they know what is suitable for the person's circumstances and can signpost to the relevant activities and programmes. However, the respondent also noted that this depends on the quality of GP and the continuity of care. If you can see the same GP, they will learn to know your background, condition and other circumstances that should be considered. The continuity of care will also help to build trust with the patient and make it easier for them to talk to their GP.

Another respondent mentioned that they had found peer support helpful. Meeting with others in similar circumstances can help share information and provide advice. It also acts as therapy when you can share and talk about things.

Continuation of support and the cost of access to the gym were also concerns. The respondents mentioned that they would like a free gym membership to help them continue their exercise and weight loss routines. It was also suggested that more funding to support the unemployed and young people should be provided to organisations.

To conclude, residents in Tower Hamlets have different needs, capabilities and circumstances, and therefore, their feedback must be heard to inform service improvements. It is also important that they are involved in the planning and implementation of the support services, as they know the best way to meet the needs of the local communities and how to share information about these services so that it reaches every corner of the population in Tower Hamlets.

Suggestions for Improvements

Selected Comments:

"After cardiac rehab finishes, it would be good to have further help."

"Offer a monthly gym pass to extend the number of sessions."

"The difficulty is how to maintain the weight loss after the programme finishes. The weather also affects people; people don't go out in the cold as much."

"More funds to organisations that do things for the unemployed and the young. Free membership to the gym from the council."

"(I would like) E-learning programmes."

"(There should be) support with managing medication and attending hospital appointments. Diet is very important."

"Most programmes are for people not in full-time work, we need evening and weekend programmes."

"If someone could get me into the gym to do rowing, but a lot of the information is online, it should be more accessible for the elderly. Leaflets about gym services should be more targeted at the elderly. The gyms should target the elderly more, for example, have morning or afternoon classes for them."

"More advertisement in the borough."

"I would like more information, other than these community events or programmes. I have no other information or access to information. I would appreciate signposting to programmes."

Appendix



Appendix

As part of our survey, we asked respondents questions about themselves, including age, ethnicity, disability, and sexual orientation. In the table below, we have included the number and percentage of their responses to these questions.

Age	n.	%
16-24		
25-34		
35-44		
45-54	3	9%
55-64	3	9%
65-74	5	16%
75-84	2	6%
85+	3	9%
Prefer not to say		
Not known	16	50%
Grand Total	32	100%

Disability	n.	%
Yes	6	19%
No	10	31%
Not known	16	50%
Grand Total	32	100%

Long-term condition	n.	%
Yes	10	31%
No		
Not known	22	69%
Grand Total	32	100%

Ward	n.	%
Bethnal Green East		
Bethnal Green West		
Blackwall and Cubitt Town		
Bow East	1	3%
Bow West		
Bromley North		
Canary Wharf	3	9%
Island Gardens		
Limehouse	1	3%
Mile End		
Poplar		
Shadwell		
Spitalfields and Banglatown	3	9%
St Dunstan's		
St Katharine's and Wapping	2	6%
Stepney Green	2	6%
Whitechapel	1	3%
Out of Borough	1	3%
Not known	18	56%
Grand Total	32	100%

Appendix

Type of disability	n.	%
Physical or mobility impairment	5	16%
Sensory impairment	2	6%
Learning disability or difficulties		
Mental health condition	2	6%
Other	2	6%

Type of long-term condition	n.	%
Asthma, COPD or respiratory condition	2	6%
Blindness or severe visual impairment	2	6%
Cardiovascular condition (including stroke)	8	25%
Chronic kidney disease	1	3%
Deafness or severe hearing impairment	3	9%
Dementia		
Diabetes	5	16%
Epilepsy		
Hypertension (high blood pressure)	4	13%
Learning disability		
Mental health condition	2	6%
Musculoskeletal condition	3	9%
Other		
Prefer not to say		

Ethnicity	n.	%
Asian/Asian British - Bangladeshi	6	19%
Asian/Asian British - Indian	1	3%
Asian/Asian British - Pakistani	1	3%
Asian/Asian British - Any other Asian background		
Black/Black British - Caribbean		
Black/Black British - Somali		
Black/Black British - Other African		
Mixed/Multiple ethnicities - Any other mixed background	1	3%
White - British	7	22%
White - Irish		
White - Any other White background		
Other - Any other background		
Prefer not to say		
Not known	16	50%
Grand Total	32	100%

Appendix

Sexual orientation	n.	%
Bi (attracted to more than one gender)		
Gay/lesbian		
Heterosexual/straight	12	38%
Prefer to self-describe	1	3%
Prefer not to say	1	3%
Not known	18	56%
Grand Total	32	100%



healthwatch

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