
**Argyll and Bute Community Planning
Partnership**

**Helensburgh and Lomond
Area Community Planning Group**



Tuesday, 25th April 2017

Agenda Item 7(b)

Living Well Physical Activity Coordinator Update

Summary

The Living Well Physical Activity Coordinator is responsible for linking Physical Activity programmes within the locality and acting as the main point of contact for working with sedentary clients to increase their overall health and wellbeing.

Outcome Five in the A&B Community Planning Partnership Single Outcome Agreement is for 'People live active, healthier and independent lives' and relates to the National Policy Priority for physical activity in older people and people who live sedentary lives. This is further developed for Argyll and Bute HSCP in our Sport and Physical Activity Framework (2015-17) and the Physical Activity Position Statement recommendations. Outcome 4 of the framework emphasises Lifelong health and wellbeing: Helping people live active, healthy lives. The outcome has three established priorities and their associated performance indicators that will help set the measures of the programme.

Living Well physical activity co-ordinator works across sectors to increase the number of people in the locality up taking appropriate, evidence based physical activity. This model is based on the current Active School Co-ordinator post which has demonstrated significant results in linking schools and community sports and resources cohesively in our communities. The post is achieving similar results across sectors in developing a range of opportunities for increasing uptake of physical activity with people who would benefit most. These tend to be harder to reach individuals and facilitation and outreach in our communities is part of the role.

The Coordinators remit is to work in partnership with Council led ArgyllActive Programme deliverers and third sector agencies. The main aim of the post is to develop, manage and sustain local pathways to help support members of the community to increase their physical activity levels in order to meet primary and secondary health promotion targets across their locality.

1. Purpose

Inform group members of the services available through the Living Well Physical Activity Coordinator. Provide a brief update on the work already undertaken and the next steps.

2. Recommendations

Develop a Stage 2 falls prevention class within leisure services
Establish protocols for rehab of physiotherapy patients
To increase links with GP surgeries, ensure full awareness of Argyll Active and Falls prevention programmes and their referral routes.

3. Background

Physical inactivity is the fourth leading cause of global mortality and the Scottish Government has established recommendations for increasing physical activity levels in adults to improve health and wellbeing. Physical activity prevents ill health and reduces numbers of people dying prematurely; enhances mental health, quality of life and self-reported wellbeing; delays the need for care in older adults (age 65+) and reduces health inequalities and improves wider factors of health and wellbeing.

The role of the GP and other health providers in recommending exercise is evidenced to enhance uptake. However, opportunities to exercise at appropriate level and under supervision are not available to all members of the community and while health and wellbeing gains are well known, engaging people in physical activity can be problematic. Co-morbidities, characteristics and attitudes to physical activity can be a significant barrier. Innovative approaches are required to utilise the skills, expertise and facilities which already exist in Argyll and Bute to increase uptake of physical activity in the lives of less active people. Leisure Services, NHS and Third Sector agencies can improve co-ordination through integration and to share knowledge and resources.

Leisure Services have trained staff who could be utilised to improve uptake of physical activity, however some client's may prefer not to attend gym facilities and outreach approaches will be required. This project will involve the Link Well Coordinator acting as a guide to encourage and motivate individuals to uptake physical appropriate activity. This post would allow one to one consultations using motivational interviews and behaviour change models to increase long term sustainable physical activity levels in the identified client groups. It also requires a significant amount of outreach to harder to reach individuals and to identify people not currently in contact with services who would benefit e.g. sedentary, risk of falls, overweight. Wobble test

4. Detail

An application for funding from the Integrated Care Fund (ICF) was submitted for a three year funded post for a Living Well Physical Activity Co-ordinator in the Helensburgh and Lomond area.

The post was filled in September 2016; (Charlotte Wilson)

During September a scoping exercise took place to discover what physical activity opportunities are currently available in Helensburgh and Lomond. The exercise identified the following three key areas:

- There are well established falls prevention programmes in both Helensburgh and Garelochhead that could be linked into.
- The council led ArgyllActive (AA) programme is in place and receives approximately 160 referrals per year. However there are many individuals who are being referred who are not ready to begin exercising and communication with GP's could be improved.
- There are a number of third sector agencies and private companies delivering a range of physical activity services. However clearer referral links are needed in order to develop a more joined up approach.

ArgyllActive refers to the Exercise on Referral Scheme currently on offer to all sedentary individuals who are in need of increasing their daily physical activity levels and becoming more health conscious. The programme delivers a range of supervised land based and water based fitness sessions over an 8 week period. The aim is to help improve the overall fitness and wellbeing of those attending in order to help meet the targets set in the Argyll and Bute SOA (outcome 5).

The cost of attending the programme is £3.20 per session, a saving of £1.60 on the normal price of £4.80. This price permits the client admission to the class and includes access to the mainstream maintenance class once they have completed the initial 8 week supervised instruction period.

In order to meet industry guidelines and ensure competence all exercise sessions are delivered by fully qualified Register of Exercise Professionals (REPs) Level 3 and/or above instructor. The ArgyllActive programme complies with the guidance outlined in the BHF: A Toolkit for the Design Implementation & Evaluation of Exercise Referral Schemes 2012 as well as guidelines set by both REPs and British Association of Cardiac Prevention and Rehabilitation (BACPR).

In addition to exercise on referral, the programme also includes the Phase IV Cardiac Rehabilitation programme clients. The Phase IV programme caters for individuals referred directly from Phase III who have suffered a cardiac complaint. The Phase III programme is normally delivered within a clinical setting by specialist cardiac physiotherapists. Once patients complete Phase III they are referred to a suitable community based exercise programme delivered by BACPR qualified instructors.

The table below outlines ArgyllActive performance over past 5 years. The programme is monitored over the tax year rather than the calendar year. The column referring to total still exercising relates to those who are still going to the gym three months after completing the programme. The management costs relates to the initial client meeting, class delivery and Fitness Coordinator administration costs.

Year	Total Referrals	Total Started	Total Completed	% Completed	Total Still Exercising	PAYG Income	Management Costs
2011/12	251	148	78	52%	62	£6483	£15823
2012/13	343	231	115	50%	63	£7724	£17325
2013/14	332	200	117	59%	84	£7021	£16486
2014/15	304	198	122	61%	86	£6841	£11212
2015/16	299	184	112	66%	82	£7001	£10314

Since September changes have been made to the ArgyllActive programme, mainly lettered and phone communication with Clients, a produced leaflet giving information for GPs and other medical professionals and links with many different agencies so establish referral routes and give people options for physical activity. Also baseline test protocols were introduced for all clients to establish any progression shown. These are hip, waist and thigh measurements, Quality of life questionnaire, PAR-Q, blood pressure, resting heart rate and peak flow measurements. Motivational interview techniques are also being used and Charlotte has taken over the risk stratification of AA clients.

To date 56 referrals have been received since the relaunch of ArgyllActive in November, 15 referrals have completed their motivational interviewing and baseline protocols and are now part of established Argyll active programmes in a gym based environment, from this 15; 66% have now gone on to take out full facility gym memberships and have kept up with their own physical activity. Three further referrals have been linked into the Falls prevention programmes and ten referral has linked into the voluntary sector to volunteer around the national parks.

Helensburgh and Garelochhead has established Stage 1 Falls prevention classes running through NHS staff, though initially these were not running at full capacity of 12 people and it had a waiting list. Charlotte took over the management and administration of registrations and the waiting list and has worked closely with community physiotherapist and occupational therapists on this. Since taking over this in January Charlotte has received 38 referrals for the falls classes. These have come from physiotherapy teams, hospital discharge teams and GPs. 26 referrals are now in the Stage 1 classes with 12 still waiting. A protocol has been established following research guidelines that patients will stay in the Stage 1 class for 52 weeks at which time they will move on into community based programmes. A stage 2 falls prevention class is now being established and is to be run by staff from Helensburgh pool. This is still to be finalised. It is hoped that some people can move on from stage 1 into Stage 2 before the 52 weeks and that some people may be able to go straight into Stage 2 after assessment. This should keep the waiting time for a space fairly short.

Charlotte has also created links with the outpatient physiotherapists at the Victoria integrated care centre. The outcome is that protocols will be written for rehabilitating certain clinical conditions starting with frozen shoulder and OA knee. These will include an outline of the condition, potential red flags and how to communicate/re-refer patients to physiotherapy, aims of exercise plan and a suggested exercise format for the fitness instructor to work from. The physiotherapy team will also include outcome measures with referrals. This will allow hand over of the rehab of patients to Argyll Active at an early stage, helping to free capacity within Physiotherapy. Clients will be incorporated into the current Argyll Active classes in the gym environment. This is still in the early stages with a date of the 26th April for the first protocols to be written up.

Charlotte is also creating links with the technology enabled care team around the use of the Flo texting messaging service to remind people to attend their exercise classes. This project is still in its infancy and will be reported on in further reports.

5. Conclusions

The Living Well physical Activity Coordinator is linking well with partner organisations on the development of physical activity programmes.

Raising awareness of physical activity programmes in the area as is vital to ensure people do not view them as out of their capability levels.

Ultimately, the key goals of healthy living where people have their needs met, continue to learn, develop and maintain relationships and contribute to society, are deliverable through physical activity provision

6.0 SOA Outcomes

OUTCOME 5 - PEOPLE LIVE ACTIVE, HEALTHIER AND INDEPENDENT LIVES

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