

**Bright Spots: Physical activity investments that work :
Active for health Rotherham; Be active to stay healthy**

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This document is the Accepted Version [AM]

Citation:

ATCHINSON, R, FRITH, Gabriella, RODEN, A, COPELAND, Robert and REECE, Lindsey (2018). Bright Spots: Physical activity investments that work : Active for health Rotherham; Be active to stay healthy. *British Journal of Sports Medicine*. [Article]

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Title page:

Bright Spots: Physical Activity Investments that Work

Active for Health Rotherham; Be active to stay healthy

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Acknowledgements:

Sport England has contributed funding to this programme.

Leon Wormley and Hayley Mills lead the expert physical activity teams commissioned to deliver Active for health community wide.

Programme card:

Active for Health Rotherham, Be active to stay healthy

Country/locality/coverage

Rotherham, South Yorkshire, United Kingdom which has an estimated population over 262,000.

Target population

People living in Rotherham with one or more of the following seven long term conditions; Cardiac, heart failure, stroke, COPD, cancer, lower back pain and a recent fall and/or fracture.

What modes/types/domains of physical activity does the program promote?

Functional physical activity delivered in community venues aimed at improving rehabilitation and recovery.

Which of the 7 best investments the program addresses?

Community wide programs and Healthcare

What sectors does it involve?

The project involves health professionals and exercise specialists by developing a pathway that bridges the gap between National Health Service (NHS) rehabilitation and community physical activity opportunities.

Estimated program reach

The programme reaches over 1000 patients a year, improving their health and wellbeing. At the time of this publication, 695 patients had registered for the programme and consented to participate in the evaluation.

What is special about this program?

The programme aims to revolutionise the role that physical activity plays in rehabilitation and recovery, by providing safe, effective and quality assured services in local communities resulting in notable improvements in health and wellbeing.

Key programme details

Programme website www.rotherhamgetactive.co.uk/activeforhealth

#activeforhealth

www.facebook.com/activeforhealth/

Background

Active for Health is a robust physical activity and sport programme that aims to make it easier for people with a long-term condition (Cancer, Stroke, Cardiac, Heart Failure, Chronic Obstructive Pulmonary Disease, lower back pain, a recent fall or fracture) to become more physically active in a safe way. To achieve this, the programme provides a seamless pathway of care from clinical rehabilitation services, including cardiac rehabilitation and cancer treatment delivered within the National Health Service (NHS), through to community physical activity provision.

Active for Health adopts a multi-agency approach that unites partners across local government, public health, NHS, leisure and sport, to deliver system wide change that aims to raise awareness of the physical, psychological and social benefits of physical activity. Through integrating physical activity within the treatment of chronic disease, Active for Health aims to promote participation in physical activity as well as raise an individuals confidence in their ability to initiate and sustain, physical activity in everyday life.

The design of Active for Health was informed directly from a local falls' rehabilitation pathway pilot [1] which highlighted explicit barriers for engaging in physical activity from a patient and professional perspective. Barriers expressed by patients included a fear of exercise coupled with a lack of reassurance around the safety and quality of the exercise provision received. Exercise that was easily accessible and located in local community areas was critical for patient engagement. Whilst, appropriate training to deliver exercise for specific medical conditions enabling exercise instructors to tailor and prescribe individualised exercise programmes, was also deemed essential. From the perspective of the health care professional, there was a need for quality assurance around training providers and the need to collaborate across multidisciplinary teams such as clinical rehabilitation teams and local exercise providers. In addition, the national transfer of Public Health into the Local Authority in the United Kingdom provided the strategic environment and political catalyst to bridge the gap between clinical and community health. Collectively, this supported the development of Active for Health and its vision, to revolutionise the role that physical activity plays in the rehabilitation and recovery journey of people affected by a long term condition.

Active for Health aims to make it easier for people affected by long term conditions to become and stay active in Rotherham. This will be achieved through the delivery of a safe, robust sport and physical activity community programme, led by exercise and condition specialists, that links directly with clinical healthcare services. To ensure specialist and quality assured exercise delivery, Active for Health adopted a commissioned model at the programs inception. This meant exercise providers entered a competitive tendering process where a key criterion for success was the ability to demonstrate the skillset of the exercise instructors against the level 4 specialists qualifications required by the Register of Exercise Professionals (REPS). In addition, an academic university was commissioned to design and implement an independent evaluation of Active for Health. The operational design of Active for Health involves a well constructed three step model , consistent across each of the seven pathways, which is detailed in figure 1.0.

Recognizing the influential role, clinical endorsement has in not only normalizing physical activity within the clinical setting, but also for promoting referrals to Active for Health, a series of workshops have also been developed to health care professionals, in partnership with Public Health England Physical Activity Clinical Champions programme, to embed physical activity in routine clinical care.

Why it works?

From the inception of Active for Health in November 2015, long term physical activity opportunities have been integrated across all seven pathways with over 1000 patients already engaged in the program. Key multi-sector partnerships have been forged, resulting in an efficient, physical activity service across Rotherham for people with long term conditions. Although preliminary at this stage, results show positive impacts on an individual's physical activity, health and wellbeing.

The number of participants engaged in the evaluation so far are; baseline n = 695; 3 months' n = 360; 6 months' n = 224 and 12 months' n = 78. This includes, 317 males and 378 females with a mean age of 65.44 years (SD = 13.55). Self-reported physical activity levels, measured using the IPAQ [2] highlight time spent (minutes) participating in moderate intensity physical activity increased, from baseline (166.33) to 3 months (283.75) with a decrease at 6 months (189.94). Individuals engaged in Active for Health are achieving sufficient physical activity to accrue a health benefits [3]. The Quality of Life Visual Analogue Scale scores [4] increased from baseline (62.41) to 3 months (73.36) demonstrating a notable difference. At 6 months' patients rated their health higher (69.12) than before they had engaged in Active For Health. Given the target population, these results appear encouraging at this stage. Full results, with complete analysis from the independent evaluation (outcomes and process) are expected by December 2018.

Lessons learnt

Supporting clinicians to raise the physical activity conversation with patients is a critical component in ensuring patients are referred to the Active for Health programme. A key success of Active for Health, is the formal structured time spent each week in the clinical setting by the community exercise providers. Not only does this present a development opportunity for the exercise professionals but it establishes trust and quality assurance in the programs physical activity delivery, along with a clear line of communication to report patient progress. Working across the seven condition specific pathways has also provided a unique opportunity to understand the disease specific needs of the patient whilst importantly providing unique insight into the intricacies of routinely delivered care in the NHS, which has significantly enhanced the timing and suitability of the referrals received by exercise providers.

References:

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