

Appendix B – Physical Activity for Older People – Scoping Document

Review Topic	Physical Activity for Older People
Rationale	<p>The reasons for carrying out a review, include:</p> <ul style="list-style-type: none"> - 1 in 4 residents are physically inactive and, despite recent improvements, physical inactivity in Haringey has remained at a similar rate since 2012. - New models of social care which encourage people to do more for themselves are needed to reduce social care costs. - Participation in physical activity declines with age. This impacts on an older adults ability to remain independent and maintain social contacts (isolation). - Even small amounts of physical activity can lead to health gains and support people to self manage their long term conditions. - By 2031 there will be a 40% increase in the number of people over the age of 80 living in London. - Input from scrutiny will contribute to priorities outlined in both the Council’s Corporate Plan and Haringey’s Health and Wellbeing Strategy.
Scrutiny Membership	<p>Members of the Adults and Health Scrutiny Panel will carry out this review:</p> <p>Cllr Pippa Connor (Chair), Cllr Gina Adamou, Cllr Charles Adje, Cllr David Beacham, Cllr Eddie Griffith, Cllr Liz McShane, Cllr Peter Mitchell and Helena Kania (Non-Voting Co-optee).</p>

<p>Terms of Reference</p>	<p>To make recommendations on Haringey’s approach to increasing physical activity among older adults, by:</p> <ul style="list-style-type: none"> - Identifying what the Council and partners can do, especially in terms of community level interventions (e.g. walking and gardening) and interventions through services (e.g. Silver Fit and One You Haringey); - Ensuring the most is being made of everyday interactions i.e. front line staff engaging with residents (Making Every Contact Count); - Identifying activities/services that are available and investigating how these are marketed, communicated and sign posted; - Working with communities, and engaging older people, to establish the types of activity they like and what the barriers are; - Identifying solutions that can be introduced/facilitated/supported by the Council and/or partners. <p>When addressing the above, consideration will be given to older people from hard to reach groups, including those living in care homes and supported living environments; those from minority communities; and those who are socially excluded.</p>
<p>Links to the Corporate Priorities</p>	<p>This review relates to priorities outlined in both the Council’s Corporate Plan (2015-18) and Haringey’s Health and Wellbeing Strategy (2015-18).</p> <p><u>Corporate Plan:</u></p> <p>Priority 2 – “Enable all adults to live healthy, long and fulfilling lives”, especially objectives relating to: “A borough where the healthier choice is the easier choice”; and “Strong communities, where all residents are healthier and live independent, fulfilling lives”.</p>

	<p>Priority 3 – “A clean, well maintained and safe borough where people are proud to live and work” especially the objective relating to making “Haringey one of the most cycling and pedestrian friendly boroughs in London”.</p> <p>There are also links to the cross cutting themes of “Prevention and Early Intervention”, “A Fair and Equal Borough”, “Working Together with our Communities”, “Value for Money”, “Customer Focus”, and “Working in Partnership”.</p> <p><u>Haringey’s Health and Wellbeing Strategy:</u></p> <p>Priority 1 – “Reducing obesity”; Priority 2 – “Increasing healthy life expectancy”; and Priority 3 – “Improving mental wellbeing”.</p>
<p>Suggested Background Reading</p>	<ul style="list-style-type: none"> - “Everybody Active, Every Day” – including guidelines from the Chief Medical Officer (Sept 2014) – PH England - Sporting Future: A New Strategy for an Active Nation (Dec 2015) – HM Government - Sport England: Towards an Active Nation Strategy 2016-2021 – Sport England - NICE guidance and pathways - Statistics on Obesity, Physical Activity and Diet (England, 2016) from hscic - Physical activity strategy for the WHO European Region 2016-2025
<p>Methodology/ Approach</p>	<ul style="list-style-type: none"> - It is anticipated evidence will be gathered through a series of half-day sessions during October – January. - Informed participants will be invited to give evidence on a sequential basis throughout a morning, afternoon or evening. - This approach facilitates continuity to evidence gathering, and allows members to focus on key objectives. The Panel will also need to meet with residents, and front line staff, away from the Civic Centre. - Evidence from each session will be summarised from which members will draw up conclusions and recommendations. - The draft/final report will then be considered in public by the Adults and Health Scrutiny Panel and the Overview and

Scrutiny Committee in March (dates below).

Stage 1 – Setting the Scene

- **Overview of relevant research and literature**
 - Input / written submissions, from external stakeholders to help set the scene (see “suggested background reading” for ideas)

- **Haringey’s approach, focusing on community level interventions and interventions through services**
 - Making Every Contact Count, **Marion Morris, Head of Health Improvement**
 - With input from Dr Vanessa Bogle, Director of Innovative Health / MECC Trainer
 - Overview of “Year of Walking”, “Silver Fit”, “[Active for Life](#)” and “[One You Haringey](#)”, **Marion Morris, Head of Health Improvement**
 - With input from Edwina Brocklesby, founder of SilverFit, James McMeckan and Deborah Saunders, One You Haringey, Louise O'Mahony or a representative from the Sport and Community Team, Fusion Lifestyle and Andrea Keeble, Sport and Physical Activity Commissioning Manager (LBH).
 - Homes for Haringey, “Promoting physical activities”, **Astrid Kjellberg-Obst, Executive Director of Operations and Chinyere Ugwu , Community and Customer Relations Director**
 - Community asset mapping, **Geoffrey Ocen, Chief Executive Bridge Renewal Trust**
 - Haringey CCG, **Rachel Lissauer, Acting Director of Commissioning**
 - (Annual) Adult Social Care Assessments (“3 wishes project”), **Sue Southgate, Service Manager Assessment & Personalisation**
 - **Mike Wilson, Director of Healthwatch Haringey**

- To observe, contribute to the discussion, and provide feedback, especially in terms of options for community engagement (stage 2 of the review)

- Any Others?

- **Examples of good practice from other local authority areas**

- Enfield's Sports Development team might be worth contacting regarding their initiatives for older people. The activities listed on the Age UK Enfield website may be of interest:

- ✓ http://www.enfieldindependent.co.uk/news/localnews/9829792.Inspirational_women_rewarded_for_work_in_borough/

- ✓ [The Friday walk](#), run by Maggie Govender, might be worth visiting as well as talking to her about her work with older people more generally.

Stage 2 – Engagement with Residents, Community Groups and Front Line Staff

- Consideration needs to be given to engaging older people from hard to reach groups, including those living in care homes and supported living environments; those from minority communities; and those who are socially excluded.
- The approach for Stage 2 is to be confirmed and will be dependent on findings/suggestions from session 1.
- To help structure "Stage 2" we may want to contact speakers from a recent ESRC seminar ref "[Physical activity among hard-to-reach groups: Issues of research, policy and practice](#)". Input from [Dr Samuel Nyman](#) (Bournemouth University) and / or [Prof Christina Victor](#) (Brunel University) may be useful.

Stage 3a – Reflection on findings

- To consider how findings from the review can inform the development of Haringey's approach to increasing physical

	<p>activity among older adults.</p> <ul style="list-style-type: none"> • What else could be done to increase physical activity among older adults? • Is further evidence required? <p><u>Stage 3b – Drafting Recommendations</u></p> <ul style="list-style-type: none"> • Drafting of SMART recommendations and agreeing flow of final report.
<p>Equalities Implications</p>	<p>Haringey has reduced its proportion of physically inactive adults to 24.94% bringing it in line with similar boroughs. However, analysis from the Sport England Active People Survey (2015) shows physical inactivity (at least 150 minutes of physical activity a week), is generally lower in low-income households.</p> <p>In Haringey:</p> <ul style="list-style-type: none"> - 1 in 4 residents are physically inactive and, despite recent improvements, physical inactivity has remained at a similar rate since 2012. - In the east of the borough, where lower socio-economic groups are more highly represented, physical activity rates are amongst the lowest in the country, with only 48.6% physically active compared to 66.3% in higher socio-economic groups. - A large proportion of the BME community is physically inactive at 25%. - 46.6% of those aged 65 and over are physically inactive, while a higher proportion of females, at 28.1%, are inactive compared to males at 24.7%. <p>The Council has a public sector equality duty under the Equalities Act (2010). The Panel will need to ensure it addresses</p>

	<p>this duty by considering and clearly stating;</p> <ul style="list-style-type: none"> - How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics; - Whether the impact on particular groups is fair and proportionate; - Whether there is equality of access to services and fair representation of all groups within Haringey; - Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.
Timescale	<ul style="list-style-type: none"> - Review set up by Panel / OSC in July - Scoping (August/September) - Final scoping document submitted to OSC for final approval (17 October) - Evidence gathering (October – January) - Analyse findings / develop recommendations late January / early February - Draft report signed off (with comments from legal / finance) by 23 February - Draft report considered by Adults and Health Scrutiny Panel on 6 March - OSC meets on 27 March to discuss / agree final report - Cabinet Response – with partner input – prepared for May/June Cabinet
Reporting arrangements	<p>The dates for reporting are outlined above. Jeanelle de Gruchy, Director of Public Health, will coordinate the Cabinet Response (with input from partners as appropriate).</p>
Publicity	<ul style="list-style-type: none"> - A press release, quoting the Chair of OSC, was issued in mid August outlining key projects for scrutiny, including work relating to physical activity. The Head of External Communications has confirmed that this will also be included in the

	<p>next edition of the partners' newsletter, to be published in August.</p> <ul style="list-style-type: none"> - Once the scope has been finalised, the scrutiny team will liaise with the Head of External Communications to ensure details of the review are publicised internally and externally. This will include looking at ways to involve local people and community groups. The outcomes of the review will be published once completed.
<p>Constraints / Barriers / Risks</p>	<ul style="list-style-type: none"> - Not being able to get key evidence providers to attend on the agreed date of evidence gathering. - Not being able obtain evidence from key informants e.g. local authorities, academics
<p>Officer Support</p>	<p>Scrutiny Support</p> <ul style="list-style-type: none"> - Christian Scade, Principal Scrutiny Officer <p>Lead Service Support</p> <ul style="list-style-type: none"> - Jeanelle de Gruchy, Director of Public Health - Marion Morris, Head of Health Improvement