**Appendix 1**

**Report for:** Overview and Scrutiny Committee – 27 March 2017

**Title:** Physical Activity for Older People Scrutiny Project

**Report authorised by :** Cllr Pippa Connor, Chair, Adults and Health Scrutiny Panel

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**Ward(s) affected:** All

**Report for Key/ Non Key Decision:** N/A

## 1. Describe the issue under consideration

Since July, the Adults and Health Scrutiny Panel has been undertaking an in-depth piece of work regarding Haringey's approach to increasing physical activity among older adults. This report outlines the findings, conclusions and recommendations that the Panel has made.

## 2. Chair's Foreword

Physical inactivity and social isolation are two intertwining themes that run throughout our borough. It is imperative that we look to how we can improve both the health and wellbeing of our communities by using the best research available and new ways of working.

In pulling together the knowledge from all our contributors' expertise I am delighted to be part of a report that looks at the practicalities on the ground and offers useful solutions. These range from improving the physical health within our care homes to how we join up often complex pathways as a person leaves hospital ensuring they belong to a group or activity that suits them.

The Panel came up with five main recommendations

- To commission physical activity as a must within our Care Homes. In addition, utilising Haringey Healthwatch's powers to provide independent challenge. The CQC could then be asked to include physical activity as part of its inspection process.
- Making physical activity and social inclusion part of the Home from Hospital pathway, linking up to new networks within our community care provision.
- Expanding home grown ideas such as the 'Year of Walking' and thinking about not only how this is communicated to all our residents but how we provide oversight to ensure it flourishes.

- Challenging leisure providers such as Fusion to think differently about their current provision of physical and social interaction especially for people with physical or learning disabilities.

- Underpinning our recommendations and important in its own right is the 'mapping' of all our activities we offer in the borough. We recognise that we need to enable residents and front line workers to be able to easily access this information in order to make choices that suit them.

None of our recommendations will work unless we ensure that they are person centred, not just in words but in actions. We have found that throughout all the research people will tend to remain in activities if it contains a strong social element as it is this that strengthens the group and therefore a 'pull' to return week after week. All recommendations must be based on the reality of what people want and whether it fits in with their own lives.

I hope that these recommendations not only tackle borough based need as in care homes, but speak to all older people who can struggle to realise what is out there in the community, and that we can support them to enjoy greater health and independence through joining and belonging to their local groups.

I would like to thank all the people who gave up their time to come and speak to us, especially the specialists in their field of research, who came from all over the county and whose knowledge challenged us to think differently about how we tackle physical inactivity and social isolation in our borough.

Thank you to all the heads of services who worked together across disciplines to put forward new ideas and to all the front-line staff who gave us a realistic perspective. Finally, to the sports specialists who allowed us to see how we could work with groups that are often hard to reach.

I will conclude with a huge thank you to all panel members for their constant enthusiasm and the panel's scrutiny officer who has created this report from the enormous amount of information we received.

**Cllr Pippa Connor, Chair, Adults and Health Scrutiny Panel**

## 3. Recommendations

(a) That the Overview and Scrutiny Committee considers the findings of the Adults and Health Scrutiny Panel and agrees the recommendations, attached at **Table 1**.

(b) That, subject to any comments or amendments the Committee wish to make, this report be submitted to Cabinet, in June 2017, for response.

**Table 1 – Recommendations**

| No | Recommendation | Who | Section |
|---|---|---|---|
| 1 | That the findings/recommendations from the Physical Activity for Older People Scrutiny Review be considered in full as part of the 2017 refresh of Haringey's Physical Activity and Sport Framework. | Council | 13 |
| 2 | That, in developing the design framework for Haringey's model for integrated health and care, the Assistant Director for Adult Social Services and the Director of Commissioning for Haringey CCG, be asked to ensure physical activity is included within all care pathways, with interventions available across the prevention pyramid (population, community, personal). | Council / CCG | 13 |
| 3 | That consideration be given to how the Fusion Annual Service Plan can be used to provide a wider range of activities for older people within the current leisure centre programme, including at New River Sport and Fitness. | Council / Fusion | 14 |
| 4 | That in addition to the concession/free access already provided, should an opportunity arise to renegotiate parts of the Leisure Centre contract, consideration should be given to using the subsidy to encourage more residents aged 50+ through the door. | Council / Fusion | 14 |
| 5 | That the Better With Age programme (targeted at 50+) be provided: (i) more frequently at Tottenham Green Pools and Fitness and (ii) at other locations. | Council / Fusion | 14 |
| 6 | That Fusion be asked to sign up to the Haringey Dementia Action Alliance. | Fusion | 14 |
| 7 | That consideration be given to how the Fusion Annual Service Plan can be used to facilitate inclusive activities, including those that support older people with learning and/or physical disabilities. | Council / Fusion | 14 |
| 8 | That:<br><br>(a) A major publicity campaign led by the Council, in partnership with Fusion, be delivered once a year to raise awareness of the concessionary access, leisure provision and activities that are available for older residents.<br><br>(b) The Communities, Leisure and Partnerships Team review all Council communication material relating to activities for older people, including pages on the Council's website, to ensure information is up to date and clearly describes the activities available and where to go for further information. | Council / Fusion | 14 |

| No | Recommendation | Who | Section |
|---|---|---|---|
| | (c) Fusion be asked to review all their communication material relating to activities for older people, including pages on their website, to ensure information is up to date and clearly describes the activities available and where to go for further information. | | |
| 9 | That the top line messages below be used by commissioners, policy makers and practitioners to ensure clear and simple advice is provided to older people (including frailer, older people) on physical activity:<br>➢ Taking part in any amount of physical activity will provide some essential benefits to both physical and mental health<br>➢ Some physical activity is better than none!<br>➢ Everyone should limit and break up the amount of time spent being sedentary (sitting).<br>➢ Physical activity should be built up gradually.<br>➢ Physical activity should provide a sense of enjoyment and purpose.<br>➢ Physical activity is everyone's business and everyone benefits. | Council / all stakeholders | 14 |
| 10 | That consideration be given to how the Active for Life programme could be incorporated into the wider 2032 Fusion contract, once the Public Health contract for this provision, including GP Exercise Referral and borough wide Health Walks, ends in 2018. | Council / Fusion | 15 |
| 11 | That:<br>(a) The Director of Commissioning for Haringey CCG be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Health Centres and GP Surgeries.<br>(b) The Community and Customer Relations Director for Homes for Haringey be asked to display information about Haringey's Walking for Health Groups on all Estate Notice Boards. | Council / CCG / Homes for Haringey / Fusion | 15 |

| No | Recommendation | Who | Section |
|---|---|---|---|
| | (c) The Head of External Communications, Haringey Council, be asked to ensure information about Haringey's Walking for Health Groups is provided on notice boards across the borough, including at all libraries.<br><br>(d) Fusion be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Leisure Centres across the borough.<br><br>(e) The Director for Public Health be asked to work with Fusion to ensure information provided about Haringey's Walking for Health Groups, including online, is updated to include information on the duration, type and level (easy, medium, hard) of each walk. | | |
| 12 | That the Council and CCG consider the use of small grants (rather than commissioned contracts) and establish a small grant fund (possibly with collaboration with the wards budgets, overseen by the Bridge Renewal Trust) to support small scale local activity sessions for older people. | Council / CCG | 16 |
| 13 | That, subject to funding being identified, the Council should support (a) the continuation of Silverfit within Lordship Rec and (b) the provision of another session e.g. in the Northumberland Park area. This support should include working with Silverfit to promote sessions across the local community. | Council / Silverfit | 17 |
| 14 | That the Council help to facilitate opportunities for Homes for Haringey to meet with commissioners and providers of activities so that underused spaces in sheltered housing and elsewhere, such as underused lounges and tenants/community rooms in blocks, can be used productively for physical activities for older people. | Council / Homes for Haringey | 21 |
| 15 | That the Council and Bridge Renewal Trust continue to work together to ensure information, concerning physical activity for older people obtained via the asset mapping exercise, is available, accessible and can be used by residents, carers, front line staff and care coordinators before the end of 2017. | Council / BRT | 22 |
| 16 | That the Director for Public Health be asked to establish a sub group of the Haringey Active Network – the local Community Sport and Physical Activity Network (CSPAN) – to focus on Physical Activity for Older People. The sub group should:<br><br>- Have its own terms of reference and a membership representing the broad mix of organisations who are taking up the challenge of providing / commissioning physical activity for older adults | Council | 22 |

| No | Recommendation | Who | Section |
|---|---|---|---|
| | across the borough.<br><br>- Share information and resources and create a distinctive learning community of “like-minded people”.<br><br>- Provide information on volunteer brokerage, including how to access funding, resources, and/or other opportunities.<br><br>- Give consideration to the format of meetings (e.g. World Cafe methodology) to ensure effective networking across a broad mix of organisations<br><br>- Report annually to the Haringey Health and Wellbeing Board via the Active Haringey Network. This should include an update on each of the bullet points above. | | |
| 17 | That the Director for Public Health and Assistant Director for Transformation and Resources work together to ensure:<br><br>(a) All front line staff receive training on MECC as part of their induction to the Council. As a minimum, this should include asking new starters to go online to look at the e-learning tool.<br><br>(b) Existing frontline workers have an opportunity to discuss training needs in relation to MECC as part of the ongoing “My Conversation” appraisal process. Steps should be put in place to ensure issues in relation to MECC are discussed at least once a year.<br><br>(c) That (a) and (b) above be used to ensure feedback from staff is reviewed annually to ensure improvements can be made to Haringey’s MECC training offer, including the e-learning tool, in view of experience. | Council | 23 |

| No | Recommendation | Who | Section |
|---|---|---|---|
| 18 | That the "Care...about physical activity" resource pack be used by the Director of Adult Social Services to develop Haringey's Care Home Placement Agreement alongside the commissioning of services as part of the residential/nursing home contact, via DPS during 2017/18, to ensure:<br><br>(a) Residents have physical activity choices documented in their care plans.<br><br>(b) All staff understand the importance of daily physical activity and encourage residents at every opportunity to be more active in a way that meets their needs and choices with a clear purpose.<br><br>(c) Participation in physical activity is valued and is a commitment for everyone who is part of the care home community such as relatives, staff, friends and others.<br><br>(d) Management provides leadership and support to promote physical activity.<br><br>(e) The environment facilitates an active lifestyle to take place by being appropriate for the needs and choices of the residents, staff and those in the care home community.<br><br>(f) Training is available for staff to raise awareness of the benefits of physical activity and ways to enable residents to be active.<br><br>(g) Connections can be made with accessible local services and organisations to provide specific advice, guidance and support to promote physical activity.<br><br>(h) Care homes are aware of what local places and spaces are available to support people to be more active on a daily basis and makes use of the available opportunities. | Council | 24 |
| 19 | That Healthwatch Haringey explore using enter and view powers to identify levels of commitment to promote physical activity among care homes in Haringey. Working with commissioners, a base line assessment should be completed during 2017 with a full inspection planned for 2018 once tools outlined in the "Care...about physical activity" resource pack have been introduced in Haringey. | Council / Healthwatch | 24 |
| 20 | That progress in relation to promoting physical activity in care homes be monitored via the Quality Assurance Sub Group of the Haringey Safeguarding Adults Board. | SAB | 24 |

| No | Recommendation | Who | Section |
|---|---|---|---|
| 21 | The Cabinet Member for Finance and Health be asked to write to the Care Quality Commission to recommend that enabling access to appropriate physical activity is recognised as part of the inspection process, within either the question is the service effective or is the service responsive? | Council / CQC | 24 |
| 22 | That the Director of Commissioning for Haringey CCG be asked to coordinate a meeting between NHS commissioners and the Bridge Homes from Hospital Team to ensure the following recommendations are taken forward:<br><br>(a) That, as part of the Homes from Hospital assessment form, the question on joining a local group (to provide physical and social support) should be discussed at the first meeting with an expectation that a suitable group, to suit the clients individual needs, will be found by the Homes from Hospital team and that a team member escorts the client to this group within the 4 week period.<br><br>(b) That, on completion of the Home from Hospital service, information on the group/activity attended by the client should be provided to the CHIN (in which the client's GP practice is based). The CHIN care coordinator (or similar role) should then liaise with the client to follow up on how the activity is going and whether it is working, both in terms of physical activity and social interaction.<br><br>(c) That a member of the Senior Administration team, at each local hospital, should be aware of the Home from Hospital service.<br><br>(d) Hospital Ward Clerks should be given appropriate information on how to mark a patients record, on discharge from hospital, to indicate they are part of the scheme and how to contact the Home from Hospital team if there is a re admission within a 4 week time frame.<br><br>(e) That any re admission to hospital by the client during the Home from Hospital support period should be flagged up by the Ward Clerk on the hospital admissions ward and reported to the Home from Hospital team coordinator.<br><br>(f) The CHIN team should ensure feedback is given, at regular intervals, to the Home from Hospital team | CCG / BRT | 24 |

| No | Recommendation | Who | Section |
|---|---|---|---|
| | on outcomes from their referrals to local group activities. This is to strengthen good practice and to flag up any issues with activities/ groups so further referrals can be made elsewhere if necessary.<br><br>(g) The Bridge Renewal Trust should ensure information gleaned from their asset mapping exercise is made available to their Home from Hospital team, so they can refer clients to the most appropriate activity. This information should also be shared with the CHIN team. | | |
| 23 | That:<br><br>(a) It be noted the Adults and Health Scrutiny Panel fully support the Council's application to Sport England for funding to help tackle inactivity in older people.<br><br>(b) If the Council is successful in drawing down the Active Ageing funding, the Adults and Health Scrutiny Panel should be involved in the development of the project.<br><br>(c) Given the importance of reducing older people's inactivity levels, even if the Council is not successful with its Expression of Interest it is recommended that aspects of Haringey's Active Aging Project be progressed, with alternative funding sought for delivery. | Council | 26 |

## 4. Reasons for decision

*"Many of the main public health concerns in Haringey – such as cardiovascular disease, high blood pressure, stroke, type 2 diabetes, obesity, depression and some cancers – are directly linked to people leading sedentary lives. Even a small shift in lifestyle to become more active on a regular basis can have huge health benefits which can considerably improve quality of life and life expectancy. Physical inactivity has become normal for too many people in Haringey and this has to stop."* (Haringey Physical Activity and Sport Framework 2014-19)

4.1 Under the agreed terms of reference, Overview and Scrutiny can assist the Council and the Cabinet in its budgetary and policy framework through conducting in-depth analysis of local policy issues and can make recommendations for service development or improvement.

4.2 In this context, the Overview and Scrutiny Committee, on 21 July 2016, agreed the Adults and Health Scrutiny Panel should set up a review project for 2016/17.

4.3 The **Terms of Reference** for this task and finish project were to make recommendations on Haringey's approach to increasing physical activity among older adults, by:

- 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.

4.4 When addressing the above, it was agreed consideration would 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.

4.5 The reasons for carrying out this review include:

- In 2015, over 1 in 4 residents were physically inactive (Public Health Outcomes Framework).

- New models of social care, that 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.

- Even small amounts of physical activity can lead to health gains and support people to self manage their long term conditions.

- By 2021 there will be a 40% increase in the number of people over the age of 80 living in Haringey. The biggest increases will be seen in the east of the borough, with a 50% increase in Tottenham Hale and 45% increases in Noel Park and Seven Sisters respectively (GLA Population Projections, 2015).

4.6 The recommendations contained in this report address these concerns.

## 5. Alternative options considered

5.1 As outlined in section 6, evidence for this review was gathered in a variety of ways. Alternative methods were not considered as this methodology enabled the Panel to address the terms of reference set for the project (see par 4.3).

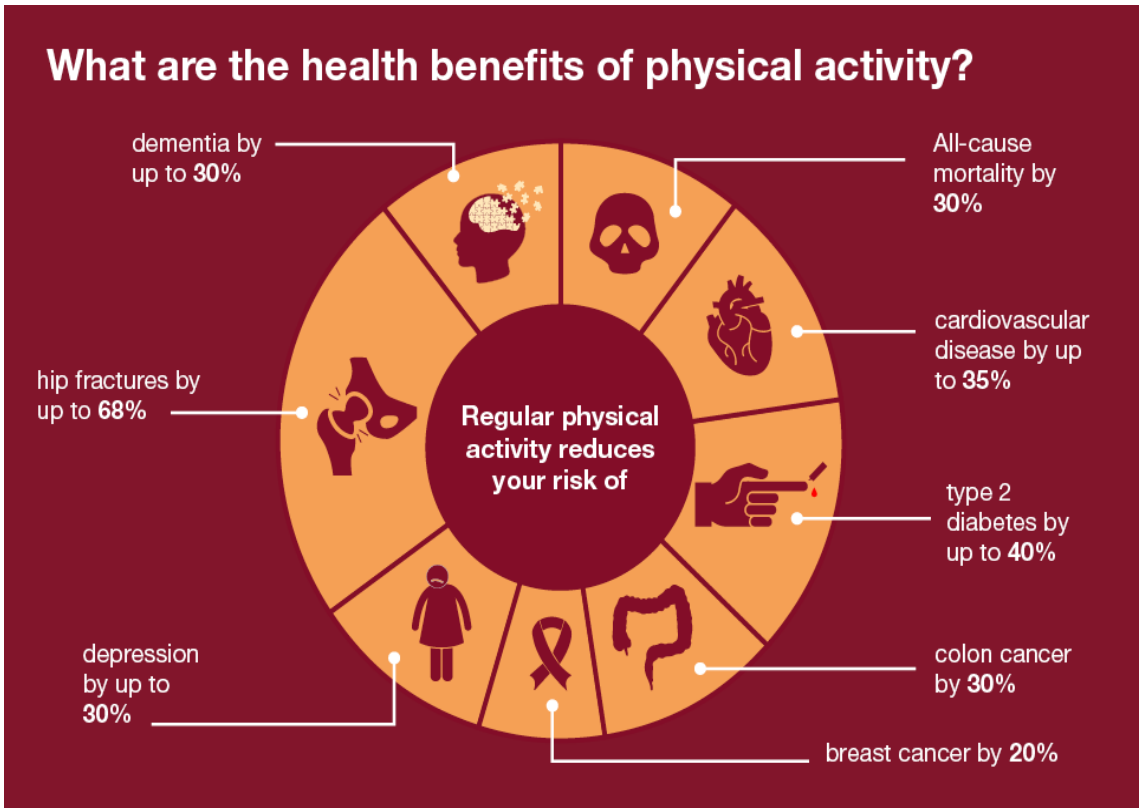
5.2 The options considered during the course of the review are outlined in the main body of the report. However, the Overview and Scrutiny Committee could decide not to approve the Panel's report and recommendations, which would mean they could not be referred to Cabinet for a response.

## 6. Methodology

6.1 The Panel held 10 evidence gathering sessions, receiving evidence from local stakeholders as well as external contributors. A list of witnesses interviewed as part of the review can be found at **Appendix 1**. In addition, the Panel took part in a number of activities, including Walking for Health and Silverfit Haringey, and assessed a range of documentary evidence (e.g. Committee Reports) and other published material (research papers) to assist in its work.

## 7. Introduction

7.1 Physically active older people have lower risk of ill-health including dementia and have higher levels of physical and cognitive function, psychological well-being and independence than inactive older people.




**Source**: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

7.2 However, as we grow older, Public Health England reports that we don't do enough to stay healthy. By the age of 75 only one in ten men and one in 20 women are active enough for good health. As a result, encouraging older adults to be more active, creative and connected is a major health and social issue.

7.3 The following publications highlight the need for new approaches to improving the health, independence and quality of life for all older residents.

> We need a revolution in physical activity and health. In partnership with local and national government, professionals in schools, the health sector, transportation, the sports, leisure and voluntary sectors call all be energized to achieve this common goal. We just need to light the touch paper.
>
> The number of people aged 60 and over is currently 20% of the population. This will rise to 24% by 2030, and in the next 20 years, the number of over 60s will treble. As people age, it can be argued that activity is more, not less important. Retirement can be stimulus to increase activity and try new hobbies. The good news is that it is never too late to adopt a more physically active lifestyle. There is strong evidence that the benefits of physical activity apply even to older adults who have been previously inactive. There is

evidence that physical activity can tackle the growing problem of social isolation as well as health benefits. Targeted and tailored individual interventions are most likely to be successful with older people, as they address specific needs and concerns.

**Everybody Active, every day. What works – the evidence. Public Health England (October 2014)**

For older adults, the major challenges to their health and wellbeing are the greater risk of cardiovascular and metabolic disease; loss of physical function; loss of cognitive function; increased risk of depression, dementia and Alzheimer's disease; and increased risk of falling. Engaging in physical activity carries low health and safety risks for most older adults while the risks of poor health as a result of inactivity are very high.

**Danceactive: Commissioning Dance for Health and Wellbeing. Guidance and Resources for Commissioners. Jan Burkhardt & Jo Rhodes (March 2012)**

Studies have shown that tai chi can help people aged 65 and over to reduce stress, improve balance and general mobility, and increase muscle strength in the legs. N**HS Choices (September 2015)**

Regular dance activity can help maintain cognitive function, reduce cardiovascular risk and reduce the risk of falls. Dance programmes involving regular sessions can provide ways to be active, have fun and above all engage socially with others; critical to maintaining mental wellbeing in older people.

**Danceactive: Commissioning Dance for Health and Wellbeing. Guidance and Resources for Commissioners. Jan Burkhardt & Jo Rhodes (March 2012)**

### Key definitions and guidelines on physical activity

7.4 Definitions and guidelines on physical activity were considered throughout the review.

7.5 The introduction of the UK physical activity guidelines for older adults in 2011 follows the lead of other international countries. They are based on evidence from research and provide information on how much physical activity is required to achieve health and other benefits.

### UK Chief Medical Officers' Guidelines

**For older adults (65 plus years):**

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.

2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in

bouts of ten minutes or more – one way to approach this is to do 30 minutes on at least five days a week.

3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.

4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

5. Older adults at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week.

6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

**Disabled older adults:**

Based on the evidence, the guidelines can be applied to disabled older adults emphasising that they need to be adjusted for each individual based on that person's exercise capacity and any special health or risk issues.

7.6 Physical activity is defined as "any bodily movement produced by the skeletal muscles that result in an energy expenditure, including a range of leisure-time, routine and occupational activities" (Haringey Joint Strategic Needs Assessment). An "inactive" person is someone who has participated in less than 1 x 30 minutes of moderate intensity exercise in the past four weeks (Sport England).

7.7 However, from the evidence received, the Panel concluded there was no agreed definition of older or old people and that people/organisations differ widely in what they consider to be old. For example, whilst most witnesses accepted the chronological age of 65 years as a definition of 'elderly', it was clear that this did not always match how services for "older adults" were marketed or communicated to various audience groups.

**How old is "older"?** – comments received during the review

*A person above 65, as it has been associated with...state pension age.*

*Step down in participation levels (to below the national average) happens in mid-50s.*

*"Inactive" behaviours and attitudes are likely to have earlier origins but inactivity is much less prevalent for 40-50s.*

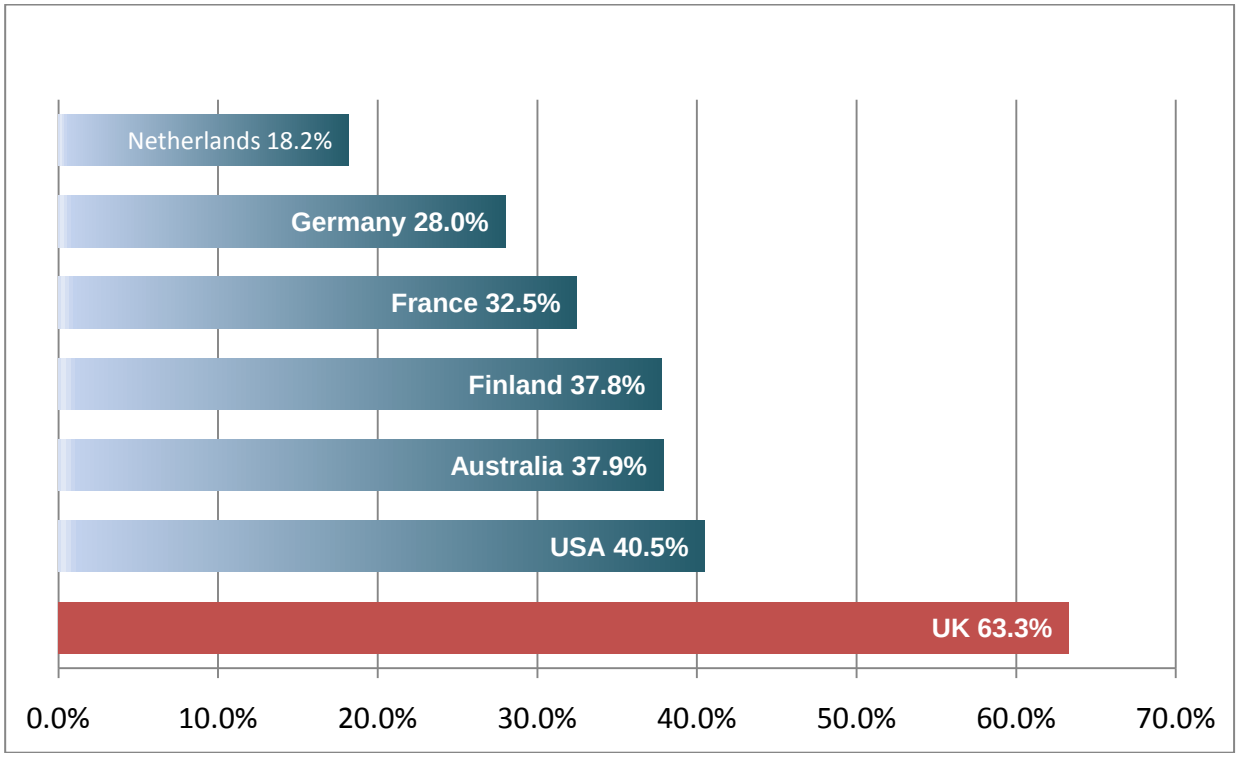
*"Over 50s" is quite a common definition within government. This has links to the prevention agenda both nationally and locally across a variety of policy areas. For example, tackling pensioner finance before retirement or by promoting better health/independence before need for A&E/social care etc*

7.8 In view of this, it was suggested insight should explore “50+” as a broad starting point but it was agreed age alone was unlikely to be the best factor for breaking down audience groups. The implications of this, in relation to interpreting the guidelines issued by the four Chief Medical Officers of England, Scotland, Wales and Northern Ireland, and service delivery in Haringey, are explored in more detail in section 12.

## 8. How active are we?

8.1 During evidence gathering the benefits of physical activity for adults and older adults were well reported and are summarised at **Appendix 2**. Despite this, and as demonstrated by data below, the levels of physical activity remain low across many age groups.

**Table 1: How inactive are we?**




**% Inactive** - ages 15 and over (The Lancet: 2012)

8.2 Inactivity is a common issue across high income countries, with activity levels decreasing since the 1960s. The reason is physical activity has been designed out of lives over the last few decades. Trends such as increased car ownership and use have reduced manual element of jobs while increased home-based entertainment has designed physical activity out of many people's lives. In short, we are the first generation that needs to make a proactive choice to be physically active.

8.3 Differences in metrics make direct comparison between countries tricky, but international studies in which the same measures have been used consistently show the UK to be much more inactive than comparable countries. The graph above is from data, published in the Lancet in 2012, that looked across 122 World Health Organization member states[1]. It demonstrates that the UK is three

[1]**Note**: Comparator = Not meeting any of the following per week: (a) 5 x 30 mins moderate-intensity activity; (b) 3 x 20 mins vigorous-intensity activity; (c) equivalent combination achieving 600 metabolic equivalent-min.

times more inactive than people in Holland, twice as inactive as Germany and 50% more inactive than the States.

8.4 Public Health England estimates physical inactivity costs the UK at least £7.4 billion per year. This is based on estimates of £0.9 billion in costs to the NHS and £6.5 billion in non-NHS costs (£5.5 billion from sickness absence and £1 billion from premature death of people of working age).

8.5 Falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures and/or head injuries. Falls cost the NHS more than £2 billion per year and also have a knock-on effect on productivity costs in terms of carer time and absence from work. Older adults who participate in regular physical activity have an approximately 30% lower risk of falls.

8.6 In addition, long term conditions like diabetes, cardiovascular and respiratory disease can lead to greater dependency on domiciliary care, residential and ultimately nursing care (Snooks et al. 2011). This creates avoidable costs for the Council as well as economic and social pressure on families.

8.7 The data below (tables 2, 3 and 4) originates from the Sport England Active People Survey (APS) - a self-reported survey. However, the Panel was made aware, from analysis of accelerometer data, that people often engage in less activity than stated in the APS. In addition, sedentary behaviour increases with age and observational evidence using self-reporting and accelerometry indicates that sedentary time rises sharply from age 70 onwards. Furthermore, many older adults spend ten hours or more each day sitting or lying down, making them the most sedentary population.

**Table 2: Haringey Overview**

| Compared with England | Better | Similar | Worse |
|---|---|---|---|

*Public Health England highlights the difference between national and local values using red-amber-green (RAG) ratings. The RAG rating is assigned by calculating whether or not the 95% confidence interval of the local value overlaps with the England value. A green rating should not be interpreted to mean that the issue is not an important public health problem for the local area, rather, comparatively to England, the local area is significantly better.*

| **Public Health Outcomes Framework - Key Physical Activity Data** | | | | |
|---|---|---|---|---|
| **Adults 16+** | **Year** | **England** | **London** | **Haringey** |
| **Physical Activity** | | | | |
| Percentage of physically active (150 minutes or more a week) | 2015 | 57.0 | 57.8 | 58.2 |
| | 2014 | 57.0 | 57.8 | 59.1 |
| Percentage of physically inactive (less than 30 minutes a week of moderate intensity exercise) | 2015 | 28.7 | 28.1 | 28.3 |
| | 2014 | 27.7 | 27.0 | 26.4 |

**Source**: http://fingertips.phe.org.uk/profile/physical-activity

**Table 3: Older Adult Participation**

| Sport England Active People Survey | | | | |
|---|---|---|---|---|
| **Adults 65+ Only** | **Year[2]** | **England** | **London** | **Haringey** |
| **Physical Activity** | | | | |
| Percentage of physically active 65+ adults (150 minutes or more a week) | 2014 | 39.9 | 35.8 | 37.8 |
| | 2013 | 37.9 | 32.9 | 27.0 |
| Percentage of physically inactive 65+ adults (less than 30 minutes a week of moderate intensity exercise) | 2014 | 45.3 | 49.0 | 46.6 |
| | 2013 | 47.2 | 51.8 | 56.9 |

**Source**: http://activepeople.sportengland.org/Query

8.8 The figures for Haringey are a concern, especially as a Health and Wellbeing target, set out in the Corporate Plan, is to reduce the proportion of physically inactive adults to 25% by 2018.

## 9. Factors affecting participation in physical activity

9.1 During evidence gathering it became clear physical activity was a complex behaviour in older adults, influenced by a range of factors. These factors operate at individual, social and environmental levels. Some may be modifiable, for example, social support or attitudes. Others are fixed, such as sex or ethnicity.

| | |
|---|---|
| **Psychological factors** | Physical activity participation is positively affected by an older adult's: belief in their ability to be active; confidence in their physical abilities perceptions of risk; and general beliefs, attitudes and values.<br><br>Physical activity participation is negatively affected by: fear of falling or over exertion and concern for personal safety during the activity. |
| **Social factors** | Mutual trust, shared values and feelings of community among neighbours are linked to increased physical activity levels.<br><br>Physical activity participation is influenced by 'significant others' such as health professionals, physical activity instructors, care givers, family and friends. Opinions and support given from these 'significant others' can have both a positive and negative effect on participation. |
| **Environmental factors** | Older adults are more likely than other age groups to not go out or participate in an activity, e.g. walking to the shops, for fear of crime.<br><br>Pedestrians are most likely to be victims of a road traffic accident, and many older adults are unable to cross a road within the allotted |

[2] A breakdown to ethnicity/gender/age for the 2015 Active People Survey is not yet available

| | |
|---|---|
| | a time of a traffic light controlled crossing.<br><br>A lack of transport is frequently cited by older adults as a reason they are unable to take part in activities.<br><br>Older adults have reported that having somewhere interesting to go motivates them to walk more.<br><br>A lack of suitable opportunities and settings for physical activity is often reported by this age group. |
| **Biological and demographic factors** | As age increases physical activity participation decreases while men tend to be more active than women.<br><br>The decline in physical activity participation with age is higher among: minority ethnic groups; those from lower socio-economic backgrounds; and those who have lower levels of educational attainment.<br><br>People living alone are more likely to have lower physical activity levels than their married peers. |

9.2 Biological and demographic factors are of particular interest, especially In view of findings from the Sport England Active People Survey, outlined below.

**Table 4: Sport England Active People Survey – Breakdown**

| **Physical Inactivity %**<br>Less than 30 minutes per week | **Year** | **England** | **London** | **Haringey** |
|---|---|---|---|---|
| **Gender** | | | | |
| Males | 2014 | 23.8 | 23.0 | 24.7 |
| | 2013 | 24.6 | 23.3 | 22.2 |
| Females | 2014 | 31.5 | 30.9 | 28.1 |
| | 2013 | 31.9 | 31.7 | 31.2 |
| **Socioeconomic group** | | | | |
| NC SEC 1-4<br>(higher socioeconomic group) | 2014 | 23.4 | 22.3 | 21.7 |
| | 2013 | 23.8 | 22.8 | 23.5 |
| NC SEC 5-8<br>(lower socioeconomic group) | 2014 | 37.0 | 38.5 | 34.3 |
| | 2013 | 37.1 | 38.6 | 31.8 |
| **Ethnicity** | | | | |
| White British | 2014 | 27.5 | 25.4 | 26.9 |
| | 2013 | 28.0 | 25.9 | 20.7 |
| BME | 2014 | 28.0 | 28.3 | 24.9 |
| | 2013 | 28.8 | 28.9 | 31.7 |

## 10. The consequences of inactivity

10.1 Functional capacity declines with age and is further accelerated by low levels of physical activity. Even among healthy active people, strength, endurance, balance, bone density and flexibility are all lost at about 10% per decade. Muscle power is lost at an even faster rate at around 30% per decade (Health Education Authority: 1999).

10.2 Gradually, this loss in physical function will impact upon an older adult's ability to maintain an independent life and perform activities of daily living such as getting out of a chair or using the stairs. By the age of 75, only 40% of men and 20% of women can walk for 30 minutes or more without difficulty (Health Education Authority: 1999).

## 11. Making physical activity a priority

11.1 In view of the above, the Panel was pleased to find out that substantial research has been conducted in relation to promoting physical activity in older adults and heard from several leading academics. However, it should be noted that work is still required to identify the most effective components of physical initiatives in this age group.

11.2 The evidence received during the review, highlighted in a briefing from the BHFNC for Physical Activity and Health (2012), indicates physical activity declines and sedentary behaviour increases with age. Physical function, mobility and the ability to perform activities of daily living also declines with age. Regular physical activity can assist in reversing the age-related decline in physical and psychological function.

11.3 The benefits of physical activity that can be achieved in later life include:

- Good physical and psychological health and wellbeing
- Maintaining cognitive function
- Reaching/maintaining a healthy weight (combined with a reduction in calorie intake through dietary restriction)
- Preserving physical function, mobility and independence
- Engaging in opportunities for new learning and experiences
- Maintaining higher levels of energy and vitality to enjoy life
- Improvements in quality and quantity of sleep
- Lower levels of anxiety and depression, improved mood and self esteem

11.4 The importance of maintaining social contacts and remaining engaged with the local community, including sharing activities within families and across a wider community, was also highlighted during the review. For example, feedback from the GLA Get Moving Project (2016) highlighted social engagement had been as important, if not more important to users, than physical activities and that "purposeful activity" was key to improving health and independence.

## 12. How to use the physical activity guidelines

12.1 The changing demography associated with increasing longevity has brought about a growing awareness of the physical activity related needs of older adults. In recognition of this, and the growing body of evidence supporting the promotion of physical activity amongst older adults, the 2011 joint Chief Medical Officers' (CMO) report 'Start Active, Stay Active', provided guidelines for older adults.

12.2 These guidelines, outlined in section 7, are relevant to all older adults but the Panel agreed that it was not appropriate to consider all older adults as a homogenous population. With an age range of 40 years or more there is significant diversity, and chronological age is not always helpful when describing differences in health, physical function and disease status among older adults. For example, many people in their late 80s do as well as those in their 60s, yet some in their early 70s have a functional status more expected of a 90 year old.

12.3 To assist in clarifying how the CMO guidelines should be applied three groups of older adults have been identified, each with differing functional status and therefore different physical activity needs. They have been described, by the BHFNC for Physical Activity and Health, as:

- **The actives** – those who are already active, either through daily walking, an active job and/or engaging in regular recreational or sporting activity. This group may benefit from increasing their general activity or introducing an additional activity to improve particular aspects of fitness or function, as well as sustaining their current activity levels.

- **Those in transition** – those whose physical function is declining due to low levels of activity, too much sedentary time, who may have lost muscle strength and balance, and/or are overweight but otherwise remain reasonably healthy. National data indicate that this makes up the largest proportion of older adults and that they have a great deal to gain in terms of reversing loss of function and preventing disease.

- **Frailer, older people** – those who are frail or have very low physical or cognitive function perhaps as a result of chronic disease such as arthritis, dementia, or very old age itself. This group may require a therapeutic approach, e.g. falls prevention programmes, and many will be in residential care.

| People | Functional Needs | Services |
|---|---|---|
| The actives | Focus on maintaining and increasing physical activity levels | Primary care, physical activity, leisure, recreation providers and services |
| Those in transition | Focus upon initiating and maintaining physical activity to improve health and maintain mobility and independence | In contact with adult, social/care services, voluntary sector and housing services |
| Frailer, older people | Focus upon quality life and performance of activities of daily living | Some supported at home, many in residential care |

12.4 Throughout the review it became clear CMO guidelines should be used by commissioners, policy makers and practitioners to:

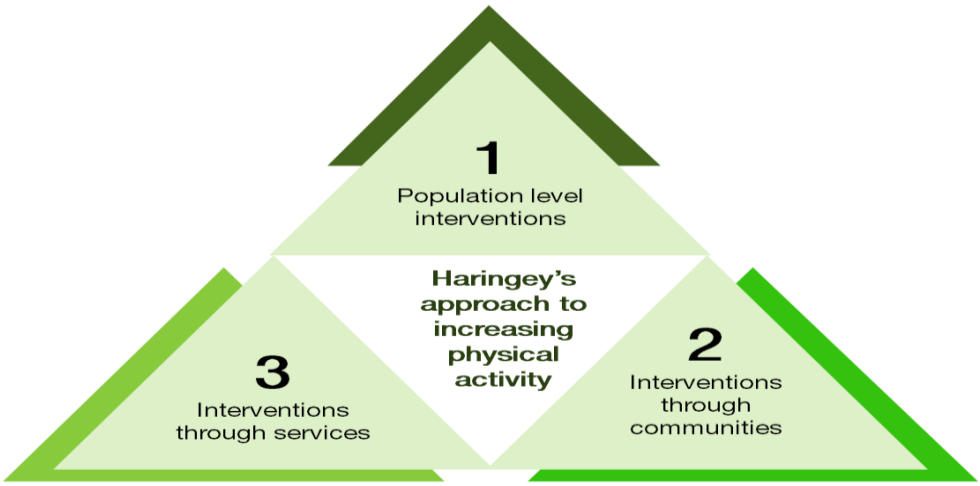
- Inform the professional development and training of those working with older adults;
- Form the basis of any advice given to older adults within motivational settings;
- Underpin and design the implementation of physical activity programmes;
- Provide a focus for national and local campaigns designed to target older adults, once translated into appropriate communication messages;
- Inform educational materials and guidance for older adults;
- Inform the marketing and promotion of local opportunities and programmes for older adults.

12.5 In addition, and in view of the terms of reference, the Panel took a keen interest in those residents identified as being frail or having a very low physical or cognitive function, perhaps as a result of chronic disease such as arthritis, dementia or advanced old age itself. Issues in relation to interpreting the CMO guidelines for this particular group are considered in more detail under section 24.

**Strategic Overview – with recommendations**

## 13. Haringey's approach to increasing physical activity

13.1 Haringey's (draft) Physical Activity and Sport Framework sets out a vision for physical activity and sport in Haringey for the period 2014-2019.




13.2 The Framework is about improving the quality of life, health outcomes and community resilience in Haringey with the goal of making the borough a better place to live, work, study and visit. It is designed to help organisations and individuals in Haringey plan, commission and deliver physical activity and sport services so that they directly respond to local needs and meet local strategic priorities

**Vision:** A More Active and Healthy Haringey.

It's time to get moving...To enable local people and organisations to make physical activity and sport a positive lifestyle choice for all Haringey residents in order to reduce health inequalities, improve wellbeing for all and create a more sustainable community.

**Aims:** In order to realise this vision, we will work with our partners to achieve 3 key aims:

1. Increasing and sustaining participation by all
   - More people regularly taking part in physical activity and sport
2. Improving health and wellbeing
   - Improved health and wellbeing for children, young people and adults in the borough through active lifestyles
3. Creating opportunities for change
   - Tackling under-representation and using physical activity and sport to change lives.

13.3 The Framework is aligned with the strategic priorities of Haringey Council, partners and wider stakeholders. From a Council perspective, the key corporate strategic outcomes and priorities which the Framework will have a direct impact on are set out below:

**Haringey's Corporate Plan: 2015-18**

| Priority | Objectives |
|---|---|
| **Outstanding for all:**<br>- Enable every child and young person to have the best start in life, including high quality education | Children and young people will be healthier, happier and more resilient and those who need extra help will get support at the right time |
| **Outstanding for all:**<br>- Enable all adults to live healthy long and fulfilling lives | A borough where the healthier choice is the easier choice<br><br>Strong communities, where all residents are healthier and live independent, fulfilling lives. |
| **Clean and Safe**<br>- A clean, well maintained and safe borough where people are proud to live and work. | We will make Haringey one of the most cycling and pedestrian friendly boroughs in London. |

**Haringey's Health and Wellbeing Strategy: 2015-18**

| Vision | Priorities |
|---|---|
| - All children, young people and adults live healthy, fulfilling and long lives | Reduce Obesity |
| | Increasing healthy life expectancy |
| | Improving mental health and emotional wellbeing |

**Prevention and early intervention**

13.4 The funding and demand challenges facing Haringey's adult social care services are severe. An increasing and ageing demographic base is causing long-term demand pressures for adult social care services, and at the same time Government funding to the local authority continues to shrink year on year.

13.5 In addition Haringey's population faces levels of deprivation and health inequalities that are more comparable to the profile of inner-city than suburban areas, yet Haringey has a comparatively smaller funding base to spend on adult care services than neighbouring inner city boroughs.

13.6 As a result, in order to deliver the Council's vision of maximising independence, managing future demand pressures, whilst meeting the level of financial

efficiencies needed to achieve financial sustainability, a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG has been agreed. The road-map to the achievement of this is set out in a design framework for Haringey's model for integrated Health and Care.

13.7 This framework is not just for health and care services, it is an approach that will be shared with:

- **Other council departments** that have an impact on health and wellbeing, from parks and leisure to planning and licensing.
- **Providers** of services, including both the voluntary and community sector and the private market to ensure Haringey has a local market that provides choice and quality
- **Local communities,** recognising that engagement in our local area and the social capital we have is just as important to our wellbeing as the services we receive.

13.8 Importantly, in order to realise the Council's vision, prevention and early intervention has been identified as one of the key design principles. By developing a "prevention pyramid", set out in **Appendix 3**, the Council is challenging itself to consider how it can help people maintain or regain their health whatever their level of need and to factor in the wider determinants of people's health and wellbeing. As such, as well as services, population-level impacts of local policies and universal services (such as parks and planning), and the role of the community and people's own networks in helping them to access opportunities to stay well and healthy are central to the model.

**Haringey CCG**

13.9 The Panel also received input from Haringey CCG in terms of their role in commissioning physical activity for older people.

**CCG Context**

- CCG mission: moving from buying healthcare to improving health outcomes
- Strongly committed to focusing on health of older people
- 56% of people at high risk of an emergency admission are over 65 years old
- 74% of people over 65 years old have one or more Long Term Condition
- For all emergency admissions in Haringey of residents aged 75 years, 6.9% are related to falls, 15.2% related to respiratory conditions and 19.1% related to cancer

13.10 The following outlines how the CCG works:

- **Primary prevention** (promoting health and preventing ill health) e.g. exercise on referral, integrated wellness service. In this area the CCG work in close partnership with the Local Authority – e.g. Diabetes Prevention Programme.

- **Secondary prevention** (early identification and detection). In this area the CCG works with GPs – e.g. case finding for people with atrial fibrillation.

- **Treatment.** The focus of work in this area is to ensure quick access to the right treatment – e.g. working with hospitals on referral protocols and pathways.

- **Tertiary prevention** (promoting independence, preventing recurrent illness). When there is a risk the CCG will commission programmes to support self-management.

13.11 In terms of commissioning physical activity for older people the CCG made clear that the commissioning of prevention largely sits with Public Health. However, the CCG do work very closely with the Council on a shared approached towards prevention and treatment, particularly for long term conditions. Practical examples of health involvement in physical activity for older adults include:

- CCG commissioning long term exercise programmes for people with chronic obstructive pulmonary disease

- Group-based strength and balance exercise programmes to prevent falls

- GP practice initiating walking groups.

13.12 It should also be noted that the Westbury Medical Centre has been praised by the Care Quality Commission for work in this area:

> "We saw one area of outstanding practice: The practice had established a fitness and body conditioning club for patients with, or at risk of developing, long term health conditions and patients experiencing poor mental health. The club had an active membership of over 50 patients and we saw evidence of improved outcomes for patients including evidence of controlled weight loss, improved blood sugar levels and managed reductions in medicines taken. We looked at records of eleven patients who attended the weekly classes and saw that blood sugar levels had reduced by 10% for four patients with diabetes, three patients had managed to reduce or stop certain medicines and three had achieved their targets for weight loss."
>
> (Westbury Medical Centre, CQC Quality Report; Dec 2016)

**Case Study – Westbury Medical Centre**

- 48% of patients referred to Active for Life (see section 15) either did not go or dropped out early.
- The Practice ran a walking group but found that people were put off by the weather.
- 2 staff members started to take patients to the Broadwater Farm Community Centre.
- Stayed and participated in a group – kept coming back.
- Now running another session each week.
- Practice members / Healthcare Assistants attending with patients has been key as its sends the message that the practice is involved.

13.13 In summary, Haringey CCG and the Council are working closely together on:

- The Better Care Fund – using funding together for services and support that helps avoid admission to hospital and residential care.
- The management of long term conditions from prevention through to treatment.
- The design framework for Haringey's model for integrated health and care, including support on early help / prevention and the re-design of adult social care delivery.

13.14 The Haringey and Islington Wellbeing Partnership and the North Central London Sustainability and Transformation Plan also provide opportunities to bring greater focus and resources to promoting health and wellbeing through integration.

**Recommendation 1**

That the findings/recommendations from the Physical Activity for Older People Scrutiny Review be considered in full as part of the 2017 refresh of Haringey's Physical Activity and Sport Framework.

**Recommendation 2**

That, in developing the design framework for Haringey's model for integrated health and care, the Assistant Director for Adult Social Services and the Director of Commissioning for Haringey CCG, be asked to ensure physical activity is included within all care pathways, with interventions available across the prevention pyramid (population, community, personal).

13.15 As a result, in scoping the review, it became clear that a lot was happening to support Haringey's approach to increasing physical activity among older people. With this in mind, and to ensure a tight and focused inquiry it was agreed evidence gathering should focus on community level interventions (e.g. walking and gardening) and interventions through services (e.g. Silver Fit, One You, and Fusion).

13.16 During the review a range of activities and services were identified. A summary of free and affordable ways to get fit in Haringey is attached (**Appendix 2**) while further information on interventions through services and communities is provided below.

**Interventions through services and communities – with recommendations**

## 14. Leisure Centres

14.1 Haringey Leisure Centres are managed by Fusion Lifestyle – an experienced sport and leisure management organisation in partnership with Haringey Council. This is a long term contact which commenced in December 2012 and expires in 2032. As a registered charity, Fusion continually reinvests to improve sport and leisure facilities in the community.

14.2 As part of the contract the Council pays approximately £450,000 per year as a subsidy. This includes concessionary access, leisure provision and activities for older residents.

<table>
<tr><th>Leisure Centre</th><th>Older people leisure provision / Concessions</th></tr>
<tr><td>Tottenham Green Pools and Fitness</td><td rowspan="3">Residents aged 65+ all qualify for a free membership.<br><br>Membership includes free access to centre activities and provisions Monday to Friday between the hours of 9am – 5pm and £1.60 per session outside of these hours<br><br>Free access includes swimming, gym, and group exercise classes<br><br>Concession access for students, carers and residents aged 60-65<br><br>Free parking provision via issue of a permit for centres that have a parking facility onsite<br><br>Some free venue hire</td></tr>
<tr><td>Park Road Pools and Fitness</td></tr>
<tr><td>Broadwater Farm Community Centre</td></tr>
<tr><td>New River Sport and Fitness</td><td>New River is not included in the overall Leisure Management contract. However New River does offer a concession membership which is available to residents aged 65+</td></tr>
</table>

14.3 Fusion also offers a number of specific sessions targeted at older people, including Better with Age. This is a programme, aimed at residents 50+, that takes place once a week at Tottenham Green Pools and Fitness. It focuses on the social side of exercise by offering a range of enjoyable and low impact activities, such as beginners' aerobics, badminton, swimming and gym sessions. These encourage participants to stay active and to socialise, with hot beverages provided free of charge.

14.4 In addition, a good proportion of Fusion's "Exercise to Music" classes are designed for beginners while an older peoples' activity morning has been introduced at New River Sport and Fitness.

14.5 Evidence received during the review suggests there is scope to develop even more bespoke programmes such as walking football and social tennis. For example, the data below highlights growth in the numbers of 65+ accessing the 65+ membership which offers free access to the leisure centres. This followed a major publicity campaign led by the Council, in partnership with Fusion, during 2016 which is planned to be repeated annually. Further analysis of usage data is required to establish actual use by those who hold a 65+ membership.

**Table 5: Attendance Figures 65+**

| | Tottenham Green | Park House | Broadwater Farm | Total |
|---|---|---|---|---|
| Total no. of live 65+ users | 2,016 | 2,398 | 88 | 4,502 |
| No. of new joiners since 15 August 2016 – 31 August 2016 | 182 | 234 | 5 | 421 |
| No. of new joiners in the same period last year 15 April 2015 – 31 August 2015 | 127 | 175 | 5 | 307 |

*Figures provided by Fusion (October, 2016)

14.6 Following a number of day centre closures, locations where older people participated in activities, Fusion are working with adult social services to see what alternative provisions they can provide. This has identified a training need for leisure staff around dementia and those with learning disabilities. With a large provision of activities already in place, Fusion are in the process of condensing this information into a booklet for older people, and will continue to identify additional needs for older people across Haringey.

**Recommendation 3**

That consideration be given to how the Fusion Annual Service Plan can be used to provide a wider range of activities for older people within the current leisure centre programme, including at New River Sport and Fitness.

**Recommendation 4**

That in addition to the concession/free access already provided, should an opportunity arise to renegotiate parts of the Leisure Centre contract, consideration should be given to using the subsidy to encourage more residents aged 50+ through the door.

**Recommendation 5**

That the Better With Age programme (targeted at 50+) be provided: (i) more frequently at Tottenham Green Pools and Fitness and (ii) at other locations.

**Recommendation 6**

That Fusion be asked to sign up to the Haringey Dementia Action Alliance.

**Recommendation 7**

That consideration be given to how the Fusion Annual Service Plan can be used to facilitate inclusive activities, including those that support older people with learning and/or physical disabilities.

**Recommendation 8**

That:

(a) A major publicity campaign led by the Council, in partnership with Fusion, be delivered once a year to raise awareness of the concessionary access, leisure provision and activities that are available for older residents.

(b) The Communities, Leisure and Partnerships Team review all Council communication material relating to activities for older people, including pages on the Council's website, to ensure information is up to date and clearly describes the activities available and where to go for further information.

(c) Fusion be asked to review all their communication material relating to activities for older people, including pages on their website, to ensure information is up to date and clearly describes the activities available and where to go for further information.

14.7 Building on the recommendations above, throughout the review the Panel considered public advice on physical activity. In providing clear and simple advice for frailer, older people the BHFNC for Physical Activity and Health suggest the following messages should be used to summarise the important information included in the CMO guidelines:

- Taking part in any amount of physical activity will provide some essential benefits to both physical and mental health

- Some physical activity is better than none!

- Everyone should limit and break up the amount of time spent being sedentary (sitting).

- Physical activity should be built up gradually.

- Physical activity should provide a sense of enjoyment and purpose.

- Physical activity is everyone's business and everyone benefits.

**Recommendation 9**

That the top line messages below be used by commissioners, policy makers and practitioners to ensure clear and simple advice is provided to older people (including frailer, older people) on physical activity:

- Taking part in any amount of physical activity will provide some essential benefits to both physical and mental health

- Some physical activity is better than none!

- Everyone should limit and break up the amount of time spent being sedentary (sitting).

- Physical activity should be built up gradually.

- Physical activity should provide a sense of enjoyment and purpose.

- Physical activity is everyone's business and everyone benefits.

## 15. Active for Life

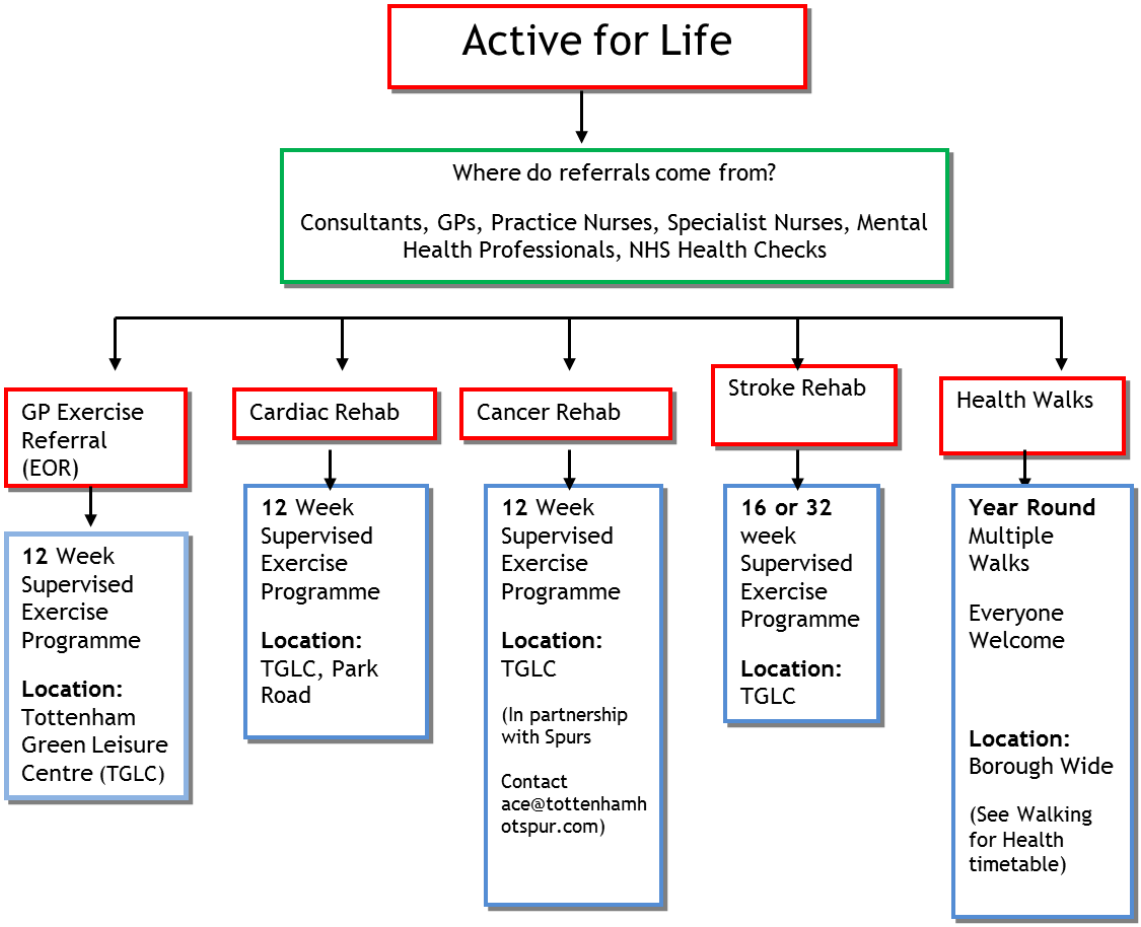
15.1 Active for Life is another programme delivered by Fusion. This public health contract commenced in 2013 and expires in 2018. It's designed to help inactive people to become more physically active by being prescribed exercise by their Doctor.

15.2 Figures indicate a large proportion of uptake to the scheme is by those within the 65-74 age bracket. However, any resident, that is registered with a GP in the east of the borough, with any of the following conditions may be eligible for the scheme: Overweight (BMI>30); Chronic Obstructive Pulmonary Disease (COPD); Severe Mental Health; Type 2 Diabetes; Coronary Heart Disease; History of Stroke; High Blood Pressure

15.3 Referrals to the scheme come from a variety of sources, including: Consultants; GPs; Practice Nurses; Specialist Nurses; Mental Health Professionals; and via NHS Health Checks

15.4 Once referred, residents are contacted by the Active for Life team who arrange an appointment with a scheme advisor. At this stage they discuss the different exercise options that are available. The contract covers exercise

(classes/gym/swimming), an initial free 12 week period during which the participant has follow up motivational interviews and reviews. There are approximately 80 new referrals per month.




15.5 After the twelve week programme, service users will attend a final appointment with a scheme advisor who will discuss opportunities to be more active in the long term.

15.6 With the contract for Active for Life coming to an end in 2018, new and creative solutions, such as those outlined in this report, will be required to ensure suitable options are available.

**Walking for Health**

*"Walking is the nearest activity to perfect exercise"*
www.walkingforhealth.org.uk

15.7 Walking for Health is an important part of the Active for Life programme as it is an activity that can be mainstreamed into the existing lifestyles of many older people whilst offering enjoyment to the participant.

15.8 The centrality of walking to the fitness of older people and its success in terms of popularity challenges often-cited barriers of availability, accessibility and cost of exercise regimes.

15.9 There are lots of reasons why walking is so accessible:

- walking is free – you don't need expensive gym membership or special shoes to take part
- you can wear everyday clothes so you won't feel you stand out on the street
- walking is gentle, so you're unlikely to get injured
- it's fun to get together with friends and go for a walk
- it's a healthy way of getting where you need to be
- you can do it almost anywhere at anytime
- you can start off slowly and build up gradually as you get more confident

15.10 Walking makes a great "gateway" to the world of exercise because it often inspires people to try out healthy activities. Aside from boosting health, walking has positive benefits for the whole community too. For example, "leaving the car at home" helps to reduce pollution, end traffic jams and fight climate change. Taking a walk also connects communities and studies show this can help everyone feel part of the community and actively reduces crime.

15.11 In Haringey, Health Walks are included as part of the Active for Life contract. This is a volunteer-led, borough wide, walking programme supported by Fusion. It is open to all residents and volunteers are trained as Walk Leaders and hold appropriate insurance cover. The programme is part of a national initiative led by Walking for Health. It aims to encourage people, particularly those who are the least active, to do regular short walks (30 minutes-45 minutes) within their local community. The walks are sociable and fun.

15.12 All walks are free of charge and all abilities are catered for. To access the scheme patients just turn up at the venue and are asked to complete a brief Health Questionnaire prior to participating on the walk.

15.13 During evidence gathering the Panel also considered other schemes, summarised via the Smarter Travel Walking Guide (PDF, 3.5MB). This includes information on local routes, guided walks, and provides useful contacts across the borough.

15.14 2016 was also promoted as Haringey's "Year of Walking". This was a local campaign, led by the Council in partnership with the Friends of Haringey Parks Forum, to get even more residents walking. This included the Haringey Walking Weekend that took place in October. These walks took place across the borough and were coordinated by Haringey residents, active in Residents Associations and Parks Friends Groups, passionate about their environment and their communities.

15.15 In addition to the information above, Panel members took part in one of the Walking for Health groups. This has allowed recommendations to be put forward that aim to scale up the level of walking across the borough. It is hoped promoting activities with relatively little cost will actually save money by helping to reduce hospital stays and the need for residential or supported living.

**Recommendation 10**

That consideration be given to how the Active for Life programme could be incorporated into the wider 2032 Fusion contract, once the Public Health contract for this provision, including GP Exercise Referral and borough wide Health Walks, ends in 2018.

**Recommendation 11**

That:

(a) The Director of Commissioning for Haringey CCG be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Health Centres and GP Surgeries.

(b) The Community and Customer Relations Director for Homes for Haringey be asked to display information about Haringey's Walking for Health Groups on all Estate Notice Boards.

(c) The Head of External Communications, Haringey Council, be asked to ensure information about Haringey's Walking for Health Groups is provided on notice boards across the borough, including at all libraries.

(d) Fusion be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Leisure Centres across the borough.

(e) The Director for Public Health be asked to work with Fusion to ensure information provided about Haringey's Walking for Health Groups, including online, is updated to include information on the duration, type and level (easy, medium, hard) of each walk.

## 16. Parks and Open Spaces

16.1 Haringey has 382.8 hectares of parks and open space making up 12.8% of the total borough area, which makes it relatively green compared to other parts of London. However in terms of people to open space there is 590 people per hectare compared to the London average of 363 (2001 census).

16.2 There are 61 parks and open spaces and 41 hectares of managed allotments, further there is 72 hectares of open space classified as housing open land or

educational and schools open space. There are 70 identified sites of ecological value and three nature conservation reserves

16.3 Generally this open space is managed in house by the Parks Operational Team with support from the Public Realm Client and Commissioning Team. Other significant open space in the borough is managed by the Alexandra Park Trust, the Lee Valley Regional Park Authority and the London Corporation.

16.4 Within the borough's parks and open space there are a variety of sports pitches and over 100 spaces dedicated to sport and play e.g. playgrounds, ball courts, skateboard areas and outdoor gyms

16.5 Utilisation of open space rather than volume of open space is recognised as an important factor in good physical and mental health. Haringey scores reasonably well on these measures however there is much scope to improve access to these important assets through ensuring standards of facilities and upkeep are kept high.

16.6 Haringey's 22 Green Flags indicates the excellent quality of our parks generally – but there can be no cause for complacency given their importance for good health. Park activation will become increasingly important in the future and the input of volunteers such as the thriving Haringey Friends of Park Forum should be further encouraged, including providing small amounts of funding for appropriate events and volunteer led improvements.

16.7 In addition, throughout the review various witnesses mentioned the importance of small grants (rather than commissioned contracts) to support smaller scale local activity sessions for older people. With this in mind, it is hoped consideration will be given to establishing a small grant fund (possibly with some collaboration with the ward budgets fund) to support this sort of micro, but important, local activity.

**Recommendation 12**

That the Council and CCG consider the use of small grants (rather than commissioned contracts) and establish a small grant fund (possibly with collaboration with the wards budgets, overseen by the Bridge Renewal Trust) to support small scale local activity sessions for older people.

## 17. Silverfit

17.1 Silverfit are a small charity providing an exciting and age appropriate programme of physical activity for the 45+ cohort. Currently they operate one morning a week in the borough within Lordship Rec. The key to Silverfit's appeal is the excellence of delivery, the peer lead nature of the organisation and the strong social element.

17.2 The feedback below was provided to members of the Panel:

*"Silverfit for me is about fun and socialising and exercise, keeping active and healthy! I have made friends in cheerleading.....The few months I have been*

*doing it, my energy levels have improved, my memory and concentration have improved....After each session, we get together to have a cup of tea, and we laugh! I am thinking of attending Silver Cheerleading at other venues."*

*"I joined Haringey Silverfit shortly after it first started. After retiring, I wanted to maintain my fitness and mobility, I saw Silverfit was very active in South London, and I was lucky that they came to North London – and that they offered Cheerleading which was very exciting and so much fun! You have to learn a routine which keeps the brain active, I also got friends from another dance glass to join in. The social aspect of Silverfit is great, and meeting new people and new friendships is fantastic! I have done a taster of Nordic Walking and also tried Badminton – I would love to do all of them! You must choose something that you enjoy so that you keep exercising and keep going!"*

*"I really enjoy the social aspect and the coffee we have after the session. I wasn't doing much exercise before and with Silverfit coming so close to my place of residence, I now attend Nordic Walking regularly but also once gave Cheerleading a go! The choice of activities, is great for people to be able to choose what they would enjoy."*

*"Members feel a sense of community by attending Silverfit. I have frequently had members asking after each other if one of the group has not attended for a while. The level of concern for each other is heart warming and shows... sessions go way beyond that of people just wishing to improve their health and fitness levels..."*

*"We...regularly have members who, even though cannot participate in their regular activity, still turn up for the social coffee and tea catch up after the activity ends. The Hub is a fantastic venue and environment which fosters wonderful social interaction amongst the group."*

17.2 While Silverfit does generate a small amount of income they still require subsidising. Silverfit is currently funded from the remainder of the Sport England Tottenham Active funding. However to date further funds need to be identified from June 2017 onwards. Further the success that this programme displays in attracting and retaining 50+ residents into physical activity and the health benefits accruing points to the need to provide another Silverfit session locally e.g. in the Northumberland Park area. Funding for one session is approximately £12,000 per annum.

**Recommendation 13**

That, subject to funding being identified, the Council should support (a) the continuation of Silverfit within Lordship Rec and (b) the provision of another session e.g. in the Northumberland Park area. This support should include working with Silverfit to promote sessions across the local community.

## 18. NHS Health Checks

18.1 The NHS Health Check programme is a public health programme for people aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease, stroke and dementia.

18.2 The check takes about 20-30 minutes. and includes simple questions, for example, about family history and any current medication. Several measurements are taken, such as blood pressure, height, weight and a simple blood test to check cholesterol (and blood sugar levels if required). These details are used to calculate personal risk.

18.3 The results are discussed and advice and support provided on lifestyle changes that will help improve health and reduce risk. Treatment, medication and referrals to other services may be prescribed to maintain health.

18.4 The current programme, provided within some practices in the East of Haringey and in one ward in the West of Haringey (Hornsey), runs until the end of March 2017. From April, a new GP framework (2017-21) has been established for the provision of enhanced services. This provides opportunities to incentivise higher risk residents. Further information about the new Health Check programme can be found in a report that went to Cabinet in February – "Award of contracts for General Practitioners Services Framework for Prevention Services".

18.5 In addition, the Tottenham Hotspur Foundation provides targeted interventions/health checks via the "One You Haringey" campaign (details below).

## 19. One You Haringey

19.1 In April 2016 Haringey, along with a number of other local authorities, re-launched a range of health advice and support services under the NHS "One You" initiative. This is a national brand that's built on an understanding of C2DE (casual lowest grade workers, pensioners).

19.2 Through a range of online apps, small group sessions and 1-2-1 advice, local residents aged between 18 and 74 are provided with the support and tools to become more physically active, smoke less, drink moderately and have a better diet.

19.3 Tools include the "How Are You" quiz developed by Public Health England. This is available on the One You Haringey website (external link) . This is designed to point residents in the direction of changes that will start the journey to becoming healthier. Depending on the results of the quiz, people will then be offered face to face, online and telephone advice or signposting to other local services. The service, operated by Reed Momenta, is funded by Public Health, and brings together previously separate health services under one combined lifestyle programme available to local residents.

19.4 The services offered include a fun and supportive 12 week course to help people achieve and maintain a healthier weight; and advice to create a personal physical activity plan to reduce the risk of diabetes, heart disease and stroke.

19.5 In addition, the Tottenham Hotspur Foundation provide community NHS Health Checks for residents aged 40 to 74. To ensure a range of residents are seen, these take place at a variety of venues across the borough, including:

- Seven Sisters Indoor Market: **Latin American community**
- Tesco Seven Sisters: **African Caribbean, White British**
- Bruce Grove Post Office: **Eastern European, Roma Gypsy, Indian & Pakistani**
- Bruce Grove Fish Mongers: **as above**
- Easy GYM: **Somali and other African communities**
- Morrison's Wood Green: **Turkish, Kurdish, Cypriot and Polish**
- Library Wood Green: **as above**
- Social Clubs: **Turkish and Somali**
- Hostel**: Romanian**

19.6 The service is supported by a group of trained 'Health Champions' who work with their local community to motivate, empower and help people to lead healthier lives. Health Champions are drawn from volunteers in the community or paid front-line staff within organisations, workplaces and faith setting who have regular contact with those who at a greater risk of poorer health. There are currently 30 active Health Champions in place and it is hoped many more will be recruited over the coming months in order to provide health advice, signposting and raising awareness of local opportunities to encourage a healthy lifestyle.

## 20. Active Travel

20.1 The Council promotes active travel with a range of activity funded primarily by Transport for London. This includes promotional events, free bike maintenance training, Dr Bike sessions (pop up bike maintenance) and small grants to community groups to undertake a variety of activity to encourage residents to cycle and walk more.

20.2 The Council is committed to improving the infrastructure in the borough to encourage cycling and walking for travel and recreation and details of this are outlined in the Council's Local Implementation Plan (LIP). Actions to improve footpaths, traffic calming etc have the affect of giving confidence to residents including older people to walk and cycle more.

## 21. Homes for Haringey

21.1 Homes for Haringey has over the years delivered robust programmes engaging all residents to be active, including older residents. A number of different approaches have been used, including:

- Facilitating and enabling programmes across neighbourhoods to improve life chances for residents.

- Partnership work and funding

- Helping residents to do more for themselves

- Promoting positive health and well being among staff

21.2 Homes for Haringey promote physical activities with council residents (tenants and leaseholders) in a number of ways, including:

- Provided funds for a number of resident associations to run weekly chair based “dancercise” in various sheltered schemes following the success of free taster classes in 2015.

- Advanced Zumba and dance classes e.g. at Commerce Road.

- Staff and Residents have been trained as walk leaders and are developing walking projects.

- Over 38 estate play days run in partnership with Haringey Play Association between October 2015 and August 2016.

- Encouraging residents to take up training and running Play Days themselves. This has helped to increase skills, community cohesion and reduce ASB.

- Promoting the use of play areas and green areas in neighbourhoods such as Edgecot and Park Lane.

- Community gardening and environment projects.

- Food growing projects run by local residents e.g. at Campsbourne, Ferry Lane, Tiverton, Victoria, Kerswell and Culvert, Commerce Road and others.

21.3 Other programmes, with a specific focus on older people, include:

- A successful and well attended Broadway Brunch Show at various Supported Housing Schemes every month all through 2014/15. High quality performance by an artist from the West End and a 2 course meal. Funding was secured to start this again in November 2016.

- Theatre shows aimed at older people with Dementia. Pilot October 2016.

- “The nature of forgetting” shows that build on the success of the “Desert Island disk” project using music and video stories.

- The Hub and Spoke Pilot

21.4 The Hub and Spoke model can offer services and facilities to a wider community as well as to residents of the supported housing scheme. This means that a range of services including housing support can be provided from a central point over a defined geographical area to people within the surrounding community. It can also help to link smaller, less cost effective schemes to a larger network of resources, making them more sustainable, both in terms of shared costs, but also in providing a full range of services. For various services such as reablement services etc, Hub and Spoke can offer a working base not previously available and a network to allied agencies, working at a local level and with local knowledge.

21.5 By using this model Homes for Haringey can improve outcomes for residents as they can establish networks with staff from other agencies working locally. This model could suit schemes that have facilities that would enable them to extend the services they currently offer to the wider community and to extend the range of services that they offer to meet the needs of the growing older population.

21.6 During evidence gathering, it was highlighted that a number of underused spaces exist in sheltered housing and elsewhere e.g. underused lounges and tenants/community rooms in blocks. At the same time, accessible community space for activities is at a premium.

21.7 With this in mind, the Panel was pleased to learn, on the back of one of their evidence sessions attended by One You Haringey and Homes for Haringey, that Commerce Road Community Centre has been identified as a location to hold Adult Weight Management Classes. This will provide significant benefit to the Wood Green community.

**Recommendation 14**

That the Council help to facilitate opportunities for Homes for Haringey to meet with commissioners and providers of activities so that underused spaces in sheltered housing and elsewhere, such as underused lounges and tenants/community rooms in blocks, can be used productively for physical activities for older people.

## 22. The Bridge Renewal Trust

22.1 The Bridge Renewal Trust is a charity based in Tottenham. They were set up in 2009 as a successor body to the Bridge New Deal for Communities (NDC) that led regeneration in Tottenham from 2000 – 2010. The main purpose of the Trust is to deliver practical ways that people can use to live healthier lives.

22.2 The Trust is also the Council's Strategic Partner for the Voluntary and Community Sector (VCS). They work with the sector "to ensure it is stronger, able to attract more external funding and deliver better services". As part of their service offer, they provide support to Haringey's VCS organisations with:

- **Fundraising and bidding support** – information regarding funding and tending opportunities including support with applications.

- **Social innovation** – generating new ideas including earned income and social business models.

- **Organisational development** – starting, growing or managing your organisation.

- **Collaboration and partnership working** – linking you to a partner organisation.

- **Community facilities** – access to affordable community space.

- V**olunteer opportunities and brokerage** – recruiting and managing volunteers.

- **Representation** – getting your voices heard.

22.3 During evidence gathering, the Panel considered both the physical activities for older people provided by the Bridge and the work that they have been leading on in terms of the mapping of community assets across Haringey.

**Physical activities for older people by the Bridge**

22.4 The Bridge use a community empowerment model in order to help older people and volunteers to set up and run activities that keep them active. This includes:

| **Gardening** |
| --- |
| Intergenerational activities in the garden, which includes all aspects of planning planting, maintaining and using the garden.<br><br>Activities are led by volunteers at The Community Hut on Tiverton Estate, Seven Sisters and at Helston Court Community Gardens on Helston Court Estate, St Ann's. |

| **Social Prescribing** |
| --- |
| Set up social activity groups in 12 sheltered accommodation venues across Haringey<br><br>Each group is facilitated by one or more Resident Community champions<br><br>Initial funding and support provided to set up "seed activities" – e.g. wheel chair exercise, line dancing etc |

| **Guided Walks** |
| --- |
| Mapping Tottenham – walks to sites of significant heritage value |

| **Sign Posting** |
| --- |
| Foot care + social prescribing – toe nail cutting at various outreach venues<br><br>Home from Hospital – practical support to older people at home (see section 24)<br><br>Befriending service (formerly provided by Age UK Haringey) – home visit by volunteer befrienders<br><br>Chestnuts Care and Connect – weekly club for older people |

| **Community Impact Haringey** |
| --- |
| Haringey Council's official Voluntary and Community Sector strategic partner<br><br>Asset mapping – in term of physical activities for older people 37 organisations, across the borough, have already been identified<br><br>Volunteer brokerage<br><br>Events and communications<br>- Weekly Community Impact Bulletin<br>- Health and Wellbeing thematic forum targets older people<br>- Annual Community Expo to showcase outstanding work and best practice |

22.4 During discussions with the Bridge, the Panel agreed that work in relation to asset mapping, especially in relation to physical activities for older people, underpinned many of the recommendations in this report. The Panel recognise that asset mapping, and the sharing of this information, is critical in terms of enabling residents and front line workers to be able to easily access, and make choices that suit them, about the many physical activities that are available across the borough.

22.5 Evidence received during the review also highlighted that there is a broad mix of organisations who are taking up the challenge of improving the well-being of older residents. With a range of different services being delivered by lots of different organisations the recommendations below are seen as critical to the success of work that is taking place to increase physical activity among older adults.

**Recommendation 15**

That the Council and Bridge Renewal Trust continue to work together to ensure information, concerning physical activity for older people obtained via the asset mapping exercise, is available, accessible and can be used by residents, carers, front line staff and care coordinators before the end of 2017.

**Recommendation 16**

That the Director for Public Health be asked to establish a sub group of the Haringey Active Network – the local Community Sport and Physical Activity Network (CSPAN) – to focus on Physical Activity for Older People.

The sub group should:

- Have its own terms of reference and a membership representing the broad mix of organisations who are taking up the challenge of providing / commissioning physical activity for older adults across the borough.

- Share information and resources and create a distinctive learning community of "like-minded people".

- Provide information on volunteer brokerage, including how to access funding, resources, and/or other opportunities.

- Give consideration to the format of meetings (e.g. World Cafe methodology) to ensure effective networking across a broad mix of organisations

- Report annually to the Haringey Health and Wellbeing Board via the Active Haringey Network. This should include an update on each of the bullet points above.

## 23. Making Every Contact Count

23.1 Making Every Contact Count (MECC) is an approach to behaviour change that utilises the numerous day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

23.2 The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles.

23.3 MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health: Stopping smoking; Drinking alcohol only within the recommended limits; Healthy eating; Being physically active; Keeping to a healthy weight; Improving mental health and wellbeing.

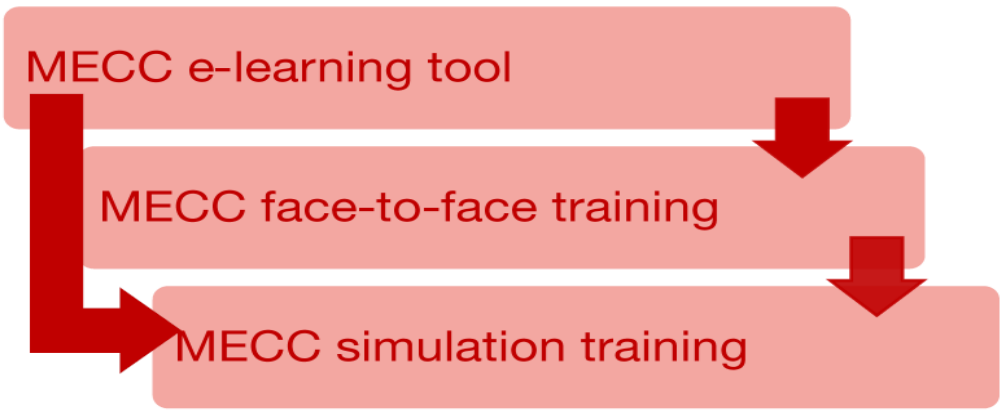
**What are the benefits of MECC?**

| | |
|---|---|
| Organisational benefits | Implementing MECC can support organisations in meeting their core responsibilities towards their local population health and wellbeing and to meet obligations within the NHS standard contract.<br><br>It can assist organisations in meeting responsibilities towards their workforces, for example by improving staff awareness of health and wellbeing issues; and in enhancing staff skills, confidence and motivation and potentially bring improvements to staff health and wellbeing.<br><br>MECC activity can be incorporated as part of existing health improvement or workforce improvement initiatives, for example, when tackling access to healthier food options. |
| Community and local health economy benefits | The benefits of MECC can include improving access to healthy lifestyles advice improvement in morbidity and mortality risk factors within a local population; and cost savings for organisations and the local health economy.<br><br>It can also support health improvement activity within local communities, and provide an approach that reaches out to community members and groups. MECC can provide a lever to support communities in collaborating together. |
| Staff benefits | For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages and the encouragement for people to change their behaviour and to signpost to local services that can support them to change. |
| National/Population benefits: | It provides a means of maximising the benefit from existing resources for improving population health. For example, it can include advice on low or no-cost activity, such as persuading parents to walk their children to school; or, as part of physical activity advice, encouraging increased use of existing community resources such as leisure centres and swimming pools.<br><br>MECC can be effective in helping to tackle health inequalities and the impact of the wider determinants of |

| | |
|---|---|
| | health, through supporting individual behaviour change. For example, some local services are using the MECC plus approach to engage local populations in managing debt, action towards gaining employment or in tackling housing issues.<br><br>The population level approach of MECC can also help address equity of access, by engaging those who will not have otherwise engaged in a 'healthy conversation' or considered accessing specialised local support services, such as for weight management. |
| Individual benefits | For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health. For more information please see the MECC Consensus Statement. |

23.4 It is not easy for everyone to raise questions about lifestyle behaviours. MECC requires a range of skills and knowledge in order to staff to gain confidence to support and direct people. Training resources for staff are a key element of a MECC programme. The success of a MECC programme will depend on the quality of the training and on sustaining the competence and confidence of staff to deliver the key messages and information to the public. It is also important that those delivering MECC are able to signpost people to appropriate local services and where possible facilitate contact with these services. MECC training should offer practical advice on how to carry out opportunistic chats, signpost to other services and encourage people to make positive steps towards making a lifestyle change and should ensure that there is a consistent approach to these messages.

23.5 Health Education England has developed a number of packages to support MECC and Haringey's training offer is outlined below.




23.6 Haringey's MECC e-learning tool and face-to-face training both have the same learning outcomes:

- Overview and understanding of the definition of MECC.

- Awareness of the economic, organisational and personal benefits of MECC.
- Understanding of the underpinning principles of MECC and MI (Motivational Interviewing) and its impact in Haringey.
- Awareness of the basic health components of MECC, including messages on smoking, healthy eating, physical activity, alcohol consumption and mental health awareness.
- Ability to identify points of resident contact - when and where to provide with health information, advice and guidance.
- Where to signpost residents to for further support and guidance.

23.7 As of October 2016, more than 400 frontline staff across Haringey's health, local authority and voluntary sectors had attended face-to-face training, provided by Reed Momenta. Feedback from staff includes:

- "...has brought healthy lifestyle choices to the forefront of my thinking – and so will be looking out on how to support my client group." (Family Support Team)

- "...increased my awareness on how to deliver key health messages more effectively." (Early Intervention and Prevention)

- "...has increased my confidence in raising and discussing healthy lifestyle related issues." (Adult Social Services)

23.8 Haringey's e-learning module was launched in September 2016. This is an individual and team learning and development tool that can be accessed via FUSE, Haringey's social learning platform.

**Recommendation 17**

That the Director for Public Health and Assistant Director for Transformation and Resources work together to ensure:

(a) All front line staff receive training on MECC as part of their induction to the Council. As a minimum, this should include asking new starters to go online to look at the e-learning tool.

(b) Existing frontline workers have an opportunity to discuss training needs in relation to MECC as part of the ongoing "My Conversation" appraisal process. Steps should be put in place to ensure issues in relation to MECC are discussed at least once a year.

(c) That (a) and (b) above be used to ensure feedback from staff is reviewed annually to ensure improvements can be made to Haringey's MECC training offer, including the e-learning tool, in view of experience.

## 24. Making physical activity a priority for frailer, older people

24.1 Frailty is a state of vulnerability and arises from multiple factors. Whilst it is a condition brought about by a combination of old age and disease, physical inactivity is also known to be a significant contributing factor. Many frailer, older people have multiple medical conditions, such as a combination of arthritis, diabetes, cardiovascular disease and dementia, and have very little strength and a fear of falls.

24.2 Although many frailer, older people live in residential care and nursing settings, others continue to live in their own home. To do so, they are supported by a range of services which provide assistance with daily living and help sustain independence.

24.3 One of the major risks of daily living associated with frailer, older people is the risk of falls. During the review, the Panel received evidence to support the benefits of specific, targeted and progressive exercise programmes to help reduce the risk.

24.4 As a result, the importance of interpreting the CMO guidelines for frailer, older people was identified as a priority. The Panel focused on tertiary prevention and looked at what could be done locally to promote a greater quality of life and to reduce the impact of increased health and care needs.

24.5 The information below, outlined in guidance from the BHFNC for Physical Activity and Health (2012), provides detail on each of the guidelines with the purpose of providing professionals with greater understanding of their relevance and how they apply to their work with frailer, older people.

**Guideline 1:** *Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.*

Some physical activity is better than none:

- Frailer, older people engaging in smaller amounts of physical activity will gain some benefits relative to being inactive.
- It is recommended frailer, older people take part in some physical activity every day.

Doing more physical activity provides greater health benefits:

- The dose-response relationship for physical activity and health indicates ‘more is better’ in terms of the health benefits of physical activity.

It’s never too late to start:

- There is good evidence that the benefits of physical activity also apply in later, later life, even to those who have previously been inactive.

- There is good evidence that frailer, older people in later life can still obtain increases in physical fitness and physical function.

**Guideline 2:** *Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.*

Build up to a total of 150 minutes of physical activity each week:

- For some individuals, particularly frailer, older people, 150 minutes may be daunting and seem unattainable due to low levels of fitness or functional capacity. Gradually working towards a goal of 150 minutes a week is recommended.

- The CMO guidelines suggest sessions as short as ten minutes can provide health benefits. Accumulating numerous sessions of ten minutes over a period of time may be a more realistic way for frailer, older people to achieve the CMO guidelines.

- For frailer, older people with low levels of activity, engaging in a small amount of activity, even at a level below the quantity recommended, will provide some health benefits relative to being totally inactive and is a good way to begin.

Physical activity should be aerobic activity of at least moderate intensity:

- The type of activity someone needs to do to qualify as moderate intensity varies from one individual to another. A frailer, older person with low functional capacity may only have to walk at a slow pace for a short time, whereas a very fit athlete may be able to run quite fast for a long time before reaching this level.

- In frailer, older people with low functional capacity, encouraging them to move for longer (ie, progressing from five to ten minutes) may also increase the intensity (ie, from low to moderate) as the individual will have to work harder to sustain the activity.

- Moderate physical activity will cause older adults to become warmer, breathe harder and feel their heart beating faster than usual, but they should still be able to carry on a conversation.

- Many frailer, older people may feel daunted by being asked to raise their heart and breathing rate and may interpret this as an onset of a cardiac event or asthma.

- Education may be required to reassure the frailer, older person that these are normal responses to physical activity and are safe and appropriate for them.

- In an activity like walking, frailer, older people should focus on the perception of the effort they need to make rather than their speed. On a perceived effort scale of 0 (no effort) – 10 (major effort), moderate intensity physical activity is usually rated 5–6.

**Guideline 3:** *For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.*

It is neither recommended nor likely that frailer, older people engage in vigorous physical activity.

**Guideline 4:** *Older adults should also undertake physical activity to improve muscle strength on at least two days a week.*

There is strong evidence for the additional health benefits of muscle strengthening activities.

The strength recommendations are in addition to the 150 minutes a week.

Strength activities should not be undertaken on consecutive days to allow the muscles to rest and repair.

Some everyday activities can be used as strength activities, as well as participation in a class or home-based programme.

Activities that improve strength are those that use the muscles against a resistance or extra weight and where they are performed slowly and repetitively (e.g. 8–12 times).

For a frailer, older adult, body weight or light resistance will initially have a strengthening effect. However as strength improves, heavier weights and slow repetitions will allow the training effect to continue.

Muscle strengthening activities involving all major muscle groups (including the shoulder girdle, arms, trunk, legs and muscles that surround the ankles) will provide substantial benefits for frailer, older people.

Strengthening activities for frailer, older people include using the stairs frequently, Tai Chi or dance, heavy housework or gardening, lifting and carrying, repetitive slow sit to stands (rising from a chair) as well as home-based or group classes that involve strength exercises, e.g. with weights or resistance bands.

Muscle strengthening activities will make the muscles feel more tension than normal, perhaps ‘shake’ and be warmer.

It is normal and anticipated that the day after strengthening activities are

undertaken there will be mild muscle stiffness, indicating the activity had a training effect.

Education may be required to reassure the older adult that these normal responses to muscle strengthening activities are safe and appropriate for them, and are necessary to improve strength.

**Guideline 5:** *Older adults at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week.*

33% of older adults aged 65 plus fall every year. This figure increases to 50% at the age of 80 and is even greater among those living in care homes. There is good evidence that physical activity programmes which emphasise balance training, limb co-ordination, muscle strengthening and are tailored to the individual are safe and effective in reducing the risk of falls among frailer, older people.

The balance recommendations are in addition to the 150 minutes a week.

Activities that improve balance for frailer older adults include standing or moving about whilst standing and fit in one of the following categories:

- reduced base of support, e.g. standing on one leg for a while, going up onto tip toes, walking heel to toe
- movement of the centre of mass, e.g. dancing, standing Tai Chi and yoga, bowling, moving in different directions, most standing exercise classes and most music to movement classes
- using movements that challenge balance by reducing the amount of upper body support, i.e. switching from holding on to then being unsupported during the activity.

**Guideline 6:** *All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.*

Prolonged periods of sedentary behaviour are an independent risk factor for poor health. Sedentary behaviour rises sharply from the age of 70 onwards and can be as high as 80% of the day amongst care home residents.

Sedentary behaviour refers to any activity that typically occurs whilst seated or lying down and which requires very low levels of energy expenditure.

Sedentary behaviour may be reinforced by activity restrictions brought about by loss of physical function, fear of falling and by activity limiting living environments.

Breaking up long periods of sedentary behaviour, even in those who are chair bound, is highly recommended. Some examples of ways to help do this are by standing and (assisted) walking around for a few minutes, slow sit to stands or seated physical activity.

24.6 Evidence received during the review highlighted a clear-dose response relationship between physical activity and the prevention of diseases such as coronary heart disease and type 2 diabetes and that greater benefits occur with increased participation. In addition, for those individuals with very limited mobility, including the frailest and those who spend long periods of time sitting, bouts of physical activity and movement that promote circulation will help to reduce the complications of immobility including: deep vein thrombosis (clotting); gravitational oedema (swelling of the legs caused by accumulation of fluid); contractures (thickening of the joint tissues leading to deformity); pressure sores; and faecal impaction (severe constipation).

24.7 Despite the benefits, increasing physical activity among frailer, older people represents a significant challenge. Many may depend on others for basic activities of daily living and have disabling conditions. Similarly, frailer, older people may have cognitive impairments or be concerned about failing or over-exertion. Also, patterns of sedentary behaviour may be well established with no habitual routine of physical activity.

24.8 Frailer, older people will be more motivated to be active when they:

- find a sense of purpose or reason to move, e.g. relevance to their situation and self-identity
- feel safe and can trust those assisting and supporting them
- believe that significant others, e.g. family members, care givers and professionals, have positive attitudes towards their physical activity
- have confidence in the skills of physical activity instructors, teachers and leaders
- are successful and recognise their own achievements
- discover opportunities to interact and socialise with other people
- engage with personal interests and enthusiasms

24.9 Evidence suggests frailer, older people are concerned about over-exertion and causing harm to themselves. Additionally, during physical activity, the fear and risk of falls may be further exaggerated in frailer, older people. However, the risks associated with taking part in physical activity at a health promotional level are minimal for most individuals. Continuing with an inactive lifestyle presents greater health risks than gradually increasing physical activity levels.

24.10 Those that are the least active have the most to gain from taking part in even small increases of regular physical activity. If frailer, older people gradually increase the volume and/or intensity of their physical activity, they are unlikely to face undue risk. In short, the health benefits of physical activity outweigh the risks.

24.11 With this in mind, the Panel looked at how it would be possible for a frailer, older person in Haringey to work towards achieving the CMO physical activity guidelines. The work of the Care Inspectorate in Scotland and opportunities for increasing physical activity with older people via Haringey's Integrated Out of Hospital Project are explored in more detail below.

**Physical Activity within the Care Home Setting**

24.12 "Care...about physical activity" has been developed by the Care Inspectorate[3] (Scotland) in partnership with the BHFNC for Physical Activity and Health to support those who work in the care sector to make physical activity part of every resident's daily life.

24.13 Based on the World Health Organization model of "Health Promoting Settings" this good practice resource provides principles and a self-improvement framework for care homes. It has been designed to stimulate simple solutions and practical approaches to enable all care home residents to choose to be active every day.

24.14 The resource pack, available via the Care Inspectorate's website, includes:

- A booklet with:
    - An introduction to the resource, an introduction to physical activity in care homes and how to make improvements
    - A physical activity self assessment tool and guidance for its use
    - A description of the three key principles to promote physical activity
        (a) Physical activity and participation
        (b) Organisational care home culture and commitment
        (c) Community connections and partnerships
- A DVD to support implementation of the resource pack
- Make Every Move Count – a pocket guide to active living
- A call to action poster
- Physical activity and self assessment tools

24.15 The pack has been designed to support care homes, in Scotland, to make improvements in this area of care, and also, importantly to acknowledge what works well and enables residents to be more physically active. During development of the resource, components were tested in care settings across Scotland.

[3] The Care Inspectorate regulates and inspects care services in Scotland.

24.16 This useful tool highlights that the needs of the individual should be the starting point for promoting physical activity and encouraging residents to be more active. However, it is difficult to be prescriptive about what activities are appropriate for residents in care homes. Understanding individual interests and abilities, previous successful physical activity experiences and personal beliefs and expectations of others should inform personal choice on suitable activities. This is in addition to using a person centred care plan which includes the medical conditions of the individual as well as the views of other health, therapy and social care professionals.

24.17 A key to promoting physical activity is the way in which it can be built into the daily life of the care home such as using activities of daily living for example rising from a chair (assisted), walking and moving around the care home and making use of the outdoors. Being physically active is not the same as taking part in an organised exercise class or walking group, important as they are. It is about opportunities to move more often.

24.18 From a public health perspective, helping all older adults to progress from moving, to moving more often, to moving regularly and frequently will produce the greatest reduction in risk. The activities below can be enhanced by group based activities which will provide additional benefits and opportunities such as maintaining social connections.

- **Moving** – such as standing up from a chair several times a day, moving in bed, brushing teeth, and washing face.

- **Moving more often** – such as walking to the dining room each meal time, walking to rooms to collect an item.

- **Moving, regularly and frequently** – such as going outside, setting the tables for meals, sorting laundry, feeding the birds and doing meaningful and purposeful activity.

24.19 During evidence gathering, differences between the Scottish and English health/care systems were acknowledged. However, the Panel agreed, subject to local commissioning arrangements, the “Care...about physical activity” resource should be used in care homes in Haringey:

- During the induction of new staff to promote the importance of physical activity

- To support training and education relating to good practice

- To support continued professional development

- To improve care and health and wellbeing of care home residents

24.20 The recommendations below have been put forward to ensure local care homes meet NICE guidelines relating to participation in meaningful activity[4].

**Recommendation 18**

That the "Care...about physical activity" resource pack be used by the Director of Adult Social Services to develop Haringey's Care Home Placement Agreement alongside the commissioning of services as part of the residential/nursing home contact, via DPS during 2017/18, to ensure:

(a) Residents have physical activity choices documented in their care plans.

(b) All staff understand the importance of daily physical activity and encourage residents at every opportunity to be more active in a way that meets their needs and choices with a clear purpose.

(c) Participation in physical activity is valued and is a commitment for everyone who is part of the care home community such as relatives, staff, friends and others.

(d) Management provides leadership and support to promote physical activity.

(e) The environment facilitates an active lifestyle to take place by being appropriate for the needs and choices of the residents, staff and those in the care home community.

(f) Training is available for staff to raise awareness of the benefits of physical activity and ways to enable residents to be active.

(g) Connections can be made with accessible local services and organisations to provide specific advice, guidance and support to promote physical activity.

(h) Care homes are aware of what local places and spaces are available to support people to be more active on a daily basis and makes use of the available opportunities.

**Recommendation 19**

That Healthwatch Haringey explore using enter and view powers to identify levels of commitment to promote physical activity among care homes in Haringey. Working with commissioners, a base line assessment should be completed during 2017 with a full inspection planned for 2018 once tools outlined in the "Care...about physical activity" resource pack have been introduced in Haringey.

[4] https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity

**Recommendation 20**

That progress in relation to promoting physical activity in care homes be monitored via the Quality Assurance Sub Group of the Haringey Safeguarding Adults Board.

**Recommendation 21**

The Cabinet Member for Finance and Health be asked to write to the Care Quality Commission to recommend that enabling access to appropriate physical activity is recognised as part of the inspection process, within either the question is the service effective or is the service responsive?

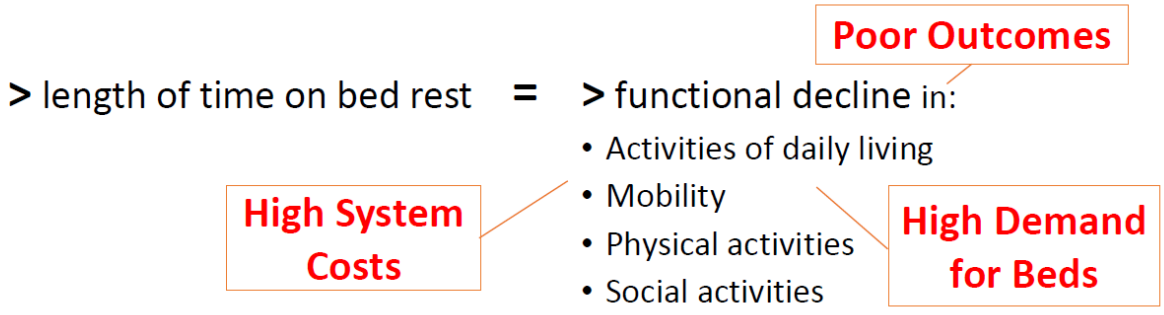
### Haringey's Integrated Out of Hospital Project

24.21 Haringey CCG has been working with North Middlesex University Hospital to deliver improvements in the Accident and Emergency four-hour waiting time target trajectory. This waiting times target trajectory is supported by improving the flow of patients through the hospital and reducing the length of time they spend in hospital.

24.22 A key focus of the Five Year Forward View, which has been translated into the priorities for the North Central London Sustainability and Transformation Plan (STP), is to reduce the length of time that people spend in hospital. The key rationale for this is deconditioning i.e. the longer that people remain in a hospital bed the greater their functional decline (this includes a reduction in activities of daily living, mobility, physical activities, and social activities).

"10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80" (Gill et al: 2004: Journal of the American Medical Association).

24.23 Deconditioning leads to poorer outcomes for patients, high demand for beds and overall higher health and social care system costs.




24.24 A recent audit across the four acute providers in North Central London (North Middlesex; Whittington; Royal Free; University College London Hospital) stated that there was a 98% bed occupancy rate and 18% of the beds were occupied by patients who were medically fit for discharge.

24.25 Haringey has made a commitment to improve outcomes for patients; reduce the pressures and demand for beds; and reduce costs for the health and social care system.

24.26 Haringey CCG is leading the work to improve patient discharge, through strengthening the support of out of hospital services, as a way of reducing the length of time that people stay in hospital. This work has been initiated with North Middlesex University Hospital through a programme called Safer Faster Better (described below) and North Central London STP have recognised the good progress this is making and are looking to spread the learning to other areas.

**Integrated Out of Hospital Summary**

| | |
|---|---|
| Improve coordination, capacity and quality of services that will both prevent frail/pre-fail adults going to hospital and efficiently discharging people when they go into hospital: | **Primary Care (Before Hospital)**<br><br>Services that are primarily linked to/based in GP practices including: Locality Teams; Mental Health Hubs; Primary Care Hubs; Dementia Navigators |
| | **Hospital Services (In Hospital)**<br><br>Services that are primarily linked to/based in hospitals; including: Home from Hospital; North Middlesex at Home; Discharge to Assess; Integrated Discharge Teams; Mental Health Discharge Co-ordinators; Seven Day Working |
| | **Intermediate Care Services (After Hospital)**<br><br>Services that are primarily linked to community/home based services including: Bed Based Intermediate Care; Reablement; Cavell/Bridges Ward; Rapid Response. |

24.27 In terms of the route out of hospital for older adults, the Panel was particularly interested in-

- The Home from Hospital Service
- The development of Care Closer to Home Integrated Networks (CHIN)
- The Locality Teams pathway, including ongoing communication within Locality Teams

24.28 Home from Hospital is a council commissioned service provided by Bridge Renewal Trust. The service provides practical and emotional support to patients aged over 50 years old to return home safely from hospital on discharge.

**Home from Hospital** – adapted from The Home from Hospital Patient Brochure

**"We accompany the patient home and provide up to three home visits for up to four weeks after discharge to prevent unnecessary re-admission"**

**The service helps people due to be discharged from hospital who meet the following criteria:**

- Residents of Haringey aged 50 or over.
- Requiring discharge from Whittington or North Middlesex Hospitals.
- Give consent or have been determined that it is in the patient's best interests to access the service.
- Would benefit from practical support at home but not including personal hygiene, domestic cleaning or laundry.
- Home and social situation deemed not at risk.
- Able to be safe at home alone with this service.
- No longer requiring acute medical care.
- Money available for basic amenities (food, transport, fuel).
- At risk of hospital admission / readmission if no support is provided.
- Worried about returning home and / or live alone and have no apparent support from family or friends.

**The service cannot help:** Non Haringey residents; Children and adults under the age of 50 years; People with complex needs.

**The service encourages patients to regain their independence on returning home, by providing social and practical personalised support including:**

- Accompanying patients home following hospital discharge.
- Three home visits and up to four weeks of support after hospital discharge.
- Supporting patients to collect pension / benefits / prescriptions.
- Practical assistance with essential food shopping (non-financial).
- Practical assistance with contacting appropriate services to ensure residents feel safe and well with access to amenities – heating, lighting and hot water.
- Practical assistance with checking/ topping up gas/electricity and paying bills (non-financial).
- 'Check and chat service' – telephone calls for the first 4 weeks following discharge from hospital to check how patients are settling back in the community.
- Provision of information and links, signposting and referrals to local community activities and local services.
- Help with making and accessing GP appointments and other health and social care appointments.
- Practical assistance with accumulated posts, completion of forms, letter writing and posting.

**The service does not provide:** Personal care; Financial support; Support to meet complex needs

The service works closely with the Hospital discharge teams, occupational therapists and social workers to identify eligible patients who can benefit from the service. **In addition to self-referral / family referral, clients can be referred into the service through a number of routes:**

- Hospital discharge as part of a period of reablement
- GPs, social services or community health services
- Integrated health and social care projects

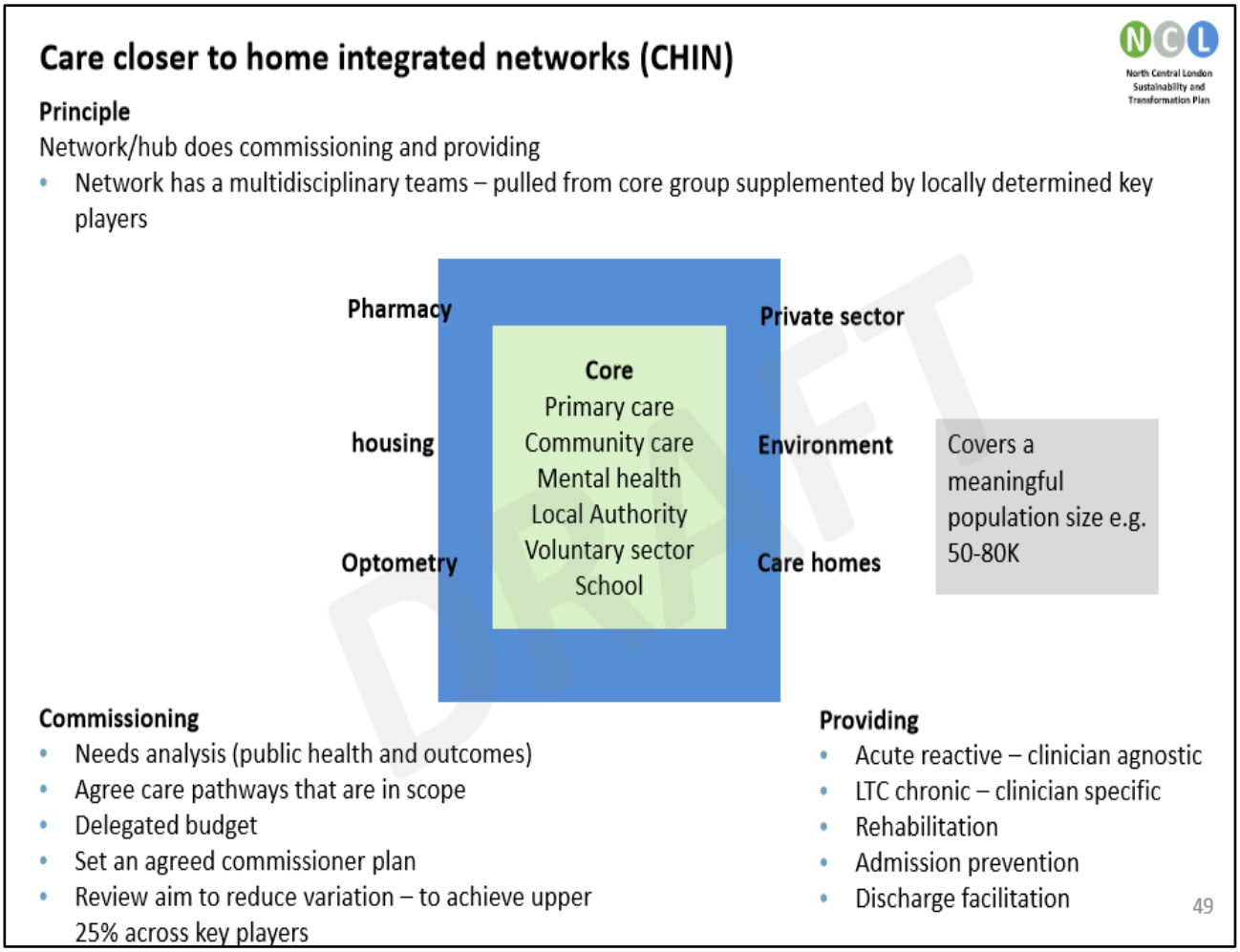
24.29 There have been 502 referrals into the service since the initial contract with The Bridge Renewal commenced in September 2015 to October 2016.

24.30 Between September 2015 and September 2016 55% of referrals came from the North Middlesex Hospital and 42% came from the Whittington Hospital. 74% of all referrals were aged over 75.

24.31 In the same period, 74% of patients discharged from hospital who received services from Home from Hospital did not have a hospital readmission within 28 days of their hospital discharge.

24.32 During various interviews the development of Care Closer to Home Networks and the Locality Teams pathway, including ongoing communication within Locality Teams, were considered. Interviewing representatives from Haringey CCG, Council Officers and representatives from The Bridge Renewal Trust allowed the Panel to look at ways to strength the ability of Home from Hospital and CHIN coordinators to work together.

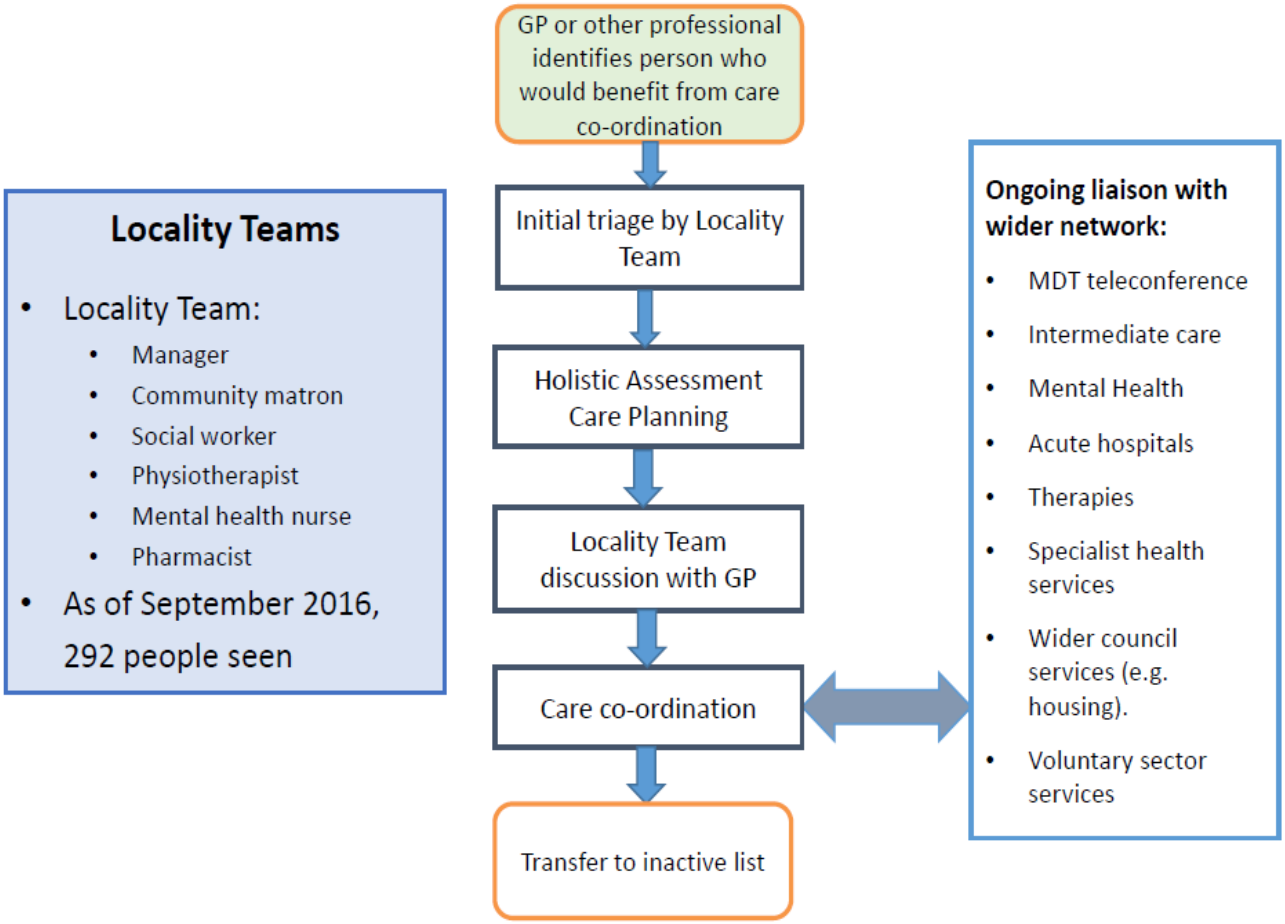
**The Broad Model for CHINs**




24.33 The Panel recognise that Care Closer to Home Networks are yet to be established. As a result, this offers an opportunity to influence the function of the network in promoting and monitoring the impact of physical activity. In

making recommendations, the Panel has assumed there will be a "CHIN care coordinator" or similar role in each CHIN.

**Locality Team Pathways**




24.33 The Panel's findings indicate that people remain independent and better connected within their community if they have access to, and are part of, a group activity. The social aspect of belonging to a group cannot be underestimated as it strengthens their sense of belonging and provides strong motivation to leave the house to participate in an activity with research to show both physical and mental health wellbeing outcomes.

24.34 Moving forwards, the Panel believe the recommendations below will help ensure residents are signposted to suitable and meaningful activities. By enhancing physical and mental wellbeing it is hoped that these practical steps will keep residents out of hospital.

**Recommendation 22**

That the Director of Commissioning for Haringey CCG be asked to coordinate a meeting between NHS commissioners and the Bridge Homes from Hospital Team to ensure the following recommendations are taken forward:

(a) That, as part of the Homes from Hospital assessment form, the question

on joining a local group (to provide physical and social support) should be discussed at the first meeting with an expectation that a suitable group, to suit the clients individual needs, will be found by the Homes from Hospital team and that a team member escorts the client to this group within the 4 week period.

(b) That, on completion of the Home from Hospital service, information on the group/activity attended by the client should be provided to the CHIN (in which the client's GP practice is based). The CHIN care coordinator (or similar role) should then liaise with the client to follow up on how the activity is going and whether it is working, both in terms of physical activity and social interaction.

(c) That a member of the Senior Administration team, at each local hospital, should be aware of the Home from Hospital service.

(d) Hospital Ward Clerks should be given appropriate information on how to mark a patients record, on discharge from hospital, to indicate they are part of the scheme and how to contact the Home from Hospital team if there is a re admission within a 4 week time frame.

(e) That any re admission to hospital by the client during the Home from Hospital support period should be flagged up by the Ward Clerk on the hospital admissions ward and reported to the Home from Hospital team coordinator.

(f) The CHIN team should ensure feedback is given, at regular intervals, to the Home from Hospital team on outcomes from their referrals to local group activities. This is to strengthen good practice and to flag up any issues with activities/ groups so further referrals can be made elsewhere if necessary.

(g) The Bridge Renewal Trust should ensure information gleaned from their asset mapping exercise is made available to their Home from Hospital team, so they can refer clients to the most appropriate activity. This information should also be shared with the CHIN team.

## 25. Tottenham Active

25.1 Tottenham Active was a joint Sport England and Council funded project to improve rates of physical activity in Tottenham. While not specifically targeting older people; as inactivity is more prevalent amongst this cohort the take up by older Tottenham residents was around 40% of the total participants.

25.2 The project began in June 2013 and the funding ended in June 2016. However, as was intended sessions continue. Various activities pump primed with

Tottenham Active funding are now in a sustainable phase and thus ongoing. This includes a number of sessions for older people, outlined earlier in the report, such as Better with Age, at Tottenham Green Pools and Fitness, and Silverfit.

## 26. Towards an Active Nation

26.1 Following from the governments new "Sporting Future: A New Strategy for an Active Nation", last year Sport England released "Towards an Active Nation".

26.2 The Sport England strategy (2016-21) outlines five key outcomes:

- Physical wellbeing
- Mental wellbeing
- Individual development
- Social and community development
- Economic development

26.3 The strategy also includes seven investment principles – one of these is "Reducing Inactivity". In recognition that inactivity affects older people to a greater degree with quite a big drop off from 50+ in activity levels; Sport England have focused first in terms of funding opportunities on reducing inactivity in the 55+ age group.

26.4 The Council has submitted an Expression of Interest (EOI) to this funding opportunity and expect to hear back in early April 2017 as to whether the application will be progressed to stage 2.

26.5 The scrutiny work in this area (including taking evidence from Sport England) has contributed significantly to the development of the EOI and the Scrutiny Panel hope to be involved in the development of the project should the Council be successful in drawing down the funding.

26.6 Given the importance of reducing older people's inactivity levels, even if the Council is not successful the Panel hope that aspects of the project are still progressed, with other funding sought.

26.7 As part of Sport England's strategy development a suite of KPIs are now in place. The main KPI relating to older people is KP12 "Decrease the percentage of people physically inactive". Other KPIs for this area are KP13 "Increase percentage of adults utilising outdoor space for exercise and health reasons" and KP18 "The demographics of volunteers in sport to become more representative of society as a whole".

26.8 Specific project outcomes relate to numbers attending interventions, and the gender and ethnicity of attendees. Well being measurements will also be

collected along with health data where available. For example, blood sugar levels and blood pressure readings.

26.9 Well being and health data in particular can tell a powerful story and will be important evidence when seeking funding for this preventative work from the CCG and NHS.

**Recommendation 23**

That:

(a) It be noted the Adults and Health Scrutiny Panel fully support the Council's application to Sport England for funding to help tackle inactivity in older people.

(b) If the Council is successful in drawing down the Active Ageing funding, the Adults and Health Scrutiny Panel should be involved in the development of the project.

(c) Given the importance of reducing older people's inactivity levels, even if the Council is not successful with its Expression of Interest it is recommended that aspects of Haringey's Active Aging Project be progressed, with alternative funding sought for delivery.

## 27. Contribution to strategic outcomes

27.1 In agreeing a tight and focused scope, consideration was given to how this scrutiny review could contribute to strategic outcomes.

27.2 The recommendations outlined in this report will, if taken forward, contribute to policy and practice across priorities outlined in both the Corporate Plan and Haringey's Health and Wellbeing Strategy.

### Corporate Plan

27.3 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".

27.4 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".

27.5 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".

**Haringey's Health and Wellbeing Strategy**

27.6 Priority 1 – "Reducing obesity"; Priority 2 – "Increasing healthy life expectancy"; and Priority 3 – "Improving mental wellbeing".

## 28. Statutory Officers Comments

**Legal**

28.1 This report sets out the recommendations of the Adults and Health Scrutiny Panel on Physical Activity for Older People. If the recommendations are accepted by the Overview and Scrutiny Committee they will be considered by the Cabinet who will respond.

28.2 Under Section 9F of the Local Government Act 2000 ("LGA"), the Overview and Scrutiny Committee has the power to make reports or recommendations to Cabinet on matters which affect the Council's area or the inhabitant of its area. Reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.

28.3 The Overview and Scrutiny Committee must by notice in writing require Cabinet to consider the report and recommendations and under Section 9FE of the LGA, there is a duty on Cabinet to respond to the Report, indicating what (if any) action Cabinet, proposes to take, within two months of receiving the report and recommendations.

**Finance**

28.4 The costs of undertaking this scrutiny review have been contained within existing budgets while the Panel has put forward a number of recommendations for consideration.

28.5 Recommendations should only be adopted if there is a robust business case that demonstrates they offer value for money and resources have been identified. This is particularly important in view of issues raised in the body of the report, including:

- A lack of funding generally to progress community based activities for older people and to prevent/manage long term conditions
- The funding for the Active for Life contract coming to an end in March 2018
- External funding opportunities, such as investment from Sport England's Active Ageing Fund, being limited.

28.6 At this stage some of the recommendations are fairly high level and further work will be required to fully assess the financial implications. However, many of the recommendations should be low cost and could be met from existing resources.

28.7 It is therefore expected that the majority of recommendations could be enacted with minimal financial impact to the Council. However, before Cabinet could

agree to implement the recommendations it will be necessary, as part of Cabinet's response, to ensure that the cost of doing so is known and budgeted for.

**Equality**

28.8 The Council has a public sector equality duty under the Equality Act (2010). This requires the Council to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristics and those who do not.

28.9 During the review, the Panel considered these duties in relation to the nine protected characteristics (age, disability, gender reassignment, marriage/civil partnership status, pregnancy/maternity, race, religion, sex, sexual orientation). In particular, the Panel has reviewed health inequalities resulting from physical inactivity, including issues regarding age, sex, disability and race, as well as wider equality issues, such as, socio-economic status.

28.10 Details of different physical activity rates and health inequalities based upon protected characteristics influenced the report and shaped recommendations. For example, findings from the Sport England Active People Survey (2014) highlighted in sections 8.

28.11 The recommendations contained in this report are based on physical activity guidelines for older adults, issued by the UK Chief Medical Officers' (CMO), and consider particular adjustments related for disabilities predominately caused by the ageing process, such as dementia and physical impairments.

28.12 These guidelines, based on evidence from global research, are applicable to all older adults, irrespective of gender, race or socio-economic status. However, as highlighted in the report, physical activity is a complex behaviour, influenced by a range of factors. These factors operate at individual, social and environmental levels. Some may be modifiable, for example, social support or attitudes. Others are fixed, such as sex or ethnicity.

28.13 While the CMO guidelines are relevant to all older adults, it is not appropriate to consider all older adults as a homogeneous population. With an age range of 40 years or more there is significant diversity, and chronological age is not always helpful when describing differences in health, physical function and disease status among older adults. As a result, while the CMO guidelines can be applied to all older adults it is difficult to be too prescriptive and consideration should be given to individual needs and abilities.

28.14 In order to assist in clarifying how the CMO guidelines should be applied, by commissioners, policy makers and practitioners, three groups of older adults have been identified in this report (actives; those in transition; and frailer, older), each with differing functional status and therefore different physical activity needs (see section 12).

28.15 In any recommendations requiring communications to residents, consideration will be needed in regards to providing reasonable adjustments. This includes easy read versions for people with learning disabilities, and different formats for people with sensory impairments.

## 29. Use of Appendices

Appendix 1 Review contributors

Appendix 2 Get active in Haringey

Appendix 3 Haringey Prevention Pyramid

## 30. Local Government (Access to Information) Act 1985


- Haringey Physical Activity and Sport Framework 2015-2019 (Haringey Council)

- Physical activity benefits for adults and older adults (UK Chief Medical Officers Guidelines, 2011)

- Haringey's Health and Wellbeing Strategy 2015-2018 (Haringey Health and Wellbeing Board)

- Snooks H, Cheung WY, Gwini SM, Humphreys I, Sanchez A, Sirwardena N (2011). 'Can older people who fall be identified in the ambulance call centre to enable alternative responses or care pathways?'

- British Heart Foundation National Centre for Physical Activity and Health, Loughborough University (2012). "Physical activity for older adults (65+ years)"

- British Heart Foundation National Centre for Physical Activity and Health, Loughborough University (2012). "Physical activity for older adults (Guidance for those who work with frailer, older people)"

- Thomas Pocklington Trust (2014). 'Physical activity among older people with sight loss'

- Hallal PC, Andersen LB, Bull FC, Guthold R, Haskell W, Ekelund U, for the Lancet Physical Activity Series Working Group (2012) Global physical

activity levels: surveillance progress, pitfalls, and prospects. *The Lancet*; published online.

- Skelton DA, Young A, Walker A, Hoinville E. Physical Activity in Later Life: Further analysis of the Allied Dunbar National Fitness Survey and the HEASAH. London: Health Education Authority. 1999. pp. 40-58.

- Gill et al (2004) Hospitalization, restricted activity, and the development of disability among older persons. Journal of the American Medical Association, 292(17), pp.2115-2124

- Phoenix C and Orr N. Moving Stories: Understanding the Impact of Physical Activity on Experiences and Perceptions of (Self-) Ageing – Key Findings.

- Scottish Care Inspectorate and BHF National Centre for Physical Activity and Health (2014) "Care...about physical activity" resource pack.

External links have been included in this report. Haringey Council is not responsible for the contents or reliability of linked web sites and does not necessarily endorse any views expressed within them. Listing should not be taken as endorsement of any kind. It is your responsibility to check the terms and conditions of any other web sites you may visit. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages.

## Appendix 1

## Review contributors

The Committee interviewed the following witnesses as part of their evidence gathering – in order of their appearance before the group

| Name | Job Title / Role | Organisation |
|---|---|---|
| **Scoping** | | |
| Dr Jeanelle de Gruchy | Director of Public Health | Haringey Council |
| Beverley Tarka | Director of Adult Social Services | Haringey Council |
| Charlotte Pomery | Assistant Director of Commissioning | Haringey Council |
| **Session 1** | | |
| Marion Morris | Head of Health Improvement | Haringey Council |
| Deborah Saunders | Senior Health Trainer | One You Haringey |
| Chinyere Ugwu | Community and Customer Relations Director | Homes for Haringey |
| Kevin Young | Community and Resident Engagement Manager | Homes for Haringey |
| Helidon Topulli | Support Service Manager | Homes for Haringey |
| Andrea Keeble | Commissioning and Client Manager, Active Communities, Leisure and Partnerships | Haringey Council |
| Mark Munday | Divisional Manager | Fusion Lifestyle |
| **Session 2** | | |
| Mike Wilson | Director | Healthwatch Haringey |
| Joyce Sullivan | Senior Community Development Officer | Public Voice |
| Gordon Peters | Chair | Older Peoples Reference Group |
| Dr Eddie Brocklesby | Director | Silverfit |
| Dr Samuel Nyman* | NIHR Career Development Fellow | Bournemouth University |
| Fiona Ross | Senior Policy and Project Officer, Diversity and Social Policy Team | Greater London Authority |
| **Session 3** | | |
| Sue Southgate | Service Manager, Integration and Personalisation, Adult Social Care | Haringey Council |
| Prof Christina Victor* | Professor of Public Health / Vice-Dean Research | Brunel University London |

| Name | Job Title / Role | Organisation |
|---|---|---|
| Geoffrey Ocen | Chief Executive | Bridge Renewal Trust |
| Colin Bowen | Service and Business Development Manager | Bridge Renewal Trust |
| **Session 4** | | |
| Emma Pawson | Health Improvement Leader | Public Health England (London Centre) |
| Dr Cassandra Phoenix* | Associate Professor in Critical Health Psychology | University of Bath |
| Bob Laventure* | Consultant on Physical Activity and Older People | British Heart Foundation National Centre for Physical Activity and Health |
| Joel Brookfield | Strategic Lead, Local Outreach | Sport England |
| **Session 5** | | |
| Rachel Lissauer | Acting Director of Commissioning | Haringey CCG |
| **Session 6** | | |
| Marco Inzani | Head of Integrated Commissioning | Haringey CCG |
| Cassie Williams | Assistant Director, Primary Care Quality and Development | Haringey CCG |
| **Session 7** | | |
| Martin Haines | Inspection Manager<br>Adult Social Care Directorate | Care Quality Commission |
| **Session 8** | | |
| Sanjay Mackintosh | Head of Strategic Commissioning | Haringey Council |
| Marcelle Van-Tull | Referral Coordinator | Bridge Home From Hospital Service |
| **Session 9** | | |
| Vivien Hanney | Health Improvement Commissioner | Haringey Council |
| Katrina Heal | Senior Health and Wellbeing Co-ordinator | Tottenham Hotspur Foundation |
| **Session 10** | | |
| Carol Pusey | Manager of Protheroe House | One Housing Group |
| Alice Williams | Dementia and Activities Officer (Protheroe House and Lorenco House) | One Housing Group |
| **Phone Interview** | | |
| Prof Janice Thompson* | Professor of Public Health Nutrition and Exercise | University of Birmingham |

**Further information detailing the research interests / work of academics interviewed as part of this scrutiny review can be found via the hyperlinks included above.*