

# A Strong and Balanced Offer

## Final Report, January 2019



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## **1.0 Executive Summary:**

The 'strong and balanced offer' project was developed to explore whether improvements could be made to leisure and health programmes aimed at middle-aged and older adults in Wigan Borough, using engagement with scientific research underpinned by a 'co-creative' approach as a foundation for making change.

The project also focused on the importance of physical activity for those involved, and in particular raising awareness of the benefits of strength and balance – acknowledging that this was very much the 'forgotten exercise guideline'. This grant funded project was one of three 'leisure and culture trust' proposed programmes and part of a planned wider collaboration between Sporta (now called Community Leisure UK) and the Wellcome Trust that focused on bringing science engagement into the leisure trust setting.

Participants were recruited onto the programme into two engagement groups – one aimed at pre-retirement adults aged 50+ years, and the other post-retirement, aged 65+ years. The delivery programme involved 10 workshop sessions for each group and was supported by a facilitation team including academic partners and experts in this area of science and engagement.

The first half of the programme focused on providing background and research information to assist in up-skilling the groups as well as allowing time for those involved to 'settle in' and develop a greater sense of ownership. Throughout the programme, participants were encouraged to share their ideas and feedback as a result of their experiences and the facilitation team documented these contributions and reported learning (including 'lightbulb' moments) from the participants. Feedback was captured through group discussion, working in pairs, small groups or individually.

The programme also assessed the levels of awareness (and any changes) around scientific evidence amongst participants as well as their strength and balance fitness/capabilities (measured through the Functional Fitness Test MOT), any changes in physical activity levels and their overall satisfaction with the programme

By the time the programme reached the 7<sup>th</sup> session, participants were asked to begin to consider what ideas they might have for making changes or improvements to local services as well as looking at how information on strength and balance guidelines and programmes could be better promoted at a local level. A final list of priorities from both groups was then compiled to share with local stakeholders at the penultimate group meetings (session nine).

The stakeholder events involved senior managers, commissioners and officers involved in services at a management and operational level. At these events, a summary of the main priorities was presented to stakeholders – led by the participants in each group. The list of recommendations were categorised under the themes of partnership and promotion, recruitment, accessibility and evaluation. The intention for sharing these recommendations was that they should be considered by Inspiring healthy lifestyles, Wigan Council and other relevant stakeholders and implemented, wherever possible or alternatives explored if not. An initial response was provided by the lead commissioner following the engagement programme, and a more considered response from the stakeholders has been included alongside the recommendations.

A follow-up meeting with both groups (together) was planned for early December 2018 to receive an update on what progress had been made by stakeholders and to explore any further next steps.

## **2.0 Background:**

The grant funded 'strong and balanced offer' project was developed to explore whether improvements could be made to leisure and health programmes aimed at middle-aged and older adults in Wigan Borough, using engagement with scientific research as a foundation for making change. This project was one of three 'leisure and culture trust' proposed funded programmes and part of a planned wider collaboration between Sporta and the Wellcome Trust that focused on bringing science engagement into the leisure trust setting (see Appendix 1). The specific focus of the strong and balanced offer project was on increasing understanding around the importance of physical activity - in particular addressing the benefits of strength and balance for middle-aged and older adults.

Physical activity levels rapidly decline with age (1) - this is despite the fact that being more active can make a significant contribution to maintaining health and wellbeing in later years (2). All domains of fitness (aerobic, strength and balance) are important for older adults, although there is a growing emphasis on the importance of strength and balance training across the life course and in particular for older people (3,4). New findings have shown that progressive resistance training has favourable effects not only on muscular strength, physical capacity and the risk of falls (5,6) but also that its benefits extend to cardiovascular function, metabolism and coronary risk factors (7) for those without or with cardiovascular disease. Whereas walking, the main mode of aerobic activity among older adults, cannot be transferred to improving balance (8) or to prevent falls (9).

Despite this growing evidence base and the subsequent publication of the UK Chief Medical Officers' physical activity guidelines for adults and older adults (65+) (2), there has been limited dissemination of the science and its implications through public engagement. Strength and balance have very much become the 'forgotten guideline' (10) and where public engagement has taken place; it is often confusing or simplistic. The implications of the science have not been fully understood by exercise professionals or by a large proportion of health professionals who work with older people. Guidance around strength and balance (for older adults) has only focused on specific falls prevention interventions and is not included in public health promotion (for instance around maintaining independence) (BHF National Centre, unpublished). Not surprisingly then, there has been very low uptake of the strength and balance recommendations by adults and older adults (10).

As a locality, Wigan Borough has had a strong track record in focusing on improvements in levels of physical activity amongst participants, and has commissioned services to address local needs – including the provision of the Active Later Life service. Local engagement around Wigan's falls prevention service has also provided further insight for shaping this project (11), including the importance of understanding and valuing the scientific evidence underpinning programme development.

Recognising that 'one size fits all' public health interventions and those designed using top-down approaches have had limited success in meeting the needs of end users (12), this project used a 'co-creation' workshop model. Co-creation is defined as collaborative public health intervention developed by academics working alongside other stakeholders and has been tested and developed by Glasgow Caledonian University and other partner academic institutions (13) (see Appendix 2). Involving end-users and other stakeholders in health promotion campaigns and intervention development is increasingly advocated by governing and funding bodies (14,15) as it can improve the quality of service provision, increase satisfaction and demonstrate greater effectiveness in such programmes (16, 17, 18).

The purpose of this report is share the learning around the implementation and delivery of the strong and balanced offer engagement programme, as well as to report the findings and recommendations to improve the service offer available to middle-aged and older adults.

### **3.0 Methodology:**

#### **3.1 Funding**

The strong and balanced offer programme was funded as part of grant through the Wellcome Trust public engagement fund (<https://wellcome.ac.uk/funding/public-engagement-fund>) with match funding from Inspiring healthy lifestyles.

#### **3.2 Preparation and design:**

In September 2017, Inspiring healthy lifestyles (IHL) – Wigan Borough’s leisure trust – was awarded a grant by the Wellcome Trust to undertake a public engagement programme with local residents, working in partnership with Wigan Council, Glasgow Caledonian University (GCU), NHS Grampian (NHSG) Manchester Metropolitan University (MMU), Later Life Training (LLT) and 3KQ (on behalf of the Wellcome Trust).

A project advisory group was established at the outset (see Appendix 3) and was responsible for overseeing the planning and preparation of the programme. The project was led by an independent consultant working with representatives from the other partner organisations.

Between October 2017 and March 2018, preparation work was undertaken in planning for the engagement programme. This included:

**a) Planning and developing the engagement schedule** – This involved developing an action plan for the preparation phase of the programme (see Appendix 4) as well as confirming dates and a proposed programme schedule for delivery of the engagement programme.

**b) Research themes and engaging with the science** – The project lead and other leisure trust colleagues further explored current research and themes for the engagement programme. This included a review of primary research literature and other available relevant texts. The project team liaised with colleagues from MMU, GCU, LLT and NHSG to further discuss both the content and methods used to support the engagement approach.

**c) Principles of co-creation** - Support was provided through GCU, LLT and a representative from NHSG and extended through regular face-to-face meetings and conference calls of the wider project team to plan the integration of a co-creation model of delivery within every stage of the programme; this included framing the aim of the study, sampling, manifesting ownership, defining the procedure and considering evaluation techniques (see Section 2.3 and Appendix 2).

**d) Local stakeholder engagement** – It was important to raise awareness of the proposed programme with potential local stakeholder organisations that might be able to help shape the programme as well as assist with recruitment. Over the first two months the project lead met with a wide range of local stakeholder organisations. These included: Wigan Council’s Wellbeing Programme, Healthy Workplaces network, Healthy Routes service, The Brick (homeless project), Age UK Wigan Borough, Wigan Council Homes Age Well programme, Gearing Up volunteer network, Wigan and Leigh Pensioners’ Link, Trust in Leigh, Leigh Neighbours programme and ‘As in Eden’ (organisation supporting vulnerable and older adults).

**e) Training for facilitators** – A training programme was devised to support the facilitators in their planning, delivery and evaluation of the programme. The one day training was delivered by colleagues from NHSG (Dr Calum Leask), GCU (Professor Dawn Skelton), and LLT (Bob Laventure) and focused on embedding a co-creation approach as well as gaining a wider understanding of the research and evidence around strength and balance exercise. Additional training and support for facilitators was provided by the 3KQ representative in advance of the programme and through direct input and involvement at specific sessions of the engagement programme.

**f) Venues for engagement** – Different venues options were explored to ensure accessibility from different parts of the Borough alongside testing the suitability of a leisure centre location alongside a community facility. In terms of location, the leisure centre venue - Robin Park Sports Centre (Collaborate Room) - was proposed for those aged 50-65 years (Mondays, 5:30pm – 8pm) whereas a community setting - Leigh Miners Welfare Club (Parsonage Room) – was used for the 65+ group (Tuesdays, 10:15am – 12:45pm).

**g) Promotion of the engagement programme** – The project advisory group developed an initial marketing brief to support recruitment. The Leisure Trust marketing lead then worked with a design agency to develop appropriate marketing resources to promote and support recruitment, including the production of an e-flyer (see Appendix 5). Alongside promotion through the network of local stakeholders identified, the programme was also promoted through the social media channels, Facebook and Twitter.

### **3.3 Recruitment of participants**

It was our ambition to recruit up to 24 participants onto the programme – with the goal to attract 12 participants aged 50-65 years for the pre-retirement group and 12 participants aged 65+ for the 'post-retirement' group.

With the younger group our goal was to primarily recruit involvement through workplace links (and general promotion) although we were also keen to involve those not currently in employment too. With the older post-retirement group our goal was to principally recruit interest through stakeholder groups, community networks and general promotion.

To attract participants, we highlighted the benefits of taking part including:

- increased learning through engagement with science
- new skills and associated responsibilities acquired through the co-creator role
- the opportunity to influence change, and
- the opportunity to improve health and wellbeing.

To further support recruitment and to increase benefits and impact, all participants were entitled to, and encouraged to use, a free physical activity tracker as well as a free annual leisure membership as an incentive and as a means of checking the effectiveness of subsequent changes to the services provided.

To support the marketing of the programme, an e-flyer was used, alongside an accompanying 'participant information sheet' and expression of interest form (see Appendices 5, 6 and 7). Places were allocated following review of completed 'expression of interest' forms, supplemented by a purposeful sampling approach (19) to ensure that participants engaged were representative of the end-user population (including activity status, gender, age, socio-demographic profile, etc). With the exception of the requested age bands, there was no other specific inclusion or exclusion criterion to take part in the

programme (although participants who chose to take part in accompanying physical activity sessions needed to meet the health-related inclusion/exclusion criteria). No specific consent was requested to take part in the programme (see 2.4) as this was considered a 'service improvement' project rather than a 'research' project.

### **3.4 Delivery of the co-creation engagement programme**

The engagement programme was delivered between April and July 2018 and consisted of 10 workshop sessions for both groups (see Appendix 8). Each session was 2.5 hours in duration (with breaks). Both groups were supported by three facilitators, as well as involving session input from the academic partners and experts in this area of science and engagement. Alongside the session input, participants were encouraged to undertake short homework tasks.

Key principles were adopted throughout the facilitation of the programme to support the co-creation approach. Specific branding was used to identify the group ('*New Tricks Research Group*'), support the development of ownership and give it a sense of belonging and purpose at an early stage (20). The first few weeks were then fairly structured in providing background and research information to assist in up-skilling the groups as well as allowing time for those involved to 'settle in', feel comfortable (with working with others) and develop a greater sense of ownership. Throughout the programme the facilitators looked to support the co-creation process using different methods including 'ranking exercises' (to prioritise tasks or preferences), 'reviewing the previous evidence' (used as a way to upskill) and 'stakeholder engagement' (an informal form of snowball sampling to increase the number of perspectives that this project reached). An iterative approach was also used revisiting key themes from one week to the next and enabling the group to identify what was really important overall over the duration of the engagement programme. Activities were typically done in small groups and then fed back as a larger group to ensure people gained confidence in actively contributing as part of the group. This was supported by reviewing participant evaluation feedback after every session as well as through facilitators reflecting on the effectiveness of the engagement approach from week to week.

### **3.5 Feedback and data collection / analysis**

Throughout the engagement programme the facilitation team documented the contributions and reported learning from the participants. Feedback was captured through group discussion, working in pairs, small groups or individually. Participants shared feedback verbally (captured on flip chart), on post-its / flip chart or through questionnaire completion. Sometimes this involved presenting ideas or experiences to assist discussion, or it might have involved 'ranking' or prioritising from information shared. The reported feedback was either summarised at the end of the session or shared with the groups at the next or subsequent sessions – the purpose of which was to ensure that an accurate version of events had been captured.

In terms of identifying the key recommendations and ideas for improvement, the primary objective of this programme was to capture feedback from participants that addressed the following themes:

- how the promotion of physical activity guidelines could be improved at a local level
- how leisure trust services could be improved or re-shaped to meet needs
- how leisure services could be better promoted.

Their responses were further prioritised and revised by the participants through individual homework tasks and group discussion sessions.

As a secondary objective, we were also keen to understand if participants had experienced any learning or 'lightbulb' moments as a result of their involvement in the programme (and in particular as a result of their engagement with the science and research). Alongside capturing a weekly record of participant feedback (see results Section 3.5), we were also keen to identify if key experiences or learning 'stuck out' for them as a 'light bulb' moment (see results Section 3.4).

Further feedback from participants was used to assess:

- The levels of awareness (and any changes in awareness) around scientific evidence – for example, to assess the level of understanding around the physical activity guidelines and associated knowledge. In addition, levels of awareness of the national physical activity guidelines were captured by participants of their peers. Levels of awareness of these guidelines with leisure trust staff were also captured for staff attending a 'strength and balance' workshop.
- Physical activity levels (measured through the single item questionnaire and International Physical Activity Questionnaire or IPAQ). A copy of the both questionnaires are attached in Appendix 9
- Strength and balance fitness/capabilities (measured through the Functional Fitness Test MOT – see Appendix 10).
- The level of satisfaction with the engagement programme and any specific feedback on a session by session basis (including feedback on using leisure facilities and free garmin monitoring device). A copy of the participant evaluation questionnaire is attached in Appendix 11.
- The experience of facilitators after leading each session. Facilitators completed a short questionnaire after each session to review on how it had gone and to reflect on any learning and/or changes that might be required at future sessions. A copy of this form is attached in Appendix 12.
- Commitment and ownership by the group. This was assessed by attendance and retention rates of participants on the programme.

Following completion of the engagement programme, qualitative content analysis on feedback has been used to identify key themes using methods similar to those by GCU and partners (13, 21). In terms of where specific data was collected (e.g. physical activity behaviour) relevant analysis has been used to report findings. As a service evaluation study, no ethical approval was required in advance of undertaking this engagement programme.

## **4.0 Results**

### **4.1 Participant profile**

Over 80 enquiries were initially received from potential participants. This resulted in 44 applications for 24 places. There were 24 participants recruited onto the programmes – equally split between the two groups (50-65 years and 65+ years groups). The profile of these participants is reported in Table 1. Social media promotion was particularly effective in reaching large numbers and promoting the programme (please see Appendices 13, 14, and 15 for details of social media analytics).

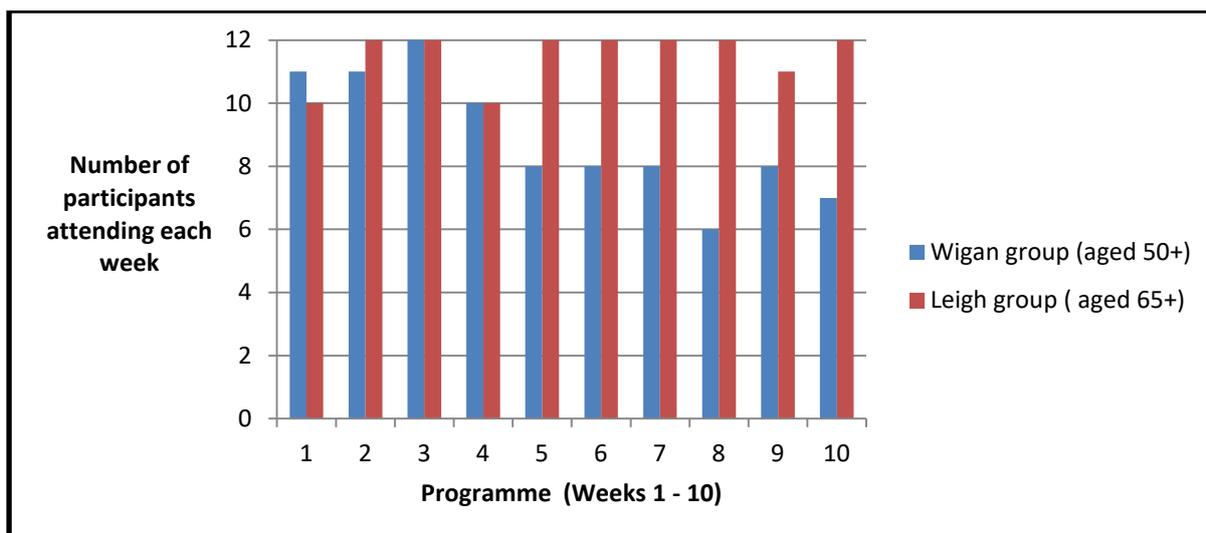
**Table 1. Profile of participants (N=24)**

Characteristics	Number (N)
Gender, N (%)	
Female	14 (58)
Male	10 (42)
Ethnicity, N (%)	
White British	22 (92)
Black British	1 (4)
Asian British	1 (4)
Living with chronic health condition, N (%)	14 (58)
Living with a disability	12 (50)
Physical activity levels, N (%)	
Inactive (less than 30 minutes)	5 (21)
Fairly active (30 - 149 minutes of physical activity per week)	14 (58)
Active (150 minutes of physical activity per week or more)	5 (21)
Socio-economic status N (%)	
Quintile 1 (Least affluent)	0 (0)
Quintile 2	2 (8)
Quintile 3	7 (29)
Quintile 4	6 (25)
Quintile 5 (Most affluent)	7 (29)
Not reported	2 (8)

NB: Socio-economic status defined by postcode (Wigan Borough only). Physical activity levels, as reported by the Single Item Physical Activity Questionnaire (22).

### **4.2 Participant attendance and retention**

The attendance of participants is reported in Figure 1. Within the Wigan group, the average attendance per session was 9, whilst the Leigh group averaged almost 12. Over the course of the programme, retention rate was 92%, with two participants withdrawing from the Wigan group due to ill health and injury.



**Figure 1. Attendance rates of participants**

### 4.3 Participant recommendations for change and improvement

The participants developed recommendations that were synthesised into 3 themes: promotion; recruitment and accessibility. These, along with practical ways to implement them, are reported in Table 2.

**Table 2. Themes and recommendations for change**

Theme	Recommendations
Promotion/ Partnership	Promote and target the physical activity guidelines and programmes available within the Borough Encourage GPs and health and care services to play an active role in promoting physical activity guidelines and strength and balance programmes
Recruitment	Work in partnership to achieve a more joined-up approach ... long-term! Resource training for volunteer champions and an associated outreach programme Employ staff or volunteers to work as older 'Ambassadors' in Leisure Centres and enable age-friendly developments
Accessibility	Improve the accessibility of information about activities available so that people understand the strength and balance benefits Explore different pricing options and incentives for older adults Provide simple exercises that people can do at home or in community settings
Evaluation	Ensure strength and balance programmes are accessible and tailored to different needs Evaluate strength and balance programmes as well as wider community awareness

*A full copy of all the recommendations discussed within both groups is attached in Appendix 16*

#### 4.3.1 Promotion/Partnership recommendations

##### **Promote and target the physical activity guidelines and programmes available within the Borough**

Both groups identified the need for improved promotion of the physical activity guidelines and associated targeted and tailored services that would enable community residents to achieve these outcomes. Whilst the focus should be on middle aged and older adults, both groups felt that strength and balance and the wider physical activity guidelines should be targeted across the life-course.

From their own experience, participants had identified that there was no local promotion of the physical activity guidelines. They had visited GP Practices, pharmacies and leisure centres and saw no evidence of the guidelines being promoted (this reflected a limited steer on promotion of the physical activity guidelines at a national level since their launch in 2011). The Leigh group identified the need to use a variety of positive images to represent older people ('don't pigeon-hole older adults') as well as infographics to simplify guidelines, whilst the Wigan group highlighted the importance of keeping the message simple, tackling people's fear about exercise and using real life case studies that people could relate to.

The Wigan group emphasised that the physical activity guidelines should be posted everywhere and included in the Borough Life magazine as a different feature in every edition. Both groups were also keen to see the guidelines promoted within a range of different settings (beyond leisure centres) including GP Practices, pharmacies, hospital outpatient and physiotherapy departments and anywhere with a 'waiting area'. Other suggestions included supermarkets, community centres, post offices, hairdressers, on buses and trains, as car stickers (to put in cars) and as leaflet drops in targeted communities (e.g. sheltered housing and bungalow communities). The Wigan group felt that a partnership '*with Tesco, Asda or a local business*' might provide a way of meeting the costs of any promotional campaign.

The Leigh group recommended that targeted promotion could be aligned closely to the work of the volunteer outreach programme (if funded) with ideas for a co-ordinated programme of fun events in shopping centres and other public locations including intergenerational activities and mini competitions. The Wigan group proposed that a bus touring the borough could be used to visit parks, estates, sheltered housing, bungalow communities, care homes, etc., giving demonstrations and taster opportunities of strength and balance exercises. The Leigh group emphasised the importance of publicising what is already available – "*as a group we were amazed and surprised by the number and range of places and activities for all age groups and abilities*".

As a final suggestion on promotion the Leigh group proposed that the New Tricks participants could be involved in the production of a DVD filming the facilities and classes, acting as 'role models' for older non-active people and showing the real experience of using these services. The recordings could also include practical exercises that anyone could do at home to improve their strength and balance. The DVD could be available for individuals or promoted through groups (e.g. sheltered housing).

*"Until last week I didn't know there were any government guidelines for physical activity – I'm surprised by the emphasis on strength"*

*"The guidelines were a surprise to me, didn't know they existed and the contents'  
'The guidelines are not known by many – physical activity guidelines should be promoted everywhere"*

*“Shocked by the physical activity guidelines and how I nowhere near met them and how easy it is to do them at home”.*

*“We need eye catching posters!”*

*“I hope the suggestions everyone of the group has made don’t fall on deaf ears. I personally suggested the leaflet drops to bungalow estates and sheltered accommodation in the borough. I would volunteer to do a leaflet drop if you want”.*

### **Feedback from stakeholders on this recommendation:**

*“We are keen to continue engagement with the group on wider PA consultation and insight – e.g. development of wider programmes; resources; bring them into Wellfest and other promotional / engagement events to share their learning and promote key messages. We are keen for them to be Age Well Champions if they are willing to be contacted in the future. Is there an interest in linking in with other consultation groups – e.g. GP patient participation groups?”*

*As discussed at the feedback session in December there is existing work going on in care homes e.g. active care homes; sheltered accommodation settings e.g. ‘Oomph sessions’; functional MOTs; active later life sessions already being delivered. We are also working on a digital offer to try and connect sheltered schemes to have joint virtual activity sessions.*

*Public Health have previously run the health bus and market stalls that included all the lifestyle providers. We will continue to promote where appropriate and will promote the programme and outcomes in key resident and staff communications.*

*Promotion in clinical settings is challenging. Physical activity is only one element of what health professionals need to know and there are a range of providers. We will continue to promote our services in as many ways as possible including leaflets in receptions, adverts on the screens in waiting areas, staff training (Physical Activity Clinical Champion), offering to deliver Functional Fitness MOTs in the practices, attending practice meetings, working with the CCG, work to get onto clinical pathways, newsletters and presenting at the nurses’ forum.”*

### **Encourage GPs and health and care services to play an active role in promoting physical activity guidelines and strength and balance programmes**

The Wigan group felt that there needed to be a particular involvement of GPs in the promotion of physical activity guidelines and publicity for strength and balance programmes. In addition, they felt that GP’s need to be more specifically involved - *‘it needs to be a practice approach, not just relying on the practice nurse’*. They were additionally keen to see the inclusion of the Functional Fitness Tests as part of the Health Checks programme. The Leigh group were keen to see awareness training for health professionals around the physical activity guidelines (in light of the fact that a recent study highlighted that only 20% of GPs nationally were aware of the guidelines). The aim of this training would be to bring about a culture shift as well as supporting the development of a clear patient pathway and consistent referrals into the volunteer outreach programme (if funded).

*“GPs never mention physical activity – they should be more aware”.*

*“I haven’t seen them (the physical activity guidelines) displayed on the TV screens in the Doctors waiting area – is this a missed opportunity?”*

*“GP doesn’t tell us it’s better than tablets”.*

*“There was a three week delay – problem with GP referral. The doctor has 2 surgeries and failed to send my physical activity referral form”.*

*“Other staff should take on the role of referring for physical activity.”*

### **Feedback from stakeholders on this recommendation:**

*“Feed into the strategic falls prevention group – which incorporates a range of key primary and secondary care professions.*

*Falls is considered a key priority as we are an ‘outlier’ with regards to 65 years plus admissions to hospital for injuries due to falls. We will use this insight work to feed into the developments of future falls prevention services.*

*Adult Social Care and Health – link with our primary care colleagues as to what is the best mechanism for feeding this back to GP’s in a meaningful and appropriate way.*

*We are also implementing the removal of the need for clinical forms - this will take out a barrier to accessing programmes.”*

### **Work in partnership to achieve a more joined-up approach ... long-term!**

The Wigan group felt that there needed to be a more joined-up approach between Wigan Council, Inspiring healthy lifestyles and health care services (GP’s in particular) to promote healthy living and actively promote the benefits of the physical activity guidelines. Both groups reflected at the last session on the need for joined-up working and a commitment from stakeholders to make changes. A number of the participants re-iterated their willingness to be involved and to support the implementation of recommendations. A follow-up meeting with both groups (together) was planned for early December 2018 to receive an update on what progress has been made by stakeholders and what further plans will be taken forward.

*“I would like a commitment from stakeholders and would like to highlight Wigan Boroughs poor health stats”.*

*“We hope this is not just a 10 week course and that our ideas will be considered and used to shape things in the future”*

*“In 12 months’ time what will you have in place to make this all worthwhile?”*

*“The movement also needs to be from us not just the stakeholders”.*

*“We would like to meet up as a group in 6 months time to see where everything is at and what the stakeholders have done”.*

### **Feedback from stakeholders on this recommendation:**

*“There is a lot of good work going on currently and we have an excellent collaborative approach amongst partners.*

*There is a system wide approach to the transformation of falls prevention services. It is acknowledged that the key components of effective falls prevention are in place; however they may not currently be as streamlined and effective as they could be. There are strategic and operational groups undertaking this work which feed into the wider quality assurance and governance structures.”*

#### 4.3.2 Recruitment recommendations

##### **Resource training for volunteer champions and an associated outreach programme**

This idea was proposed by the Leigh group and focused on developing an outreach programme for volunteer champions who could visit different settings within the community to promote (and maybe lead) physical activity and other health and wellbeing initiatives. The group proposed a programme of outreach practical taster sessions in shopping centres, sheltered housing schemes, residential homes, and with other community organisations including the YMCA, Rotary, Lions, Soroptimists, Salvation Army and U3A. This programme would need to be resourced and the group were keen to explore local funding opportunities – stressing, though that any such funding would need to directly resource this programme and not expect a financial return (savings would come through improved health and wellbeing outcomes). The group were keen that this would be resourced for at least 3-5 years and could work alongside existing 3<sup>rd</sup> Sector groups to add value and maximise existing services available. Volunteers could initially be recruited through the New Tricks research groups. Resources would be required to co-ordinate and support the volunteers, as well as provide training.

*“I would like to share information with other groups in the borough (PPG; U3A; Salvation Army)”*

*“I have shared my learning - telling others of simple exercises they can do within the home and handing out resources to help this, this had a positive effect”.*

*“I am sharing the knowledge of simple chair based exercises - with a church group at a session soon”.*

##### **Feedback from stakeholders on this recommendation:**

*“We agree with the comments made above. It is key to ensure that volunteer opportunities link more broadly than the Inspiring healthy lifestyles (IHL) offer for example linking with amateur sports clubs, the ex-armed forces hub, ‘friends of’ groups for parks, etc.*

*Suggested options could include:*

***Non-funded:*** Collaborative work between Wigan Council and IHL to support the development of an information pack for volunteers to promote with different groups. This would allow flexibility to be involved when volunteers were able to be – with no specific commitment to provide monitoring data to a funding organisation or to prove sustainability.

***Funded:*** We are committed to trying to identify grant / funding opportunities. This would require participants becoming a constituted group to submit any bid and would likely incur more time commitment, monitoring and budget management.”

##### **Employ staff or volunteers to work as older ‘Ambassadors’ in Leisure Centres and enable age-friendly environments**

Whilst the Leigh group had focused on an outreach function for volunteers, the Wigan group had identified the need for the development of an older ‘ambassadors’ programme within the leisure centres. Their proposal was that Inspiring healthy lifestyles should employ more older staff or volunteers to work within the gyms and other exercise and fitness programmes – as it was felt that they would have a better understanding of the needs of their peers as well as be able to act as role models to encourage new participants. It was also felt that the involvement of older ambassadors could positively influence the approach and practice of other staff working within the facilities, and support other ‘age friendly’ improvements (in

particular, the choice of music and volume within the gyms). This idea had emerged through the Wigan group's experience of using the Inspiring healthy lifestyles gyms and other classes over the duration of the engagement programme. They proposed seeking out people who have a lifetime of fitness behind them as well as identifying people who have got fitter in later life and can demonstrate the health benefits they have achieved. If volunteers rather than paid staff were recruited to be older ambassadors, then an offer of rewards and incentives should be implemented to acknowledge their contributions.

The Leigh group had independently also identified the need for training of exercise and fitness instructors to become more age-friendly (in their language and communication) and to be good role models. Both groups felt that the current gym staff could be more attentive to customer needs. The importance of 'age friendly' services was a continued theme within the Wigan group highlighting the challenges of accessibility and adaptability of programmes.

*"Older people sometimes feel out of place at the gym. Need to make them more welcoming".*

*"I would like emphasised the importance of having age friendly leisure staff-who are supportive and help with using equipment (we don't have so many at the moment)".*

*"All promotional pictures are of young, muscly people – no role models"*

*"They need to offer times when there is no music or 50+ friendly times (to encourage interaction)".*

*"I was in the gym last week and there was a hue and cry, almost a mild uprising, by quite a few older people about the 'racket' from the PA system. One gentleman had to take out his hearing aids to cope."*

#### **Feedback from stakeholders on this recommendation:**

*"There are currently a number of funded programmes which support older people: programmes that support those with health conditions or disabilities. Is it the case that we need to increase awareness of these or do we need to improve the accessibility in the venues and look at the wider offer following the initial support through funded programmes?"*

*Whilst we would positively encourage older applicants for roles within our health and fitness facilities we base recruitment on attributes of qualifications and experience rather than an applicant's age. The leisure industry tends to attract a younger applicant due to the nature of the work and based on the qualifications they are studying for and for this reason we believe the volunteer option is more achievable in the short term.*

*Both the Council and IHL support the development of age awareness sessions for staff and this could be included within the Deal Training that is currently being rolled out to staff. We are also committed to completing a review of activities for older people within our leisure centre programme and are keen to involve the participants of the S&B offer to be involved in this process and the planning of how any changes could be implemented.*

*During 2019, we are looking at piloting new equipment in our gym facilities that is targeted at improving strength for an older age demographic. Again, we would welcome input from this cohort / feedback sessions.*

*Following the feedback from the report we have run two major health and fitness marketing campaigns using imagery of an older age cohort. These campaigns have been successful (detailed feedback was provided at the feedback session in early December) and we will continue to use 'real people, real results'. We fully support age / life course appropriate imagery and marketing plans.*

*We are keen to carry out some insight / consultation work with users around the gym setting. For example, looking at times of use by older adults and whether people prefer quieter music, set times of specific music, quieter times or 'bring your own headphones hour' options. We plan to include this in our customer survey during 2019. A buddy system also links into the recommendations by BIT, as well as welcome invites, letters, texts coming from an older person like them, not staff."*

#### 4.3.3 Accessibility recommendations

##### **Improve the accessibility of information about activities available so that people understand the strength and balance benefits**

Amongst their key priorities both groups identified the need to improve the accessibility of high quality information around the physical activity programmes and services available, as they felt that the current Inspiring healthy lifestyles website was very limited. Through engagement in the programme the groups recognised the challenges of getting the right level of information and the complexity that might accompany this. The Wigan group emphasised the importance of keeping the information simple, fun and friendly (maybe use cartoons). The Leigh group proposed an approach to provide a "*simple to navigate layered way of accessing information - i.e. just enough information initially so that people aren't overwhelmed, but an easy way of being able to find out more information*". This approach could be achieved effectively through an online version, but should also be available as a hard copy for those people (not just older people) who don't have access or can't easily access or navigate the internet and computers. A non digital version doesn't have to mean extensive print-runs but rather the facility (and willingness) for services to print off a copy when asked ("*at the moment we are just told to go online to access information*").

With regards to an online version, both groups felt the use of video clips of activities would be really useful in helping people understand what the class was about as well as helping them to assess the intensity of activity. Aligned to the targeted promotion priority of developing a DVD, the video clips could be captured and demonstrated by 'New Tricks' group participants - providing more age specific role models. The production of the DVD could also provide an alternative option for 'non digital' audience to access this practical support.

Central to improving the quality of information available, both groups were keen to see the introduction of a grading or rating system (such as a traffic light, star rating or tick system) so that people could understand the strength and balance benefits and other health benefits of the different activities and programmes on offer. Alongside the participants' own experiences, this idea built upon the presentation from Professor Jamie McPhee, as well as the practical resource idea developed by Professor Dawn Skelton and Bob Laventure (see Appendix 17).

##### **Feedback from stakeholders on this recommendation:**

*"There is scope to significantly improve the website. Resource has been dedicated to completing this during 2019. We are keen to gain feedback on design and content and any members of the group willing to be involved in this project are welcomed.*

*I-Roam already provides a virtual tour of leisure centres which are available online and provide people with the opportunity to explore a site prior to attending. This will be rolled out across the portfolio of facilities. We also support the suggestion of filming sessions in the*

venues so people can experience before they attend what they can expect. Inclusion of a difficulty / and benefits grading can be added onto the website for each type of class following the update of the site.

*Professor Dawn Skelton and Bob Laventure were able to deliver a strength and balance workshop for our staff. The idea was to look at how these elements could be added into gym programmes and classes – including specialist sessions. Invites went to the Weight Management and Physical Activity contract managers and our Health and Fitness development officers. A range of instructors attended and staff found it beneficial. Information from the session will now be rolled out.”*

### **Explore different pricing options and incentives for older adults**

Another key priority for both groups was to see more imaginative approaches to the pricing options for leisure use, including incentives through regular participation. The Wigan group felt that older adults miss out – they used to have concessions, but not anymore. The group were keen to see if Inspiring healthy lifestyles could experiment with different pricing options for targeted sessions for older adults (*‘there should be heavily discounted or free membership for pensioners to use the gyms at quiet times, when few people are in’*). In terms of other options, it was suggested that reduced priced sessions could be made available linked to having a loyalty card (*‘better discounts, the more often you attend’*) or even offering a discount to members who encourage someone else to sign up. The group felt strongly about the need to try and incentivise people to become more active (*‘It’s not enough to just tell them about what’s available’*).

The Leigh group similarly suggested discounted membership for those on benefits and rewards for people who have reached a level of physical activity participation (similar to incentives used by Slimming World). They also suggested ‘promotion months’ where people could try out different activities for free (i.e. those activities that help improve strength and balance).

### **Feedback from stakeholders on this recommendation:**

*“Customers are encouraged to take out a ‘Lifestyle Card’ which provides a range of benefits including a concessionary pricing scheme. Incentivisation is included on the recommendations from BIT and we are committed to reviewing this whilst needing to be considerate of the business model.*

*The lifestyle+1 card for carers provides free swimming and gym while they are in their caring role.*

*A number of programmes are provided as free opportunities – e.g. walks, cycling.”*

### **Provide simple exercises that people can do at home or in community settings**

Both groups had been encouraged by the input from Professor Dawn Skelton and Bob Laventure on simple activities that you could do at home and felt that this was an important idea to share more widely. These activities could help to increase confidence and steadiness, or indeed could be done if people could not attend specific activities because of time commitments or did not want to visit the gym. The Leigh group suggested that the local offer needed to include simple exercises that could be easily built into the daily routine

(“standing on one leg whilst cleaning your teeth”) as well as have access to the provision of free resources (“simple activity aids, stretch bands and hand squeeze balls for everyone!”) and practical guidance on how to do the exercises and use any accompanying equipment. Such activities could be promoted or available in GP surgeries, sheltered housing and care homes – so that everyone could achieve some sort of strength and balance activity.

*“My light bulb moment was Dawn’s information – how we can do simple everyday activities to improve our strength and balance”*

*“How simple it is to do strength and balance exercises at home”*

*“I’m now using the information that Dawn has provided (doing chair raises and rinsing the dish cloth)”*

*“I think we should strengthen a workplace offer - with people of their own age informing others of the benefits of physical activity”.*

### **Feedback from stakeholders on this recommendation:**

*“Booklets are already available online from Later Life Training:*

*<https://www.laterlifetraining.co.uk/llt-home-exercise-booklets/>*

*They are designed to be used by appropriately qualified PSI Instructors with participants. We already do this in Active Later Life with our home visits with a band for free, and at a cost for those attending the groups. This is to cover costs as we have a glossy print with a branded IHL cover/back page.*

*We will explore producing a scaled down version with simple messages that doesn’t require the input of appropriately qualified instructors, with general advice which also signposts people to our services. There would be a cost implication. Again, the ambassadors could be involved in the production of this and made available to be downloaded from our website.”*

### **Ensure strength and balance programmes are accessible and tailored to different needs**

The Wigan group identified that most targeted physical activity programmes for older adults or people with chronic health needs only take place in the day time – there needs to be more opportunities available in the evenings and at weekends for people with work commitments. Sessions should also be more widely available in community locations (not just in leisure centres) and be accessible offering car parking and close proximity to bus routes.

With regards to accessibility the Wigan group highlighted the difficulties with key pad access to gyms for people with visual impairments and the availability of toilet facilities in areas within certain centres. In terms of adaptability they emphasised it was important to ensure there were enough adapted activities to be accessible by the majority of older people, including those with conditions that make it difficult for them to engage in some mainstream activities.

Finally the Leigh group felt there was a concern that people with certain disabilities or long-term conditions might not be able to find activities that are suitable (due to their limitations) to address their strength and balance needs – the tailoring of activities needs to be considered in the provision of local programmes.

*“Frustrated at the lack of evening classes. Most classes during the day – can’t attend due to commitments”.*

*“Prefer to go local but evening sessions are not available”.*

*“Times of sessions can be a barrier”.*

*“It took 30 minutes to get into the gym due to codes and security - then once you’re in you can’t get out!”*

*“Several of IHL’s adapted sessions don’t actually run (e.g. Wheelchair Rugby) or they’re just a time limited period for each individual. IHL should make more activities ‘inclusive’ so people with a range of disabilities or conditions can join their friends in an activity and not be sidelined”.*

#### **Feedback from stakeholders on this recommendation:**

*“Agreed - we need to look at this as a wider review of our offer as discussed elsewhere.*

*The Council will act to ensure quality assurance as commissioner to assess that IHL are offering/making their services available to the public at the right time and place.”*

#### **4.3.4 Evaluation recommendation**

##### **Evaluate strength and balance programmes as well as wider community awareness**

The Leigh group felt that Inspiring healthy lifestyles needed to evaluate how well the current strength and balance offer met the needs of existing participants (after 6-12 months), as well as how effective they were at engaging with people who don’t currently take part in activities. They also felt that there should be ongoing consultation with people who both attend and drop out of the programmes to find out what influences their decisions.

The Wigan group felt that it would be beneficial to do a survey with local residents to measure if there had been any change in awareness around knowledge of physical activity guidelines and programmes available.

*“There should be ongoing evaluation of all activity programmes of their effectiveness and who attends them ... the big challenge is to engage with people who don’t currently take part in any activities”.*

#### **Feedback from stakeholders on this recommendation:**

*“Wigan Council commissioners will work with IHL to review current performance and the evaluation model and look to make the changes as identified and agreed by all parties.*

*It is worth noting that evaluation already happens in the Active Later Life programme which is a strength and balance offer. That is a falls prevention programme. The language is confusing, and I think the report should say strong and balanced offer to differentiate the two.”*

#### **4.3.5 Feedback from stakeholders on the recommendations overall:**

*“We would like to thank participants for their contribution – it has proved to be a great project that gives us rich insight into shaping the Age Well Strategy for the borough and how services are commissioned.*

*The feedback provides us with key learning opportunities and a number good suggestions in respect of how we can make changes and what we can achieve in the short and long term – many of which need further exploring and potentially resources to support their achievement.*

*The final recommendations / report will be shared with relevant committee meetings across all stakeholders as well as with our staff including those working in leisure centres and gyms, our reception staff and our other sport and activity delivery staff.*

*We are keen to explore the enthusiasm of the group to remain involved and the wider ability of volunteers to help us achieve relevant recommendations. For example the recruitment and physical activity promotion recommendations have the potential to be combined into a larger project as they have natural synergies. This would allow the use of the peer mentor model to expand the existing volunteering opportunities and recruit volunteers to deliver outreach and promotion – this could include Functional Fitness MOTs and the ‘ambassador’ role in the leisure centres. This would require a designated co-ordinator function for recruitment, training and organisation and an ability to fund the costs associated with volunteering (e.g. expenses). An outreach programme would need a volunteer co-ordinator, training and guidance to do this successfully. The co-ordinator could also lead on staff training and making our centres/programmes age friendly with the support of the ambassadors. At present there is no funding to directly support this.”*

#### **4.4 Awareness of physical activity guidelines**

Participants’ knowledge of the physical activity guidelines at the start and at the end of the programme are reported in Table 3. Overall, awareness increased on most constructs after 10 weeks, with more individuals specifically able to identify frequency of strength and balance guidelines. This increase in awareness was potentially lower than anticipated in light of the promotion of the guidelines at various points in the programme. However, it is worth noting that the awareness questionnaire only focused on frequency of activity rather than, for example, the different types of strength and balance activity undertaken, which was more of specific focus in key sessions.

In addition to exploring the awareness levels of participants, we also asked those on the programme to share the questionnaire about physical activity guidelines with their peers and their feedback is collated in Table 4. Interestingly the awareness of strength and balance guidelines amongst peers was higher than that of participants – this may have been influenced by the involvement of a group of older exercisers’ (part of one exercise class) within the peer response.

We also shared the questionnaire with key leisure trust staff prior to their attendance on a ‘strength and balance’ training course (levels of awareness are reported in Table 5). About half of this group were involved in delivering targeted strength and balanced programmes, whereas other personnel worked within the leisure trust gyms. This highlights the need for regular reminders to all leisure staff about the guideline recommendations across all age groups.

**Table 3. Changes in awareness of physical activity guidelines**

Construct	Baseline		Follow up (10 weeks)	
	N Yes (%)	N No (%)	N Yes (%)	N No (%)
Did you know there were guidelines on physical activity?	12 (55%)	10 (45%)	11 (73%)	4 (27%)
Were you aware there were strength and balance guidelines?	5 (31%)	11 (69%)	8 (73%)	3 (27%)
Correctly identified aerobic fitness guidelines (minutes)	6 (27%)	16 (73%)	11 (73%)	4 (27%)
Correctly identified strength guideline (frequency)	2 (10%)	18 (90%)	7 (47%)	8 (53%)
Correctly identified balance guideline (frequency)	1 (5%)	19 (95%)	4 (27%)	11 (73%)
Correctly identified reducing sedentary living guideline	10 (50%)	10 (50%)	7 (54%)	6 (46%)

NB: Constructs derived from CMO Physical Activity Guidelines, 2011

**Table 4. Awareness of physical activity guidelines – peers**

CMO Physical Activity guidelines	Yes (%)	No (%)
Did you know there were guidelines on physical activity?	64 (52%)	59 (48%)
Were you aware there were strength and balance guidelines?	26 (30%)	61 (70%)
Correctly identified aerobic fitness guidelines (minutes)	37 (30%)	86 (70%)
Correctly identified strength guideline (frequency)	36 (31%)	86 (69%)
Correctly identified balance guideline (frequency)	30 (26%)	92 (74%)
Correctly identified reducing sedentary living guideline	38 (31%)	85 (69%)

**Table 5. Awareness of physical activity guidelines – leisure staff**

CMO Physical Activity guidelines	Yes (%)	No (%)
Did you know there were guidelines on physical activity?	16 (94%)	1 (6%)
Were you aware there were strength and balance guidelines?	14 (88%)	2 (12%)
Correctly identified aerobic fitness guidelines (minutes)	13 (76%)	4 (24%)
Correctly identified strength guideline (frequency)	8 (50%)	8 (50%)
Correctly identified balance guideline (frequency)	9 (56%)	7 (44%)
Correctly identified reducing sedentary living guideline	8 (50%)	8 (50%)

#### **4.5 Changes in participant physical activity levels**

A summary of changes in physical activity levels between session 1 and 10 using the International Physical Activity Questionnaire (IPAQ) is included in Table 4. Of the 15 participants who completed follow-up assessment, one-third of these reported increases in their physical activity category. Notably, two participants moved from being classed as lightly active at baseline, to highly active at 12 weeks. Data on step-count using the Garmin Vivoki is available as supplementary material (see Appendix 19). For those using the Garmin device, everybody increased their activity level from baseline, with 40% of the group (n=15) increasing their volume of steps by at least one fifth. Baseline data was not available for those using pedometers.

It should be noted that the primary aim of this project was not to increase physical activity levels, however it was deemed valuable to monitor as a discussion tool to explore perceived facilitators and barriers to engaging during the sessions.

**Table 4. IPAQ physical activity change baseline to 12 weeks**

Baseline CMO physical activity categories (MET minutes/week)	12 WEEK CMO categories				
	<i>Sedentary</i> 0-89	<i>Lightly Active</i> 90-449	<i>Moderately Active</i> 450-974	<i>Highly Active</i> 975+	<b>Total</b>
<i>Sedentary</i> 0-89	0	0	0	0	0
<i>Lightly Active</i> 90-449	1	1	2	2	6
<i>Moderately Active</i> 450-974	0	1	1	1	3
<i>Highly Active</i> 975+	0	0	1	5	6
<b>Total</b>	1	2	4	8	15

#### 4.6 Participant satisfaction of engaging in the process

There was a high level of satisfaction with the engagement programme – reflected in the high level of attendance (85%) and retention (92%) of participants over the duration of the programme.

In addition, the co-creation programme appeared to be very successful in manifesting the ownership within both groups. After the first five sessions, participants began to take a more significant role deciding on the focus of particular sessions (the marketplace event) and then identifying and agreeing their recommendations for local services. They were then responsible for planning and leading the presentation of their proposals to stakeholders. The compilation and prioritisation of recommendations by participants was supported by an identification of their own learning and ‘light bulb’ moments on the programme – offering a real personal insight into their experiences on the programme. A number of the participants had also self-identified different contributions that they could offer at the stakeholder event (from leading the session, to providing a personal journey, a message about ‘not ignoring this feedback’, poems and even a ‘jingle’ – full details of all of these are included in Appendix 20). Finally at the last session both groups re-affirmed the need for stakeholder action as well as a number of the members offering their support in helping stakeholders to achieve the ideas that they had recommended.

*“I would like a commitment from stakeholders and would like to highlight Wigan Borough’s poor health stats”.*

*“We hope this is not just a 10 week course and that our ideas will be considered and used to shape things in the future”*

*“In 12 months’ time what will you have in place to make this all worthwhile?”*

*“The movement also needs to be from us not just the stakeholders”.*

*“We would like to meet up as a group in 6 months time to see where everything is at and what the stakeholders have done”.*

As a reflection of the effectiveness of the co-creation programme, there was a very genuine gelling of the participants within the two groups and with the facilitators who led the project over the course of the programme. This was evident, for instance, right from the outset within the Leigh group with the unattended icebreaker of trying to identify the source of the background music playing - this turned out to be one of the participant’s phones, although it took a long time, much searching and shared merriment to find this out. There were many other anecdotes shared by participants that further demonstrated the natural warmth and ease within which the groups came together and worked so positively over the duration of this engagement programme. Whilst this report has attempted to capture the “real energy that was generated in the room”, there is a risk, as one participant commented, “that it may not come across to the reader”.

**Scientific input** – the involvement of Professor Jamie McPhee, Professor Dawn Skelton and Bob Laventure in both the practical delivery with the groups and providing remote support and input throughout the programme was critical to the success of this engagement programme. It is important to note that these academics have considerable experience of delivering scientific information to lay audiences. With regards to the participant experience and learning there were high levels of satisfaction as captured in the session evaluation reports. In addition, participants were asked about their ‘lightbulb’ moments at session eight, and the following are just a sample of some of the responses valuing the scientific input.

*“The lightbulb moment for me was meeting the scientists. All outstanding”*

*“Jamie’s’ graphs and Dawn’s toe walking stuck in my mind; it helped that Dawn was just like us!”*

*“For me it was the background information from the scientists; Dawn was very good at answering questions”.*

*“The presentation from Jamie – the data he showed us was quite thought-provoking. Physical activity becomes more important as we age”.*

*“Facts and figures from Jamie are a bit intimidating, but interesting, particularly that health can be improved”.*

*“Going to take a serious look at my balance – I never realised how important good balance is”.*

*“Really enjoyed Dawn and Bob’s session, both very interesting and knowledgeable. Dawn’s tips on balance stood out”.*

**Improved wellbeing** – Whilst not the primary objective of the programme, making an impact on the wellbeing of participants was certainly the longer term outcome we were hoping to achieve as a result of raising awareness of the benefits of strength and balance, and in improving the resultant service offer. Alongside participant feedback on physical health benefits others also reported the social value gained from being involved in the programme. In addition, some participants also highlighted the importance of dietary advice.

*“I’ve been practising standing on one leg and made improvements as a result”*

*“I have been using dietary information provided by Jamie and this has helped (Jamie went the extra mile!)”*

*"I enjoy the feel good factor- it has given me the incentive to do more".*

*"All of my family are really pleased for me and glad I am doing this programme. I am constantly getting remarks about how much happier I seem to be – also how much weight I have lost. They are encouraging me to keep going and see how far I can go."*

*"The group is very sociable and friendly – it has helped me to build confidence; improved mental health; I will miss attending; it has helped with reducing loneliness"*

**Working together as a group** - From an early stage in the programme both groups grew, developed and worked well as teams – hopefully enabled through the co-creation approach adopted!. There was evidence of participants being respectful and supportive of the needs of others in the group, as well as enjoying their company. Both groups expressed their commitment to continuing to work together – if provided with the opportunity – and had shaped many of their recommendations based on this continued joint involvement.

*"Listening to others here at the group has made me realise how some of my 'issues' are shared by others in my age group – similar barriers and thoughts".*

*"Good to know other people's ideas and points of view".*

*"I hadn't been involved in working in groups before – so wasn't sure what to expect, but it's been a good experience".*

*"We have really enjoyed the sessions and will really miss the social side now it's finished."*

**Disseminating learning** -There was a real commitment from group members to the dissemination of their learning – many of whom were already sharing their experiences with others.

*"I have shared my learning -telling others of simple exercises they can do within the home and handing out resources to help this, this had a positive effect".*

*"Made me think about how it could help from a work perspective – how this can help advise on what's available".*

*"Even though I work in a leisure centre, now when I am selling a gym membership I am telling them double the activities they can get than before I came to this class".*

*"I would like to share information with other groups in the borough (PPG; U3A; Salvation Army)"*

*"I think we should strengthen a workplace offer - with people of their own age informing others of the benefits of physical activity".*

*"I am sharing the knowledge of simple chair based exercises with a church group at a session soon".*

**Increased knowledge** – Many of the participants reported about their increased knowledge and level of understanding as result of involvement in the engagement programme.

*"It's raised my awareness of the physical activity guidelines - there were so many things that I didn't know; and I've put my learning into practice".*

*"Coming into the group I had no idea about strength and balance. I've learned loads about what's available in the area – how to do things"*

*"Enjoyed learning about making small changes; nothing drastic!"*

*"My light bulb moment was Dawn's info – how we can do simple everyday activities to improve our strength and balance"*

*"I'm now using the information that Dawn has provided (doing chair raises and rinsing the dish cloth)"*

*“I knew that physical activity was important but after hearing this from the academics this has made me put it into practice”.*

**Enjoying the programme** – Participants consistently reported how much they were enjoying the programme (this was captured through the session evaluations), as well as feeding back separately on their experiences.

*“Really enjoyed the marketplace. More people should know about the sessions available”.*

*“Really enjoyed the functional fitness tests for strength and balance and have shown and told many people about them”.*

*“Found that being with this group that social skills are important – the more you enjoy your social contact the better your exercises will go”.*

*“We have really enjoyed the sessions and will really miss the social side now it’s finished.”*

### Evaluation summary:

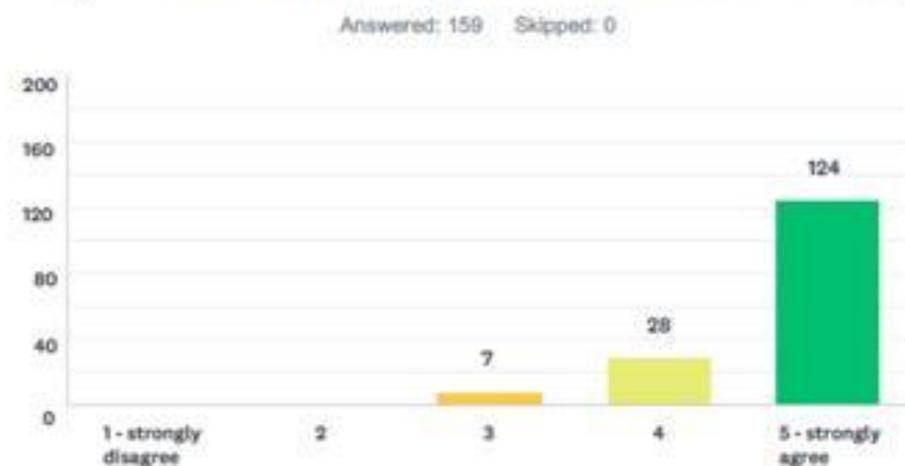
In terms of the overall evaluation feedback,

- 96% Strongly Agreed (78%) or Agreed (18%) that they had gained new knowledge and skills from the workshops.
- 98% Strongly Agreed (90%) or Agreed (8%) that they enjoyed participating in the workshops
- 92% Strongly Agreed (77%) or Agreed (15%) that they were able to contribute to the workshops.

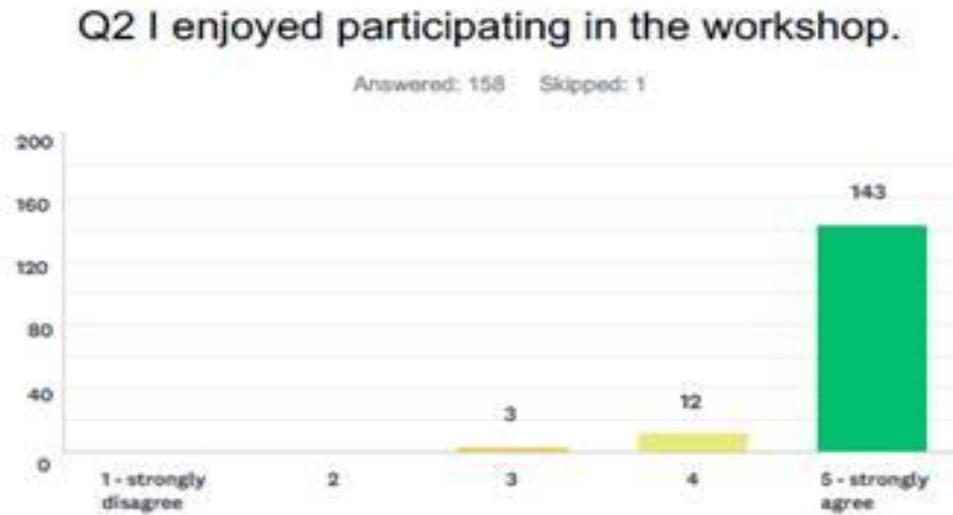
The following tables provide a summary of responses for questions 1 – 3.

**Table 5: A summary of all responses on new knowledge/skills gained from workshops (excluding session 1 and 10)**

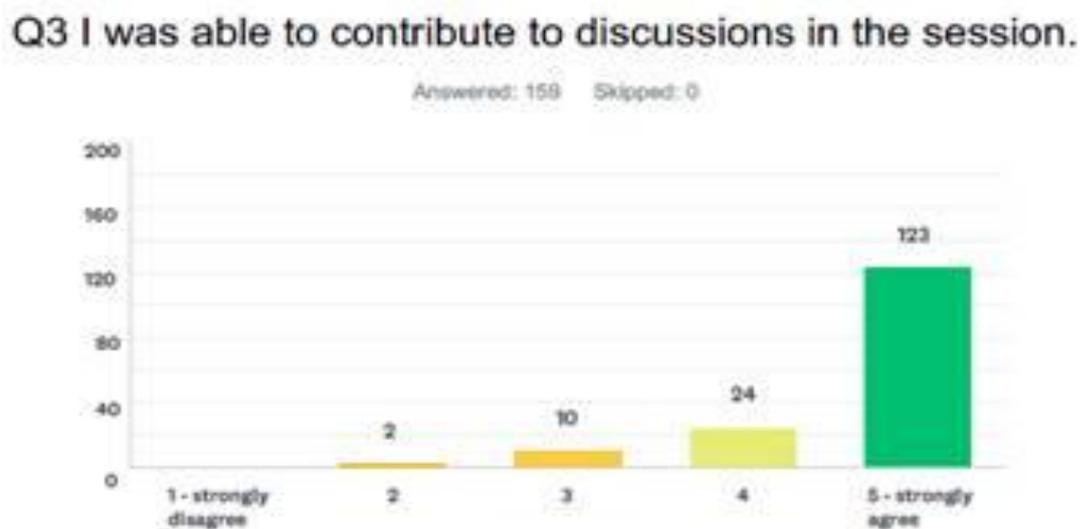
**Q1 I gained new knowledge/skills from the workshop.**



**Table 6: A summary of all responses on whether participants enjoyed participating in the workshops (excluding session 1 and 10)**



**Table 7: A summary of all responses on whether participants were able to contribute to discussions in the sessions (excluding session 1 and 10)**



#### **4.7 Stakeholder events and response to the recommendations**

The stakeholder events (session 9) involved senior managers, commissioners and officers involved in services at a management and operational level. At the Wigan event, the stakeholders were represented by Chris Derbyshire and Jon Wareing (Inspiring healthy lifestyles), Kate Steen (Wigan Council). At the Leigh event, the stakeholders were represented by Chris Derbyshire, Lynsey Johnson and Teri West (Inspiring healthy

lifestyles), Richard Davis-Boreham (Healthier Wigan Partnership) and Emma Edwards and Emma McNamara (Wigan Council).

The overall response is included in section 4.3. In terms of the initial response from stakeholders, Emma Edwards, Commissioner and Programme Manager for Leisure and Wellbeing commented (9<sup>th</sup> July 2018):

*“It is evident that the group have learned much during their time on the course – not only in terms on how physically active they need to be to maintain good health, but also easy ways in which they can undertake strength and balance exercises in their own homes – which they are likely to stick at.*

*A positive result from this work is how the group have formed a close bond and created new friends – one of the key things we are looking to achieve within the adult social care world to connect people, get them out of their homes, participating in activities and reduce the prevalence of social isolation – and it is this type of work and approach that can help us to collectively do this.*

*There is an abundance of energy and positivity in the group, which they need to maintain – they need to agree how they can continue to meet as a group and how they want to spread the word and the messages about physical activity and health. As has been mentioned in a number of emails we can support the group to work with us in an advisory capacity, we can look at how they access training and also funding via CIF and look at what they can do to fulfil their ambassadorial role, supported by IHL and working with other groups across the community to raise awareness of the physical activity/strength and balance agenda.*

*I will be revisiting our visit when I meet with Chris and Lynsey for our contract meeting to look at how we can take on board some of the suggestions and ideas – notably the reward scheme/incentives and to have people in the gyms that can help people to engage and integrate into gym life – which I too have mentioned in the past after feedback from my Dad (who started going to a gym when he retired).*

*I am meeting with colleagues regarding the next round of CIF (Wigan on the Move) and what the priorities are – so I will update you on the details when I have them.*

*We will be meeting as an Age Well team to explore the options and how we can work with the group moving forward. As I mentioned in the session, our local people are our greatest asset and we need to ensure that the services we look to design, develop and invest in are done so in collaboration with our intended users - I like the idea of using the jingles and the images and stories of real people that we can use to promote benefits across the community and in a range of settings”.*

## **5.0 Discussion**

The strong and balanced offer programme was aimed at testing out the viability of engaging middle-aged and older adults around the science of strength and balance exercise, and using any learning to identify recommendations to re-shape the leisure offer and improve supporting guidance about being active at a local level. This was a ground breaking programme as most public engagement around strength and balance exercise had previously focused on falls prevention with older adults (23). In addition this programme was particularly innovative in looking to involve middle-aged adults in discussions around strength and balance exercise. Alongside the primary outcome, there were also secondary objectives, including engaging the public with science, assessing the feasibility of developing these recommendations through co-creation, and identifying whether the co-creation process can increase physical activity and awareness levels of end-user co-creators (participants).

Both the middle age and older groups identified a number of recommendations for making improvements. The key theme of 'promotion' was highlighted as most participants had no idea about the physical activity guidelines, although they were able to offer a range of different ideas which might be useful to specifically target older adults with this information. The lack of promotion at a local level was not surprising in light of the limited steer at a national level since the launch of the physical activity guidelines in 2011. One recommendation included the idea of producing a DVD involving participants from the programme (to promote activities to potential new users) – an approach that has been used effectively by older adults elsewhere in the UK (ROAR programme <http://www.roarforlife.org/stay-mobile-stay-connected/>).

Healthcare was the focus of the second recommendation around promotion and partnerships, with an acknowledgement that this was an important setting for raising awareness and encouraging change with older adults. The low levels of awareness of the physical activity guidelines amongst GPs and health/ professionals in general was a cause for concern and one that participants identified could be addressed through training. The importance of partnership and working together to achieve change was the priority of the third recommendation with an expectation from participants that the stakeholders now had an action plan to consider and implement. Participants recognised that they could have a role to play in supporting the implementation of some of the recommendations too – although this might be dependent on being re-engaged as volunteers by the stakeholders (individually or as a group).

Under the theme of recruitment, both groups proposed the involvement of volunteers in two quite different innovative programmes. The first recommendation from the Leigh group was for the development of a funded outreach programme with older 'trained' volunteers promoting strength and balance exercise across a variety of settings. The Wigan group recommendation focused on bringing older volunteers into the leisure centre environment with the proposed introduction of an older ambassadors' scheme. This idea has subsequently been identified as key priority for the leisure sector by UK Active in a recent report ('Reimagining Ageing' - <https://www.ukactive.com/reports/reimagining-ageing/>). Both volunteer programmes were based on members of the Wigan and Leigh groups getting personally involved – a factor demonstrating the ownership that the participants had for the process.

The key concern under the theme of accessibility surrounded the challenge of getting the right level of information about the programmes and services available. Both groups encountered challenges in navigating the myriad of activities promoted through the Inspiring healthy lifestyles website and the limited information and explanation of what these activities

involved as well as what benefits they might have for strength and balance outcomes. The proposal by both groups of introducing a grading or rating system for activities provided a practical solution that would assist future customers in understanding the value of the different programmes on offer to different components of fitness and health outcomes.

Under the same theme of accessibility the lack of availability of strength and balance programmes in the evenings and at weekends, was key concern for the 50+ group – many of whom were still involved in full-time work commitments with limited access to the specialist programmes available. The affordability of memberships was also highlighted as a priority recommendation to increase accessibility – both groups encouraging Inspiring healthy lifestyles to explore creative solutions around discounting activities at the quietest times, as well as providing better discounts the more often people attend. Moving away from structured provision, both groups really valued the importance of simple activities that everyone could do at home and build into their daily routine. Such activities would need to be promoted, with the support of health and care settings. Finally, in terms of recommendations the importance of evaluation was identified by participants as a priority with the need to build on what works to ensure that programmes are effective.

Whilst increasing physical activity was a personal goal for many participants joining the programme, it was not the primary objective of the engagement activity. Nevertheless, there were positive changes for those engaged, with a third of the reported participants increasing their physical activity category. Although this involved using a self-reported questionnaire with the potential risk of bias, there was also a reported increase in activity levels by those participants using the Garmin monitoring devices - with 40% of users increasing their volume of steps by at least one fifth over the duration of the programme. This increase in activity levels was mirrored by an overall increase in the awareness of the physical activity guidelines. The increase in awareness was potentially lower than anticipated when compared with the qualitative feedback received which might have suggested a higher level of understanding. However, it is worth noting that the awareness questionnaire only focused on frequency of activity rather than, for example, the different types of strength and balance activity - if this had been measured then there may have been a higher increase in awareness levels by the end of the programme.

Despite some initial delays in the preparation phase, the overall development and implementation of the programme went very much to plan. The support and involvement from academic and other partners was considerable and sustained throughout the programme and this was extremely valuable in helping to shape and deliver a quality programme. As well as personally presenting at workshops, partners from Northern England and Scotland regularly inputted into project advisory group meetings - co-ordinated via conference calls. This involvement came with only a very limited contribution to partner costs – enabling the programme to be delivered at low cost. There were definitely pros and cons of having a consultant rather than a staff member leading the programme. Whilst it ensured there was dedicated leadership every week for 1-2 days, not having someone on-site and full-time may have slowed the implementation of the programme (particularly in the preparation phase) and it also put additional pressures on other leisure trust staff. The programme benefitted from having extended capacity for the project lead (2 days per week) during the delivery phase of the programme.

Social media played an important role in ensuring a high response rate for participant recruitment as well as contributing to a varied profile of recruits joining the programme (reflecting the purposeful sampling aspirations), although possibly was less effective in reaching people aged 75+ years. To support recruitment onto the programme, participants were offered a free gym membership, as well as an activity monitoring device. It would appear that the offer of these incentives (particularly the gym membership) may have increased the level of initial interest in the programme. In addition many of the participants

who eventually took up places identified that they had been motivated by this offer and the support to become more active. One disadvantage, however, of offering these incentives was that the focus of the programme may have been misleading to those who joined (under the impression that the engagement programme was purely aimed at supporting people to become more personally active). There was certainly evidence from the early engagement sessions around participant 'expectations' that this may have been the case – however, it was reassuring that despite any misapprehension that participants might have had at the outset, there was continued attendance and active contribution from participants to all the themes explored.

This is the first time a co-creation approach has been used as part of an engagement programme within a leisure setting (following the model advocated by GCU) and there is certainly evidence of it being effective through the delivery of this project. In terms of each participant making an active contribution, the level of engagement for all participants from both groups was very high – participants sharing ideas and feedback at every session. Different methods were used to ensure the widest involvement – enabling participants to contribute individually, to work in pairs, within small groups and as part of the full group. Evaluation forms were used at all sessions (except session 1 and 10). Whilst there were high levels of satisfaction overall, the scoring and comments still helped the facilitators to refine the approach used for subsequent sessions. In addition, the facilitators also completed a post-session review to reflect on how well the planned engagement activities had progressed. This again aided changes and improvements to the programme delivery. Feedback on progress was also shared with the project advisory board at scheduled meetings and via communications. This enabled additional input and support for further session planning.

The varied programme of sessions, including bringing science to the public, was very much enjoyed and appreciated by the participants. The high retention and attendance rates demonstrated the levels of commitment and satisfaction within the programme. The approach was particularly successful in manifesting ownership within both of the groups – evident through the involvement of participants in directing the planning of sessions (the marketplace event), identifying and agreeing recommendations, leading the discussions with stakeholders and re-affirming their on-going commitment and intentions at the end of the programme. As a model approach it could be used again at a local level or within other leisure trust or public sector settings to support the delivery of similar engagement programmes.

The full list of recommendations has been shared with stakeholders who have subsequently met and are agreeing an action plan in response. This will be included in the final draft of the report along with any commentary on implementation, progress made to date and timeframes for achieving planned actions as well as any potential resource implications.

## **6.0 Next Steps**

In December 2018, twelve participants from both of the two engagement groups met with the facilitation team to reflect on the programme, explore further action that had taken place since it had ended and to discuss next steps for creating a legacy for a strong and balanced offer at a local level. It was really nice to catch up with everyone on the night and to see the ongoing energy, enthusiasm and commitment for making change and improvements for physical activity services in Wigan Borough.

### **1) Influencing plans and taking action at a local level:**

At the event, we were joined by Chris Derbyshire and Elanor Reynolds from IHL. Chris gave a presentation and whilst acknowledging that progress since the engagement programme had been slower than he would have liked, IHL and partners were really keen to see changes and improvements to services - building on the feedback received. Chris was up-front in saying that some of the proposed ideas and suggested changes might take longer to achieve and were dependent on securing resources, but on others there could be more immediate action.

IHL – working with Wigan Council - were looking to develop a more detailed action plan in the New Year – with both short and long-term proposals. Chris was keen that the group should continue to be involved with this, if there was interest from participants. Many members of the group expressed their commitment to stay involved. Phil and Bernie - from the Leigh group - were nominated during the meeting to be an initial point of contact for representatives from both engagement groups and to link with IHL with the possibility of further get-togethers.

Alongside this more direct involvement in helping around shaping IHL plans, participants were also being encouraged to get involved in other local groups and to attend events. Since the completion of the engagement programme, this had included an invitation to be part of a local 'Engaging with Ageing' group and to participate in Wigan Council's 'listening event' as part of the development of a strategy to 2030. In addition, training had been offered to become part of initiatives such as 'Health Champions' and 'Dementia Friends'.

### **2) Sharing learning at a national level:**

As a Wellcome Trust funded project, there is both a commitment and requirement that the final report is shared with the Public Engagement team at a national level, and that the learning can be cascaded through relevant networks and channels. In addition, the report will also be shared with Community Leisure UK (previously known as Sporta) who initiated the opportunity for this grant funding with the Wellcome Trust. This will be the mechanism for sharing with other leisure trusts nationally.

### **3) Publishing learning with academic partners:**

Glasgow Caledonian University working with NHS Grampian and Later Life Training are committed to writing up a research paper on the Strong and Balanced Offer engagement programme. An initial meeting to explore writing up a paper for publication is scheduled for March 2019.

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## **8.0 References**

1. Active People Survey 10, Q2, 2015-16 <https://www.sportengland.org/research/who-plays-sport/>
2. Department of Health. Start Active, Stay Active A report on physical activity for health from the four home countries' Chief Medical Officers, 2011
3. Public Health England. Muscle and bone strengthening and balance activities for general health benefits in adults and older adults - Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines. 2018 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721874/MBSBA\\_evidence\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721874/MBSBA_evidence_review.pdf)
4. Hillsdon, M and Foster C. What are the health benefits of muscle and bone strengthening and balance activities across life stages and specific health outcomes? JFSF, Vol 3, No 2, June 2018, p.66-73 [http://www.jfsf.eu/Article.php?AID=v03i02\\_066](http://www.jfsf.eu/Article.php?AID=v03i02_066)

5. Skelton, D and Mavroeiidi, A. How do muscle and bone strengthening and balance activities (MBSBA) vary across the life course, and are there particular ages where MBSBA are most important? JFSF, Vol 3, No 2, June 2018, p.74-84  
[http://www.jfsf.eu/Article.php?AID=v03i02\\_074](http://www.jfsf.eu/Article.php?AID=v03i02_074)
6. Skelton, D and Mavroeiidi, A. How do muscle and bone strengthening and balance activities (MBSBA) vary across the life course, and are there particular ages where MBSBA are most important? JFSF, Vol 3, No 2, June 2018, p.74-84  
[http://www.jfsf.eu/Article.php?AID=v03i02\\_074](http://www.jfsf.eu/Article.php?AID=v03i02_074)
7. US Department of Health and Human Sciences. Physical Activity Guidelines for Americans: 2<sup>nd</sup> Edition. 2018. Available at [https://health.gov/paguidelines/second-edition/pdf/Physical\\_Activity\\_Guidelines\\_2nd\\_edition.pdf](https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf)
8. Howe TE, Rochester L, Neil F, Skelton DA, Ballinger C. Exercise for improving balance in older people. *Cochrane Database Syst Rev.* 2011; (11):CD004963. PMID: 22071817
9. Sherrington C, Michaleff Z, Fairhall N, Paul S, Tiedemann A, Whitney J, Cumming R, Herbert R, Close J, Lord S. Exercise to prevent falls in older adults: an updated systematic review and meta-analysis. *Br J Sports Med.* 2017 Dec;51(24):1750-1758.
10. Strain T, Fitzsimons C, Kelly P and Mutrie N. The forgotten guidelines: cross-sectional analysis of participation in muscle strengthening and balance & co-ordination activities by adults and older adults in Scotland. *BMC Public Health.* 2016 Oct 21;16(1):1108
11. Unravel. NHS Ashton, Leigh and Wigan – Falls Prevention draft debrief, 2012 (presentation – unpublished)
12. Finegood D, Johnston L, Steinberg M, Matteson CL, Deck PB. Complexity, systems thinking, and health behavior change. In: Kahan S, Gielen AC, Fagan PJ, Green LW, editors. *Heal. Behav. Chang. Popul. New York: Oxford University Press; 2011. p. 208–36.*
13. Leask, C.F., Sandlund, M, Skelton, D.A., Altenburg, T.M., Cardon, G, Chinapaw, M.J.M., De Bourdeaudhuij, I, Verloigne, M and Chastin, S.F.M. Principles and recommendations for utilising participatory methodologies in the co-creation and evaluation of public health interventions. *RIAE*, 2018 (under review)
14. Health Canada. The Federal Tobacco Control Strategy (FTCS): A Framework for Action., Ottawa; 2013.
15. National Cancer Institute. Greater Than the Sum. Systems thinking in tobacco control. *Natl. Institutes Heal.* 2007; 1–67.
16. Crawford MJ, Rutter D, Manley C, Weaver T, Bhui K, Fulop N, et al. Systematic review of involving patients in the planning and development of health care. *BMJ.* 2002; 325:1263.
17. Martin LR, Williams SL, Haskard KB, Dimatteo MR. The challenge of patient adherence. *Ther. Clin. Risk Manag.* 2005; 1:189–99
18. Durand M-A, Carpenter L, Dolan H, Bravo P, Mann M, Bunn F, et al. Do interventions designed to support shared decision-making reduce health inequalities? A systematic review and meta-analysis. *PLoS One.* 2014; 9:e94670
19. Suri H. Purposeful Sampling in Qualitative Research Synthesis. *Qual. Res. J.* 2011;11:63-75.
20. Asatryan VS, Slevitch L, Larzelere R, Morosan C & Kwun DJ. Effects of Psychological Ownership on Students' Commitment and Satisfaction. *Journal of Hospitality & Tourism Education* Volume 25, 2013 - Issue 4 Pages 169-179 | Published online: 04 Dec 2013
21. Leask C, Sandlund M, Skelton DA, Chastin SFM on behalf of the GrandStand Research Group. Co-creating a tailored public health intervention to reduce older adults' sedentary behaviour. *Health Education Journal* 2017; 76(5): 595-608.
22. Single Item Physical Activity Questionnaire  
<https://www.sportengland.org/research/active-lives-survey/>
23. Cavill, N and Foster, C. Enablers and barriers to older people's participation in strength and balance activities: A review of reviews. *JFSF* Vol 3, No 2, June 2018, p.105-113