PROMOTION OF PHYSICAL ACTIVITY IN OLDER PEOPLE IN THE WEST MIDLANDS
Promotion of physical activity in older people in the West Midlands

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Acknowledgements

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1. Introduction

The West Midlands Public Health Observatory was commissioned by the Physical Activity Network (PAN) West Midlands to survey and map the activities undertaken in the West Midlands to promote physical activity in older people. This report describes the results of that survey and sets it in the regional context. Because the time available was short, the survey has concentrated on PCTs but aimed to identify through the PCT the work being undertaken by local authorities and other players to promote physical activity in older people.

2. Background

Older age

Chronological age is a poor predictor of function and any age cut off used to distinguish older people must be arbitrary. No age group is homogeneous and physical and mental function can differ widely between people of the same age. For different purposes, older age has been regarded as starting at 50, at 60, at pensionable age or older.

The National Service framework (NSF) for older people suggested categorisation of older people into three groups and though the NSF is no longer current, the groupings remain useful:

- **Entering old age** – This group has attained an age which is regarded as older but is still in the same mental and physical healthy state as they enjoyed when younger.

- **Transitional phase** – This group are in transition between healthy active life and frailty

- **Frail older people** – This group are less able to function and experiencing increasing physical or mental limitations. Because of these decreased capacities they may be vulnerable and in need of various forms of support.

The groups cannot be equated with any particular age band. For example, individuals may be in the transitional phase age in their seventh or eighth decade. Before this age they would be categorised as “entering old age” and after it they would be categorised as “frail older people”.
The benefits of being physically active

*Standard 8* of the National Service Framework for Older People states that increasing physical activity can enhance mobility, independence, well-being, mental health and quality of life. Adapted exercise even for very frail older people can help strength and balance and in turn can reduce the risk of falling. After the age of 40, muscle mass is lost at a rate of 1-2% per year. However, a three month exercise programme can rejuvenate muscle mass by a 15 year equivalent. So community based training programs for healthy older people can have profound effects in reversing muscle wasting.

In addition to improved balance, physical activity brings other benefits. Cardiovascular, respiratory and gastrointestinal systems all benefit from regular physical activity. Furthermore being physically active, usually involves social contact and so helps maintain social networks and combat loneliness. It is associated with improved mental health and reduces the risk of depression.

In 2004 the Chief Medical Officer published ‘At least five a week: Evidence on the impact of physical activity and its relationship to health’. This listed the numerous benefits of physical activity for all ages but made the following recommendations specifically for older people:

- Older people should take particular care to keep moving and retain their mobility through daily activity.
- Activities that promote improved strength, coordination and balance are particularly beneficial, in addition to endurance which is beneficial to people of all ages.
- Choice of activities should be made in the light of the older person’s functional limitations and symptoms of diseases.
- Regular walking remains extremely important for the maintenance of independence and activities of daily living.
- Low to moderate intensity activity can produce a health benefit for older people, possibly because of their relatively low fitness levels. (Due to the aging process, older people have a reduced cardiorespiratory and muscle function. So the absolute intensity of activities for older people can be lower than it is for younger adults.)
- As there is a greater risk of injury among older people, higher intensity activities and activities that involve sudden or complicated movements should be undertaken cautiously unless the individual is already used to this type of exercise. Certain
activities such as frequently going up or down stairs can aggravate some existing conditions such as osteoarthritis.

- Activity can also prevent age related weight gain and help with weight loss.

In his most recent report (Chief Medical Officers Report 2009) the Chief Medical Officer reiterated the benefits of physical activity for everyone, young and old alike pointing out that the decline of physical activity with age was not inevitable\(^7\). He further suggested that it was time to revise some of the recommendations on physical activity.

There is no need for elite levels of physical activity to obtain physical and mental benefit. A rule of thumb intended for the general population suggests that one should take moderate (meaning activity sufficient to raise respiratory rate and induce perspiration) for 30 minutes five times a week. However, much lower levels of activity are still beneficial for all and especially for older people\(^8\). Recently recommendations for levels of physical activity in adults and older adults have been produced by an expert working group and it is possible that these will form the basis for future recommendations from the department of health.\(^9\)

**How many older people are physically active?**

In the UK people are becoming increasingly sedentary\(^10\). The need for manual labour is increasingly being replaced by the introduction of machinery and fewer journeys are made by foot or cycle\(^11,12\). These changes have also affected older people. Playing sport tends to decrease with age and is less in females than males.

The Active People Survey\(^13\) now provides fairly reliable information on the degree of physical activity by all age groups and is described in section 3.
The promotion of physical activity

There are many factors that can contribute to low levels of physical activity in older people:14,15

Health problems

- Pain or limitation of movement
- Fear of falling or injury

Environment

- Lack of facilities, greenspace etc.,
- Feeling unsafe outside

Knowledge

- Lack of knowledge of health benefits of physical activity
- Lack of awareness of opportunities

Motivation

- Social isolation, no one to keep them company
- Lack of confidence
- Lack of motivation
- Lack of energy
- Depression

Resources

- Lack of transport
- Inability to afford

Those concerned to promote the health and well-being of older people can use a variety of interventions to reduce these barriers:

- Provision of facilities
- Financial subsidies for physical activities
- Promoting physical activity as part of social activities
- Provision of information on opportunities for and benefits of physical activity
- Encouragement to engage in physical activity

In this report section 4 describes the activities to promote physical activity to older people in the West Midland PCTs and section 5 describes some examples.
Demography

The health and well-being of older people has always been important but is becoming increasingly so as they increase in number and also as a proportion of the population. In 2008, 35% (1.88 million) of the West Midland population were aged 50 years or over\(^{16}\), 17% (0.9 million) were aged 65 years or over and 5% (0.25 million) were aged 80 years or over. Among the older age groups there are more women than men and women constitute 64% of those aged 80 years or over. There is a wide variation in the percentage of older people in different parts of the region. In Herefordshire and Shropshire more than 20% are aged 65 or over, while in Heart of Birmingham only 9.6% are this age.

Analysis of Office for National Statistics (ONS) 2008 population estimates and population projections\(^{17}\) by the West Midlands Public Health Observatory shows that the numbers and proportion of older people in the region is set to grow and in 2031 it is expected that the numbers of those aged 50 or over will have increased by 27% and the numbers of those aged 85 years or over will have increased by 122% from the 2008 population estimates. At the same time the overall size of the population will have changed little so that the elderly will form a higher proportion of the population.

The demography of older people in the West Midlands is described more fully in appendix 1.
3 Active People Survey

This section shows the results of people participating in physical activity in the West Midlands from the Active People Survey 3.13.

Active People Survey and the West Midlands

The Active People Survey is a telephone survey of adults aged 16 and over living in England. The survey commissioned by Sport England, collects information on the type, duration and intensity of people's participation in different types of sport and active recreation. In addition, it gathers information about volunteering, club membership, receiving tuition from an instructor or coach, participation in competitive sport, and satisfaction with local sports provision. Recently, the survey has been extended to capture information on use of libraries and attendance at museums, galleries, creative, artistic, theatrical or musical events.

The English national strategy for sport aims to change the culture of sport and physical activity in England in order to increase participation across all social groups. The strategy seeks to define the contribution of sport to the overall five days a week physical activity target as 30 minutes of moderate intensity sport and active recreation on at least three days a week (12 days out of the previous 28 days), including recreational walking and recreational cycling.

The Active People Survey gathers information on all adults and is not specifically directed at older people. While the overall sample size is large (at least 1000 per local authority), the numbers of older people especially of those aged 75 years and particularly when analysing by individual authority will in many cases be quite small. (See Table 3.1)
Table 3.1: Number of Older West Midlands Respondents (Persons) to Active People Survey 3

<table>
<thead>
<tr>
<th>Upper Tier Local Authority</th>
<th>55-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shropshire</td>
<td>470</td>
<td>303</td>
<td>236</td>
<td>65</td>
<td>301</td>
</tr>
<tr>
<td>Staffordshire</td>
<td>109</td>
<td>54</td>
<td>45</td>
<td>6</td>
<td>51</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>446</td>
<td>252</td>
<td>208</td>
<td>37</td>
<td>245</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>562</td>
<td>308</td>
<td>274</td>
<td>52</td>
<td>326</td>
</tr>
<tr>
<td>Birmingham</td>
<td>613</td>
<td>392</td>
<td>423</td>
<td>86</td>
<td>509</td>
</tr>
<tr>
<td>Coventry</td>
<td>64</td>
<td>47</td>
<td>36</td>
<td>6</td>
<td>42</td>
</tr>
<tr>
<td>Dudley</td>
<td>83</td>
<td>62</td>
<td>41</td>
<td>6</td>
<td>47</td>
</tr>
<tr>
<td>Herefordshire</td>
<td>98</td>
<td>57</td>
<td>56</td>
<td>9</td>
<td>65</td>
</tr>
<tr>
<td>Sandwell</td>
<td>63</td>
<td>54</td>
<td>50</td>
<td>-</td>
<td>50</td>
</tr>
<tr>
<td>Solihull</td>
<td>96</td>
<td>61</td>
<td>69</td>
<td>9</td>
<td>78</td>
</tr>
<tr>
<td>Stoke on Trent</td>
<td>81</td>
<td>46</td>
<td>43</td>
<td>6</td>
<td>49</td>
</tr>
<tr>
<td>Telford &amp; Wrekin</td>
<td>82</td>
<td>48</td>
<td>37</td>
<td>-</td>
<td>37</td>
</tr>
<tr>
<td>Walsall</td>
<td>74</td>
<td>56</td>
<td>47</td>
<td>8</td>
<td>55</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>75</td>
<td>47</td>
<td>48</td>
<td>9</td>
<td>57</td>
</tr>
<tr>
<td>West Midlands</td>
<td>2916</td>
<td>1787</td>
<td>1613</td>
<td>299</td>
<td>1912</td>
</tr>
</tbody>
</table>

Source: Sport England, Active People Survey 3

The indicators chosen for analysis are:

1. Percentage of people participating in 30 minutes of sport or active recreation (including walking or cycling) of moderate intensity on at least three occasions in the past week;

2. Percentage of people participating in 30 minutes of sport or active recreation (including walking or cycling) of moderate intensity on less than one occasion in the past four weeks;

3. Percentage of people participating in recreational walking continuously for at least 30 minutes at least once in the past four weeks;

4. Percentage of people who are satisfied with local sports provision (all adults).
The second and third indicators describe very low levels of activity (recommended guidelines are at least 30 minutes of physical activity on at least five occasions per week) but have been chosen specifically in order to include a high percentage of older people.

**Physical activity and age**

*Figure 3.1: Percentage of men and women who are moderately physically active for at least 30 minutes at least 3 times per week in the West Midlands and England, 2009*

Figure 3.1 shows that the percentage of people being moderately physically active for at least 30 minutes at least 3 times per week falls steeply with age. In younger age groups, males are more active than females but after the age of 35 there is little difference. Men and women in the West Midlands tend to be marginally less likely to be active than those in England as a whole but the difference is small. The percentages of those having this level of activity after the age of 75 year are very low.
Figure 3.2: Percentage of men and women who are moderately physically active for at least 30 minutes less than once in the past month in the West Midlands and England, 2009

Figure 3.2 shows those who have a very low level of activity and are moderately physically active for at least 30 minutes less than once a month. The picture shows inactivity rises with age. A minority (about 30%) of the youngest age groups are this inactive in both England and the West Midlands. However, this level of physical inactivity rises sharply with the advance of age and in the West Midlands 70% of 65-74 year olds, 84% of 75-84 year olds and 91% of 85 year olds and over have this very low level of activity. Men and women in West Midlands are again marginally less likely to be active than those in England but the difference is small.
Figure 3.3: Percentage of men and women who take a recreational walk lasting at least 30 minutes at least once in the past month in the West Midlands and England, 2009

Source: Sport England, Active People Survey 3

Figure 3.3 shows another indicator of gentle physical activity – “Taking a recreational walk lasting at least 30 minutes at least once in the past week”. Up to the age of 60 years, about 25% of men and women achieve this but after 65 years the percentage drops sharply and among those aged 75 years and over less than 5% take such walks. As with other indicators, activity levels in men and women are similar and people in the West Midlands are slightly less active than those in England.

Levels of satisfaction with local sport provision are high in the young people (about 60%) and increase with age (Figure 3.4). Possibly this is a reflection of the fact that since they do not use local sport provision, older people have no occasion to be dissatisfied with them.
**Figure 3.4: Percentage of men and women who are satisfied with local sport provision in the West Midlands and England 2009**

Source: Sport England, Active People Survey 3

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**Trends in physical activity**

The data shown have been for the most recent survey (APS3) but comparison with previous surveys show there has been very little change in the past three years in the percentage of different age groups who are moderately physically active at least three times per week (Figure 3.5), who are moderately physically active less than once a month (Figure 3.6) and who have taken a recreational walk at least once in the past month (Figure 3.7).
Figure 3.5: Trends in Percentage of men and women who are moderately physically active for at least 30 minutes at least 3 times per week in the West Midlands, 2006/07 – 2008/09

Source: Sport England, Active People Survey 1,2 & 3

Figure 3.6: Trends in Percentage of men and women who are moderately physically active for at least 30 minutes less than once in the past month in the West Midlands, 2006/07 – 2008/09

Source: Sport England, Active People Survey 1,2 & 3
Physical activity and local comparison

Local variation in the percentage of older people who participate in at least 30 minutes of moderately intense physical activity on at least three occasions a week is shown in Figure 3.8. Regionally 19% of the adult population undertake at least 30 minutes of moderate activity (sport and active recreation) at least 3 times per week. This is below the national figure of 21%. Participation rates range from 23% in Coventry to 13% in Walsall. Herefordshire and Telford & Wrekin have the highest percentage of 65-74s participating at this level and Dudley has the lowest. The rank orders for activity by different older age are not the same. For example among 55 to 64 year olds Herefordshire has the highest percentage participating and Wolverhampton the lowest but for 65 to 74 year olds Telford and Wrekin has the highest percentage participating and Sandwell the lowest. For those local authorities where the sample size was sufficient the percentage of participation among those aged 75 and over was highest in Coventry and lowest in Dudley.
Figure 3.8: Percentage of people who are moderately physically active for at least 30 minutes at least 3 times per week in the West Midlands local authorities 2009

Source: Sport England, Active People Survey 3

*In areas where no value is shown for 75+ sample size was too small to give reasonable values.

It is important to note that the numbers in older age groups in the sample are small and very few of the differences between the local authorities are significant. In some areas (for example Dudley or Herefordshire) the number of people aged 75 and over who gave a particular answer was less than five and no data were shown in order to ensure respondent confidentiality.
Figure 3.9 shows local variation in the percentage of older people participating in moderately physically active recreation for 30 minutes less than once in the past four weeks. Regionally, 51% of the adult population do not undertake even this level of activity. This is slightly higher than the national figure of 49%. Rates for this low activity range from 61% in Wolverhampton to 46% in Warwickshire.

Figure 3.9: Percentage of people who are moderately physically active for at least 30 minutes less than once in the past month in West Midlands and England, 2009

Shropshire has the lowest percentage of 65-74s this inactive and Stoke-on-Trent has the highest. Among those aged 55-64 years and those 75 and over, the rank orders are slightly different. Looking at this minimal level of activity confirms that a high percentage of people are very inactive. Once again it has to be remembered that for the older age groups the numbers are small and most of the differences will not be statistically significant.
Figure 3.10 shows local variation in the percentage of recreational walking continuously for 30 minutes in the last four weeks between different local authorities. This is another moderate activity indicator which only includes walking for recreational purposes and does not include walking to work or shopping. For the 55-64 age group, the area with the highest percentage of recreational walkers is Herefordshire and Walsall the lowest. For the 65-74 age group Walsall is again the lowest but Telford and Wrekin has the highest percentage of recreational walker. Due to the small numbers of respondents in these higher age groups, the differences between the areas are not statistically significant. Again looking at this minimal level of activity confirms that a high percentage of people are very inactive throughout the region and the country.

Figure 3.10: Percentage of people who take a recreational walk lasting at least 30 minutes at least once in the past month in West Midlands and England, 2009

*In areas where no value is shown for 75+ sample size was too small to give reasonable values.
Figure 3.11 shows local variation in the percentage of older people who are satisfied with local sport provisions. In the West Midlands as a whole, 65% of the adult population are fairly or very satisfied with sports provision in the region. This is below the national figure of 66%. Satisfaction rates range from 53% in Sandwell to 76% in Telford & Wrekin. Although the general trend in the region is one of increasing satisfaction rates with age, this trend is not exhibited in all the local authorities in the region. For example, satisfaction rates are lower among the 75 and above age group in Coventry followed by Sandwell and Stoke on Trent.

**Figure 3.11: Percentage of people who are satisfied with local sport provision in West Midlands and England, 2008**

*Source: Sport England, Active People Survey 2*
4 Survey of promotion of Physical activity for older people in PCTs

Introduction

The aim of the survey was to map the activities to promote physical activity in the West Midland PCTs and the organisational arrangements and strategic frameworks underlying them. Successful promotion of physical activity is likely to be a partnership between the PCT, the local authority and third sector organisations with a particular interest in older people. However, in a well functioning partnership each partner is aware of the others activities and indeed will have participated in their planning. It was therefore hoped that by approaching PCTs, we would obtain information on the activities of all partners.

Method

First of all, we approached certain individuals who are known to be active in promoting physical activity for older people within their area. In the light of their comments, a questionnaire was devised and then finalised after seeking further advice from these key individuals (Appendix 2). The aim was to produce a questionnaire with closed questions (tick boxes) in order to make it easy for the respondent to answer but with numerous free text boxes so that those who wished to give fuller answers could do so.

We were given a list of contacts of physical activity leads in all the 17 PCTs to whom the questionnaire was sent by email. Some difficulty was experienced in getting responses to the questionnaire. In some cases the initial contact was not familiar with the topic in which case we made enquiries to find a new contact. Initially, only 6 PCTs responded but follow up by telephone call and further emails increased this number to 13; giving a response rate of 77%.
Response rate

Completed questionnaires were obtained from 13 PCTs listed in box below:

<table>
<thead>
<tr>
<th>Birmingham East &amp; North</th>
<th>Coventry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dudley</td>
<td>Herefordshire</td>
</tr>
<tr>
<td>Heart of Birmingham</td>
<td>North Staffordshire</td>
</tr>
<tr>
<td>Sandwell</td>
<td>Shropshire</td>
</tr>
<tr>
<td>Solihull</td>
<td>South Staffordshire</td>
</tr>
<tr>
<td>Stoke-on Trent</td>
<td>Telford &amp; Wrekin</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td></td>
</tr>
</tbody>
</table>

Walsall supplied some information on projects to promote physical activity in older people in their PCT through an extended phone interview but did not complete a questionnaire.

Leads for Promotion of physical activity and promotion of health of older people

The first set of questions concerned the organisation and leadership underpinning promotion of physical activity in older people.

The first question was “Does your PCT have a lead for promotion of physical activity”. All 13 respondents reported that there was a lead. In 11 cases the lead worked for the PCT and in 2 cases for the Local Authority. One mentioned that the lead for physical activity was combined with the lead for obesity.

The second question was “Does your PCT have a lead for promotion of well-being in older people?” 11 respondents said there was a lead. In 9 cases the lead was a PCT employee and in 2 cases the lead was joint between local authority and PCT. 2 respondents did not know if there was a lead.

The third question was “Who is regarded as primarily responsible for the promotion of physical activity in older people?” 7 respondents said the physical activity lead had prime responsibility, 1 the older person lead and 2 that the physical activity leads and older persons lead were jointly responsible. 3 did not know or gave no answer.
The last question of this section was “Which organisation primarily leads work to promote physical activity in older people?” 11 respondents said it was joint between PCT / local authority and third sector, 1 said it was joint PCT and third sector and 1 said it was the PCT.

In summary, it appears that promotion of physical activity in older people was nearly always seen as a joint responsibility of local authority and PCT. Within just over half the PCTs, it was seen primarily as part of the physical activity programme rather than an older people’s health programme.

Involvement of other organisations

The next set of questions asked to what extent were three types of organisation (Faith communities, Age Concern and Other third sector providers) involved with activities to promote physical activity in older people. The responses are shown in table 4.1. It is clear that Age Concern / Help the aged were most active in this respect.

Table 4.1: Involvement of other organisations in promoting physical activity in older people.

<table>
<thead>
<tr>
<th></th>
<th>Extensive</th>
<th>Some</th>
<th>None/No reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith communities</td>
<td>0</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Age Concern/Help the aged</td>
<td>7</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Other 3rd sector</td>
<td>3</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

Activities offered by PCTs

The questionnaire requested information on whether various activities to promote physical activity were offered and whether there were particular sessions targeted at older people. Only twelve respondents answered this section. Their responses are shown in table 4.2. Extend groups; keep fit classes and swimming were the activities directed at older people provided in most PCTs. About half also offered organised walks and tea dance sessions which were particularly intended to be suitable for older people. The remaining PCTs either said that the activity was not provided or left the question blank.
Table 4.2: Activities offered in different PCTs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Offered for all ages</th>
<th>Sessions particularly targeted at older people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organised walks</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Green gyms</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Exercise on prescription</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Swimming sessions</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Keep fit classes</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Tea dances</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Extend group or similar</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

Residential homes

A high proportion of residents in residential and nursing homes are frail with limited mobility. They can derive considerable benefit from gentle physical activity to increase mobility and balance. In response to a question on residential homes, twelve respondents said that interventions to increase physical activity and mobility were provided in homes in their area while one did not know. The activities were organised in some cases by the PCT and in some cases by the manager of the home or other organisations.

Policy on promotion of physical activity in older people

3 PCTs said they had clearly stated policies on this topic, 4 said they had vaguely stated policies and 4 said they had no policies. 2 did not reply but their answers to later questions suggested that they had thought about what might be in a policy. The detailed responses to policy questions are given in appendix 3. The responses to this question and the fact that no one sent us a policy document suggests that very few West Midlands PCTs have an explicit written policy or plan on the topic of promoting physical activity in older people.
Policy aims

Some responses stated that the policy aim was to promote physical activity in older people. Some made reference to other strategies or plans such as the PCT healthy ageing plan or to more general plans such as the PCT five year plan or the NHS strategic plan. Several mentioned Local Area Agreements and the inclusion of National Indicator 8. Several responses also talked about the importance of partnership working. One cannot conclude from the absence of a clearly articulated plan that activity is not taking place but it might help to focus work.

Methods of achieving policy aims

A wide range of methods was mentioned including raising public awareness of the benefits and opportunities for physical activity, targeted advice for individuals about ways in which they could become more physically active and provision of opportunities for physical activities and activity “sessions”. Some also mentioned surveys to inform the provision of services to promote physical activity in older people.

Criteria by which success will be judged

Criteria for success were the number and range of activities offered, the number of people participating in these activities and the activity levels of the older population. Several mentioned using the Active People Survey to assess their success but in view of the relatively small number of older people in the samples, this may give only limited information. Many also mentioned using National Indicator 8 for this purpose but it is not clear how this indicator can give information on the success of policies directed at older people since it refers to all adults and gives no information on specific activity of older people. Apart from the Active People Survey and National Indicator 8 no outcome measures were mentioned.

Activities for different groups among the older population

The NSF broadly groups older people into those entering old age, those in the transitional phase between full activity and frailty and frail older people. This recognises the wide range of capabilities within the older age group and roughly corresponds to different age bands. The questionnaire asked about activities directed at these different groups but several
respondents did not answer this section and one gains the impression that those completing the questionnaire did not think of the organisation of their activities in this way.

Many suggested that most of their activities to promote physical activity were open for all ages. The activities most often described as particularly suited for frail older people (or sometimes older people in transition) were Extend, falls prevention programmes and activities delivered in residential homes.

**Resources for promotion of physical activity in older people**

Table 4.3 shows the responses to the question about which PCT and local authority departments were putting resources (staff time or money) into activities intended to promote physical activity in older people.

**Table 4.3: Departments putting resources into promotion of physical activity in older people**

<table>
<thead>
<tr>
<th>Department</th>
<th>PCTS using resources from this source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community nursing/health visiting</td>
<td>3</td>
</tr>
<tr>
<td>Geriatric medicine/Medicine of old age</td>
<td>1</td>
</tr>
<tr>
<td>Health promotion/Social marketing</td>
<td>10</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>10</td>
</tr>
<tr>
<td>Local authority leisure services</td>
<td>11</td>
</tr>
<tr>
<td>Local authority social services</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
</tr>
</tbody>
</table>

One respondent did not answer this section. Of the other 12 those who are not shown as using resources from each source either said no or did not answer the question. It can be seen that health promotion / social marketing, physiotherapy and local authority leisure services are the main source of resources for this activity. In only one PCT was the department of medicine of old age reported as putting in resources.
Examples of good practice

All except one of the respondents identified one or more examples of what they considered to be good practice in their PCT. In this report we have not attempted to check the respondents' evaluation but merely included all activities mentioned. The activities suggested as good practices are shown in Table 4.4 and further information is given in appendix 4.

Table 4.4: Examples of good practice

<table>
<thead>
<tr>
<th>Activity</th>
<th>Primary care Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Activity &amp; Training Scheme delivered by volunteers</td>
<td>Herefordshire</td>
</tr>
<tr>
<td>Active in Age exercise groups and Health walks</td>
<td>Stoke on Trent</td>
</tr>
<tr>
<td>Active in Age exercise groups and Longer health walks.</td>
<td>Stoke on Trent City Council</td>
</tr>
<tr>
<td>Cycling groups based at Berryhill Village and Bradeley Village.</td>
<td>Stroke on Trent City Council (Sports England funded)</td>
</tr>
<tr>
<td>Active in Age exercise groups and Health Walk.</td>
<td></td>
</tr>
<tr>
<td>Fit as a Fiddle Greenagers project – Gardening and allotment circle</td>
<td>Stoke on Trent City Council and surrounding districts</td>
</tr>
<tr>
<td>Falls prevention Project</td>
<td></td>
</tr>
<tr>
<td>Active in age exercise groups</td>
<td></td>
</tr>
<tr>
<td>8 week course of Tai Chi.</td>
<td>North Staffordshire</td>
</tr>
<tr>
<td>Training community members to deliver physical activity mobility exercises</td>
<td></td>
</tr>
<tr>
<td>Developing wider activity strategy for older people</td>
<td>Birmingham East and North</td>
</tr>
<tr>
<td>Tea dances to be piloted in the next year as part of a wider initiative</td>
<td>Heart of Birmingham Teaching PCT</td>
</tr>
<tr>
<td>Active Sandwell – using outreach workers to work with older people to develop activities</td>
<td>Sandwell PCT</td>
</tr>
<tr>
<td>Train Care Home staff to deliver Exercise For You programme</td>
<td>South Staffordshire</td>
</tr>
<tr>
<td>Small grants scheme to fund activities to promote activity of older people</td>
<td>Telford</td>
</tr>
<tr>
<td>Physical activity booklet</td>
<td></td>
</tr>
<tr>
<td>EXTEND in Care Homes:</td>
<td>Coventry</td>
</tr>
<tr>
<td>LEAP - Leisure, Exercise &amp; Activity for People over 60</td>
<td>Dudley</td>
</tr>
<tr>
<td>Sessions of interactive activities and easy line gym</td>
<td></td>
</tr>
<tr>
<td>Walking for health in Phoenix Park</td>
<td>Wolverhampton</td>
</tr>
<tr>
<td>Free Swimming for 60+</td>
<td></td>
</tr>
<tr>
<td>Train people to become EXTEND teachers</td>
<td></td>
</tr>
<tr>
<td>Walking For Life Project:</td>
<td>Shropshire County</td>
</tr>
<tr>
<td>Postural Stability for falls Prevention programme:</td>
<td></td>
</tr>
<tr>
<td>Active Steps – a community based group exercise session for people worried about falling</td>
<td>Walsall Council</td>
</tr>
<tr>
<td>Hydrotherapy: Water based exercise programme for people with Musculo-Skeletal conditions</td>
<td></td>
</tr>
</tbody>
</table>
5  Case Studies of Good Practice

From the list of self reported good practice four examples were selected for further study. The cases were selected to include activities directed at each client group (entering old age, transition, and frail elderly) and to cover a range of PCTs. No judgement was made on the relative worth of the different projects in the list of self reported good practice and there is no suggestion that projects selected were in any way better than those not selected.
Case Study 1

Project Title: Active in Age Peer Mentor Physical Activity Training Programme

Brief Description

The course is designed to equip volunteers, care workers and those engaged in or having an interest in the care, health and fitness of older adults, with the underpinning knowledge and practical application to mentor and deliver physical activity sessions to older adults. Within the course various issues are explored and actual demonstrations, participation and practice of the material is undertaken. The main areas that are covered include:

- why target older adults to do physical activity;
- what we mean by older adults and how do we see this group in relation to physical activity;
- benefits of physical activity for this age group;
- the changes to body in relation to the ageing process and how physical activity can help to offset, reduce and prevent the health issues associated with ageing;
- how to plan and put together a programme of physical activity;
- guidelines on how and what to do for physical activity;
- barriers to participants inclusion, adaptation of physical activity, offering alternatives and progression;
- safety concerns and the exercise environment;
- practical applications of the underpinning knowledge.

Aims of the project:

With the input described above, it is hoped that potential mentors and carers feel able to assist and motivate older adults to achieve a functionally fitter, healthier, more independent view of their physical and social well-being which will promote increased quality of life and self-confidence.

Target Group:

Older adults - 50+

Setting:

Community
Geographical Area:

North Staffordshire

Partnerships:

- Two NHS Primary Care Trusts in North Staffordshire
- Health and Social Care
- Voluntary sector organisations
- Older people’s Groups
- Community members

Length and Stage of Project:

- Began in 2001
- Now embedded within North Staffordshire Health Strategies
- Plans to roll out nationally

Intentions for evaluation:

- Evaluation carried out in April 2004.
  Plus - Data collected on:
    - Number of people trained
    - what area they deliver activity sessions in
    - The name of group
    - How often the sessions are held
    - How many people attend
    - How many male/female
    - Age and ethnicity of participants
    - Benefits of attending for participants and peer mentors
    - Support/ information requests

Evidence of Effectiveness:

- Reported fitness levels of participants.
- Reduction in the number of falls.
- Improved Mental Health.
- Increase in the number of older people involved in physical activity.
Cost:

- 8 people per course = core cost of £950 + £37.50 per attendee = £1250
- 12 people per course = core cost of £950 + £37.50 per attendee = £1400
- 16 people per course = core cost of £950 + £37.50 per attendee = £1550
- + mileage at 40 pence per mile

Key impacts/successes:

- Accreditation of Active in Age at three levels with the Open College Network.
- 456 trained volunteers and mentors.
- The programme supports in excess of 200 groups of older people to stay healthy.
- 38 Trainers to develop the programme elsewhere.
- Incorporated into NHS Stoke on Trent Falls Prevention Programme and currently involved within the Staffordshire wide Falls Strategic Group which includes representation from NHS North Staffordshire and NHS South Staffordshire.

Reasons for successes:

- Provision of a sustainable and highly cost effective way of achieving long-term health benefits for older people from many different communities based on a community development approach.
- Availability of additional training programmes for mentors. e.g. falls prevention and reminiscence.
- Ongoing support for mentors.
- Consultations with older members of the population.
- Constantly reviewing and updating the training programme.

Problems encountered:

- None specific

Overcoming Problems:

Ongoing engagement within the community and evaluation of programme helped keep problems down to a minimum

Unexpected Spin Offs:

1. Niace. Older and Bolder. Fred Moore Institutional Award 2006 for work with older learners
2. Two year NHS funded Falls Prevention Training Programme
3. Training the Trainer Programme developed and delivered to a number of PCT’S, Councils and Voluntary Sector Organisations throughout England enabling them to roll out Active in Age within their own locations.

Future Developments:

National roll out of Active in Age Programme

Recommendations for colleagues:

- Good support structure - It is important that there is a designated ongoing support for mentors following on from the training programme.
- Review and update materials on a regular basis
- Communicate/engage with community members

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Case Study 2

**Project Title: Age Concern North Staffs: - Greenagers Gardening Circle (Fenton, Newcastle, Biddulph) project**

**Brief Description:**

Develop Gardening Circles (groups) for clients throughout North Staffordshire.

**Aims of the project:**

The Greenagers project is for anyone aged 50+ who is interested in joining Gardening Circle either as part of a group activity, on the allotment at Stoke or in areas where we know there is a need, for example older people living in Council or Sheltered accommodation etc., or in large or unmanageable communal gardens. Gardening Circles aim to give clients the opportunity to grow their own vegetables and re-use their gardening skills. It is well documented that physical activity, mental wellbeing and a good nutritional diet contribute to older people living longer and healthier lives. The aims of the project are:

- To promote physical activity by extending the number of times per week people are exercising.
- To promote and maintain a healthy lifestyle and mental well-being
- To encourage a 5 a day healthy eating regime by growing their own vegetables - nutrition

**Target Group:**

Anyone who is 50+ and residing in North Staffordshire

**Setting:**

Community

**Geographical Area:**

Fenton, Newcastle, Biddulph

**Partnerships:**

The Big Lottery Fund, NHS – Primary Care Trusts, FAAF (Fit as a Fiddle), Horticultural Colleges, Local Authorities, Housing Associations

**Length and Stage of Project:**

June 2008 to September 2012 (We are half way through)
**Intentions for evaluation:**

Quarterly Monitoring Reports: - we report externally as to how the portfolio is achieving its outcomes, i.e. number of gardening circles established, volunteers in place and trained, progress against milestones, changes to projections for the following quarter.

Big Lottery Evaluation: - Involves a questionnaire being completed by clients at the start, during and on completion of the project to let them know if their funding has improved their wellbeing.

Fit as a Fiddle Programme Monitoring form: - this information will indicate which groups of older people the project is reaching and to inform The Big Lottery Fund with the numbers of people taking part.

**Evidence of effectiveness:**

- Older people becoming more physically active and involved in the community through increased skills and participation.
- Older people and families eating more healthily.
- Older people having enhanced and improved mental well-being.
- The groups look forward to the garden circles and are keen to participate.

**Cost and Funding:**

*Not available*

**Key impacts/successes:**

Engaging older people back into gardening and providing the support and means through the Greenagers Co-coordinator. The gardening groups have extended the Ageing Well Activities we offer at Age Concern. We have increased the group members and users year on year.

**Reasons for successes:**

As this is part of the Ageing Well Team, we have experience of working with clients on a wide range of activities. Older people relate to gardening, we have provided the means again. Participants are encouraged to plan and develop activities according to their own needs and interests, which is very much user led.
Problems encountered:

The main problem was inactivity during the winter months and during the harsh weather. In any group activity there can be leaders and followers, there will always be experienced members with different abilities and skills, so ensure everyone participates to their ability and fitness level.

Overcoming Problems:

Use the group meetings in the winter months to plan ahead for the forthcoming season (choosing seeds etc.), reading books and arrange visits to garden centres. Ensure that group activities engage all the users and use their different skill levels and knowledge.

Unexpected Spin Offs:

We have forged links with schools to promote an inter-generational project, where grandparents come along with the pupils.

Future Developments:

It is our aim to ensure the project will continue after the funding ends in 2012. So we need to plan for sustainability after this period.

Recommendations for colleagues:

Chose a suitable location where there is the basic infrastructure for a gardening project to take place as setting up a new location can be time consuming. Target areas where you know there is a need and sufficient interest. To manage the projects effectively, it is essential to have volunteers in place particularly if the group locations are spread across a wide area.

Contact:

Tracey Humphries Tel: is 01782 812063
Email: tracey.humphries@acns.org.uk
Case Study 3

Project Title: Step into Solihull project

Brief Description

The Step into Solihull Project offers physical activities to over 45’s, with activities including; walking (Solihull Striders and Strollers), Tai Chi, EXTEND, and Dance in venues throughout the borough.

Aims of the project:

Increase levels of physical activity in the borough

Target Group:

- Over 45 years old and people living in deprived wards

Setting:

- Community

Geographical Area:

- Solihull MBC

Partnerships:

1. Solihull MBC, Solihull PCT, Park Rangers
2. Also links with other organisations/projects: Falls Prevention Project, Age Concern, Community Groups, and Day Centres for people with learning disabilities, etc.

Length and Stage of Project:

The Step into Solihull Project commenced in 2008

Intentions for evaluation:

The number of volunteer walk leaders trained, the output and throughput of participants are reported to funders and Natural England
Evidence of effectiveness:

- To date the project has a throughput of over 9000 for participants over the age of 45, with a throughput of over 8000 for females. Over 60 walk leaders have been trained, and successful run the Solihull Striders & Strollers

Cost and funding:

- Sport England funding of £53,113 from 2008-2011
- Solihull Care Trust funding of £116,478 from 2007-2011

Key impacts/successes:

Number of participants on the Step into Solihull Project is increasing all the time

Reasons for successes:

- Good partnership working
- Committed Volunteer Walk Leaders, High quality instructors delivering Tai Chi, EXTEND, and Dance sessions

Problems encountered:

Recruitment of Volunteer Walk Leaders in the more deprived wards of Solihull is notoriously difficult.

Overcoming problems:

Alternate training sessions in venues between the North and the South to ensure ease of access to residents in the North of the borough.

Future Developments:

- More sessions working with people with disabilities
- Follow-up questionnaire developed to measure levels of physical activity

Recommendations for colleagues:

Consultation with target groups to ensure new sessions and developments will be well received

Contact: Becky Glover (Step into Solihull Project Manager) reglover@solihull.gov.uk 0121 704 8075
Case Study 4

**Project Title: LEAP Over 60 Project** Leisure, Exercise & Activity for People over 60 through Age UK Dudley

**Brief Description**

Leap is abbreviated for Leisure, Exercise & Activity for People over 60. The Project enables Age UK Dudley to work with individuals, groups and organisations across the Borough of Dudley to create more exercise/activity opportunities for all older people whatever their ability.

**Aims of the project:**

To develop, increase and improve leisure exercise/education and activity provision for all people over 50 living in the Dudley Borough.

**Why are we doing it?**

- To raise awareness of the benefits of taking part in activities and a healthy lifestyle in general.
- Increase awareness of the activities and learning opportunities available for older people.
- Accident Prevention/Falls Prevention.
- Promoting mental health reducing isolation and loneliness.

**Target Group:**

- Despite the name, we target people over 50 years old in the Dudley Borough

**Setting:**

- Age UK Dudley activity centres, Other Age Concerns within Dudley, community centres, leisure centres, Faith halls, colleges, etc.

**Geographical Area:**

- Dudley Borough Council
Partnerships:

1. Age UK Dudley – LEAP Over 60 Project operates through Age UK Dudley
2. Dudley NHS primary care Trusts and Dudley Metropolitan Borough
3. Natural England – Walking for Health Initiative

Length and Stage of Project:

- Commenced in 1997

Intentions for evaluation:

- Healthy Footsteps for 50 Plus – Started March 2007 - 16 trained walk leaders, offer weekly walks on Mondays and Wednesdays, fortnightly walks on Tuesdays, occasional walks Saturdays and evenings (summertime).
- Get Cycling for 50 Plus – Started June 2010 – 10 cycling support riders (6 trained, 4 awaiting training) – weekly rides. In process of splitting groups between novices and intermediates
- Dudley Greenagers – Started July 2008 – funded by Big Lottery through Fit as a Fiddle – 2 allotment sites – 16 participants including 6 volunteers
- Exercise & Activity for Life – Activity Sheets by Postcode – directory of activities for older people throughout Dudley Borough includes activities in the community as well as those through Age UK Dudley

Evidence of effectiveness:

- During 2009-10 LEAP Over 60 Project recorded Exercise, Education and Leisure activities as follows:
  - 2099 activity sessions with 26894 client attendances
  - 85.53% participants were female and 14.47% male
  - 7.48% over age 50, 30.58% over age 60, 28.55% over age 70, 18.52% age over 80, And 14.87% age not stated
  - 45 people had disabilities (average number)
  - 93% were white British ethnicity, 0.25% were Asian, 0.29% were Black,
  - 0.27% were mixed, 0.07% were other ethnicities and 6.14% did not state
Cost and funding:

- Dudley MBC - £16599 and NHS Dudley - £29445

Key impacts/successes:

- Despite losing in the region of 9000 client attendances last year as Workers Education Association stopped delivering Active Retirement sessions, our attendance numbers have remained steady and are projected towards 30,000 this year.
- Feedback and evaluation has proved that participants are benefiting from exercise activities.
- Case studies have been uploaded to our website – www.ageukdudley.org.uk follow ‘Staying Active’ link and then case studies under ‘Healthy Footsteps’ and ‘Fit as a Fiddle’ (Dudley Greenagers)

Reasons for successes:

- Commitment of volunteers for walking, cycling and Greenagers projects
- Register of trained professional exercise tutors in EXTEND, Tai Chi, Swimming, etc.
- Effective press releases and radio interviews, Policies and procedures, Effective training

Problems encountered:

- Difficulties locating and being allocated plots at allotment for Dudley Greenagers
- Keeping novice cyclists attending Get Cycling for 50 Plus sessions

Overcoming problems:

- Including novice specific rides for Get Cycling for 50 Plus

Unexpected Spin offs:

- LEAP Over 60 Project Co-coordinator has undergone Cascade walk leader training to alleviate the issue of waiting list for walk leaders to be trained via Dudley MBC.
- Partnerships with Dudley MBC Road Safety and City Can Cycle with training and provision of bicycles for those who do not yet own one.
Future Developments:

- With 5 ‘Healthy Towns’ hubs (see www.dudleyhealthytowns.co.uk) within Dudley incorporating outdoor gyms, we are investigating a provision of outdoor gym sessions for older people with coaches from ‘Sports Structures’ (see http://www.sportstructures.com/)

Recommendations for colleagues:

- Policies and strategies for activities delivered through Age UK Dudley
- Importance of Risk Assessments and Route plans and directions

Contact:
Maggie Thompson, LEAP Over 60 Project, Age UK Dudley, The Junction, 1 Cradley Road, Netherton, DUDLEY, DY2 9RA, Tel: 01384 343535, Email: leapover60@ageukdudley.org.uk
6 Conclusions and recommendations

The Active People Survey demonstrates low levels of physical activity among older people both in the West Midlands and generally in the whole country. It is important not to over interpret this finding and it is unrealistic to expect large numbers of older people to engage in competitive sport and high intensity physical activity. However, it is highly desirable that older people should not be sedentary. The high proportion of older people not doing any moderate intensity physical or recreational walking even infrequently suggests that considerable health benefits would accrue from promoting more physical activity for older people.

It is clear that PCTs and local authorities are putting considerable energy into interventions intended to help older people be more physically active. However, our questionnaire failed to reveal any clear strategies or policy frameworks underlying these activities.

A clear strategy for promoting physical activity would include the following features.

- Stratification of target groups – based on different expectations of activity in different subgroups of older population. The grouping proposed in the NSF (entering older age, in transition, frail older) would be one way of doing this.
- Outcomes – desired levels of activity in different groups
- Interventions – activities intended to promote physical activity
- Scale – understanding of number and range of interventions required to meet population’s need
- Resources – amount of funding, staff time and other resources needed to maintain interventions and where they would come from.
- Success criteria and evaluation – what difference the strategy was expected to make and how these changes would be monitored.

Outcomes and interventions

It would be reasonable to seek different outcomes for different groups. For frail older people one might aim to improve balance and maintain their mobility so that they could move around their homes and local environment, use public transport and engage in social interaction with their friends. For those who were chair bound, one might aim to maintain joint movement and strength. The interventions that would produce these outcomes can include Extend type exercises through social based activities such as dances, congenial
walks and recreations such as bowls. For many gardening would be a source of interest and pleasure that would also maintain activity. Supporting outings may also be a worthwhile way of promoting physical activity and socialising. Among frail older people fear of falls may be a real barrier to physical activity so exercises to increase stability would contribute to the desired outcome.

For older people in the transition phase, the aim is to maintain full activity and independence and delay entry into the frail older people phase. Interventions that contribute to this are activities such as walking, cycling and swimming which may be done in groups. The social element of these activities is important both for itself and because it may motivate people to be more physically active. The physical activity may be coupled with all sorts of interests such as bird watching, conservation and so on. For some activities such as swimming, cost may be a barrier and therefore free or subsidised entry contributes to the outcome. It is important to realise, however, that cost is not the only barrier and older people may feel out of place or unsafe in some settings. In some case it may be helpful to offer opportunities for physical activity that are only for older people.

For people in the phase of entering older age, the desired outcome is to allow them to be as active as younger adults. The interventions required for this outcome are the same as those to promote physical activity in younger age groups. In this group motivation may be particularly important with interventions to offer people opportunities to join in different forms of physical activity (sport, walking, cycling, gardening and so on) and a reminder that these activities can not only be enjoyable but also benefit health and fitness.

Having clarified the desired outcomes and the interventions that will achieve them, one then needs to establish how many people are in the different groups and how many interventions would be needed to produce the desired outcomes in a reasonable proportion.

**Evaluation**

With all public service investment, there is a reasonable insistence that one can demonstrate if they are likely to produce the desired outcomes.

The first step should be to look at the interventions themselves.

- What interventions were offered and how many?
- How many people took up these interventions? What were the characteristics of users?
- Were users from the target groups in terms of socio-economic status, ethnic group, age group and physical state?
- Are they merely attracting those who are already physically active or are they attracting those who were previously inactive?

The next step is to look at user’s opinion of the interventions.

- Did they enjoy the activities?
- Do they feel fitter after engaging in the activities?
- Have they been induced to engage in other forms of activity independently?
- The opinions of staff will also throw light on the effects of the intervention.

Lastly one would like to know if the outcomes have changed but this is difficult to monitor. Several PCTs talked about using the Active People Survey or the National Indicator 8 to show the effect of their strategies to promote physical activity in older people. However, both of these are weighted towards younger age groups and at whole populations. They are therefore unlikely to show any effect of small scale interventions. For monitoring purposes, PCTs will probably need to concentrate on those who take up their interventions rather than the general population.

Outcome measurement tools for activities intended to promote physical activity have been reviewed (Tools to measure physical activity in local level weight management interventions: a rapid review18). Based on this work a single item physical activity measure has been developed. Two versions of a single question were used one asking about activity in the past week and one about activity in the past month.

“In the past week/past month, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate. This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job”.

An open-response scale was used, with valid responses ranging from 0 to 7 days for the past-week version and from 0 to 31 days for the past-month version. The validity and reliability of this question has been tested19.

This single question is unlikely to be suitable for the evaluation of programmes directed at frail older people (for example those in a residential home) or very inactive groups in whom it
may be unrealistic to expect them to sustain 30 minutes of physical activity enough to raise their breathing rate. A different outcome question may be needed for such groups.

**Who should lead?**

The survey showed PCTs and local authorities are working closely together to promote physical activity of older people. Logically, this work could be seen as part of the older people’s welfare agenda or as part of the physical activity agenda.

Probably, concern for those entering older age fits more comfortably with the physical activity agenda since it is merely a question of engaging older people in the activities offered to younger people.

On the other hand, concern for frail older people fits better with the older people’s welfare agenda. Here the emphasis is on physical activity accompanying social activity and enjoyment. Falls prevention, extend and exercises for those with restricted mobility may be an important part of the strategy.

**Recommendations**

1. Local partnerships should have a clear idea of the outcomes they seek to achieve and the types and numbers of interventions that are likely to be needed to achieve these.
2. Partnerships and organisations should ensure that there are clear lines of leadership and accountability for the development of the physical activity among older people agendas. Clear lines of communication, strategy and delivery should be developed to minimise duplication and maximise delivery.
3. The desired outcomes and the methods by which these would be achieved should be explicitly stated in strategies which are communicated to all who will contribute to promoting physical activity in older people.
4. Programmes to promote physical activity in older people should as a minimum include monitoring of the outputs (those using the interventions and their experience). It is also very desirable to add some outcome measures if possible.
5. Organisations and partnerships should develop physical activity interventions that are stage matched to the stages of ageing (groups entering old age, transition and frail older people) and appropriate to health and physical function
6. Organisations and partnerships should use evidence based interventions to support older people in remaining active as they progress from entering old age, into the transitional phase and through to the frail older market segment.

7. Partnerships and organisations should consider effectively interlinking and embedding the older people and physical activity agenda in appropriate local policy and strategy to support delivery. For example physical activity should be included in Older People and Social Care Strategies and older people should be included as a clearly define target group within local physical activity strategies.
7  Appendix 1 - Demography

The changing demography of the older population has attracted considerable attention because of the concern about the increase in the growth in the number of the “oldest old” and the increasing number of the frail older people. This section covers the demography of older people.

The West Midlands Population Age Structure

Before considering the health of older people it is important to consider how many there are, what proportion they form of the total population and how their number will change in the future. Knowing the number of the people in the different age groups in a population is essential for planning and assessing the physical activity needs of the population as well as other needs such as transportation, housing, social services etc.

Figure A.1 shows the structure of the West Midlands and England population in 10 year age bands for males and females. The population structure of the West midlands is about similar to that of England. The population peaks in the 40-49 age-band which makes up nearly 15% of the total population. The numbers in the older age bands decreases with increasing age.

Figure A.1: Population structure for the West Midlands and England 2008

Source: ONS mid 2008 population estimates

In 2008, 34.8% (1.75 million) of the population of the West Midlands were aged 50 years and over and about 17% (0.9 million) were aged 65 years and over. After the age of 69, the number of males decreases more rapidly than females.
Local Comparison

Figures A.2a and A.2b show the variations in the percentage of males and females aged 50 and over by PCTs in the West Midlands. The percentage of those aged 50 and over varies from 19% to 42% in males and from 22% to 44% in females. The highest percentage is found in Herefordshire and the shire counties and the lowest is in the Heart of Birmingham and the metropolitan areas. The differences between regions are in part determined by long standing resident populations and in part by migration. In all PCTs there are more females than males in the 50 and over age band.

*Figure A.2a: Percentage of older age groups among the total male population in the West Midlands, age 50+, 2008*

Source: ONS mid 2008 population estimates
Female to Male Ratio in the West Midlands

Generally, females live longer than males and hence the proportion of females in the older age bands rises and the ratio of females to male will also rise. The ratio of females to males reaches one at about the age of 65 and thereafter increases more rapidly with increasing age (Figure A. 3). About 53% of those aged 50 and over are women. This increases to 56% at the age of 65 and over and by the age of 85 this has risen to 69%.
Figure A.3: Female to Male Ratio aged 25+, West Midlands, 2008

Source: ONS mid 2008 population estimates

Figure A.4: Female to Male Ratio aged 65+, West Midlands PCTs, 2008

Source: ONS mid 2008 population estimates

Figure A.4 shows some variations in the female to male ratio between PCTs in the West Midlands. Telford and Wrekin and Dudley have a higher ratio in the 85 and over age group than most of the other PCTs. For the 75-84 age group, Stoke on Trent PCT has the highest ratio.
**Old age Dependency Ratio**

Old age dependency ratio is defined as the ratio of those over state pension age (currently 60 for females and 65 for males), to those of working age (aged between 16 up to the state pension), expressed as a percentage. The dependency ratio is a crude but useful tool for assessing the economic balance of an ageing population. The total dependency ratio of a country is used as a simple measure of its capacity to produce the resources needed to maintain living standards for the whole population, while the old age dependency ratio to some degree measures the capacity to maintain living standards for the pensionable population. The changes in old age dependency are a consequence of reductions in age specific death rates, increasing the numbers of older people and reduction in birth rate reducing the size of the supporting adult population. However, it is likely that many people will continue to be economically active beyond the current state retirement age, and will remain financially independent. In addition, future changes in the state retirement age will affect the old age dependency ratio.

Recently, it has been suggested that there should be an ‘oldest old support ratio’ based on the ratio of people aged 50-74 to those aged 85 and over, since it is generally younger retired people who provide the majority of care to the oldest old, and since the proportion of retired people in the oldest old age group is expected to increase.

The trend in old age dependency ratio in the West Midlands is shown in figure A.5. The cut-off point between working age and pension age varies by projection year, in accordance with the increases in state pension age taking place between 2010 and 2031 as a result of Government legislation\textsuperscript{20}. Legislative changes to state pensionable change show that old age dependency will have a modest increase from 31% in 2008 to 34% in 2031 in the West Midlands.
The current and projected old age dependency ratio for local authorities in the West Midland is shown in figure A.6. As would be expected, areas with higher proportions of pensioners show a high dependency ratio. The current ratio is greatest in Shropshire (41%) and lowest in Birmingham (25%). Despite the anticipated change in the state pensionable age in 2031, the dependency ratio is projected to increase in all areas in the West Midlands except in Birmingham which is projected to decrease to 22%. The highest projected increase of 53% is in Shropshire.
Ethnic Minority

The ethnic minority population is distributed unevenly around the West Midlands, with high concentrations in many urban areas. While the current numbers of older, non-white ethnic groups are small, the numbers in younger age bands are larger and therefore the number of older people from these groups is likely to increase in future years.

In this report the broad grouping recommended by National Statistics has been used. However, it must be remembered that these groups are very heterogeneous and for a proper understanding breakdown into the constituent groups within these would be required.

Based on ONS mid 2008 ethnic population estimate, the percentage of older people aged 65 and over in the West Midlands is 5.0%. The largest ethnic minority group for those aged 65 and over is the Asian and Asian British followed by Black and Black British. Among these groups, the ratio of males to females is higher than that of the overall population (Figure A.4).
Figures A.7a and A.7b show the percentage of minority ethnic groups in the West Midlands. The Heart of Birmingham PCT has the highest concentration of those aged 65 and over (42.5% men, 35.9% women). All other PCTs have less than 12% with the lowest percentage (0.6%) in Herefordshire and North Staffordshire.

**Figure A.7a: Percentage of minority ethnic males 65+ in the West Midlands, 2008**

![Bar chart showing percentage of minority ethnic males 65+ in the West Midlands, 2008.]

Source: ONS mid 2008 population estimates

**Figure A.7b: Percentage of minority ethnic females in the West Midlands 65+, 2008**

![Bar chart showing percentage of minority ethnic females in the West Midlands 65+, 2008.]

Source: ONS mid 2008 population estimates
Population Projection

The number and age structure of future populations depend on current populations, age specific death rates, birth rates and migration rates. The population projections discussed in this section are period based giving population projections to 2031 based on mid 2008 population estimates.

The overall population of the West Midlands is expected to increase by about 14% over the next 25 years compared to an increase of about 19% in England. Most of this increase will be in those aged over 50. Figure A.8 shows how the West Midlands and English population is projected to grow by age group and sex by 2031. It is clear that the largest percentage area of growth will be in the oldest age group (85 and over) and in males more than females.

**Figure A.8: projected population change 2008-2031, England and the West Midlands**

There are considerable differences between PCTs in the West Midlands region in the projected growth of their older population. The projected increase in the population aged 65 and over ranges from 31% to 109% in males and 19% to 83% in females with the highest increase in Telford and Wrekin PCT and lowest in the Heart of Birmingham and Birmingham
East and North PCTs. The projected increase in the population aged over 85 is even more dramatic ranging from 127% in males in South Birmingham PCT and 318% in males in South Staffordshire PCT. For females, the range is 40% in Birmingham East and North PCT to 158% in South Staffordshire PCT. (Figures 9a and 9b).

**Figure A.9a: projected population change 2008-2031 in males, the West Midlands**

\[ 
\begin{array}{cccccc}
\text{Percent} & 50-64' & 65-74' & 75-84' & 85+ \\
\hline
\text{South Staffordshire} & 250\% & 300\% & 350\% & 400\% \\
\text{Telford and Wrekin} & 200\% & 250\% & 300\% & 350\% \\
\text{Shropshire} & 150\% & 200\% & 250\% & 300\% \\
\text{Worcestershire} & 100\% & 150\% & 200\% & 250\% \\
\text{Warwickshire} & 50\% & 100\% & 150\% & 200\% \\
\text{North Staffordshire} & 0\% & 50\% & 100\% & 150\% \\
\text{Walsall} & -50\% & 0\% & 50\% & 100\% \\
\text{Dudley} & -100\% & -50\% & 0\% & 50\% \\
\text{Solihull Care Trust} & -150\% & -100\% & -50\% & 0\% \\
\text{Southampton} & -200\% & -150\% & -100\% & -50\% \\
\text{Coventry} & -250\% & -200\% & -150\% & -100\% \\
\text{Sandwell} & -300\% & -250\% & -200\% & -150\% \\
\text{Birmingham} & -350\% & -300\% & -250\% & -200\% \\
\text{West Midlands} & -400\% & -350\% & -300\% & -250\% \\
\text{England} & -500\% & -450\% & -400\% & -350\% \\
\end{array} 
\]

**Figure 9b: projected population change 2008-2031 in females, the West Midlands**

\[ 
\begin{array}{cccccc}
\text{Percent} & 50-64' & 65-74' & 75-84' & 85+ \\
\hline
\text{South Staffordshire} & -20\% & 0\% & 20\% & 40\% \\
\text{Telford and Wrekin} & -10\% & 0\% & 10\% & 20\% \\
\text{Shropshire} & 0\% & 10\% & 20\% & 30\% \\
\text{Worcestershire} & 10\% & 20\% & 30\% & 40\% \\
\text{Warwickshire} & 20\% & 30\% & 40\% & 50\% \\
\text{North Staffordshire} & 30\% & 40\% & 50\% & 60\% \\
\text{Walsall} & 40\% & 50\% & 60\% & 70\% \\
\text{Dudley} & 50\% & 60\% & 70\% & 80\% \\
\text{Solihull Care Trust} & 60\% & 70\% & 80\% & 90\% \\
\text{Southampton} & 70\% & 80\% & 90\% & 100\% \\
\text{Coventry} & 80\% & 90\% & 100\% & 110\% \\
\text{Sandwell} & 90\% & 100\% & 110\% & 120\% \\
\text{Birmingham} & 100\% & 110\% & 120\% & 130\% \\
\text{West Midlands} & 110\% & 120\% & 130\% & 140\% \\
\text{England} & 120\% & 130\% & 140\% & 150\% \\
\end{array} 
\]

Source: ONS projected population change 2006-2031
Appendix 2 - Questionnaire

Encouragement of Physical Activity in Older People Questionnaire to PCTs

This survey is being carried out on behalf of PAN-WM Physical Activity Network. Its aim is to find out about the good practice in encouraging physical activity in older people that is taking place throughout the West Midlands. The results of this survey will be collated and shared with obesity leads via the good practice section of the West Midlands obesity web pages.

(Please note you can write as much as you want in text boxes which will expand)

Name of the Local Authority / PCT: ____________________________________________________________
Name of person completing form: ____________________________________________________________

Contact Details:
Job Title: ____________________________________________________________
Telephone: ____________________________________________________________
Fax: ____________________________________________________________
E-mail: ____________________________________________________________

1. Does your PCT have a lead for promotion of physical activity? ☐ Yes ☐ No ☐ Don’t know
Name of person: ____________________________________________________________

Are they an employee of ☐ NHS ☐ LA ☐ Other Organisation ☐ Don’t know

2. Does your PCT have a lead for promotion of wellbeing/prevention of ill health in older people?
☐ Yes ☐ No ☐ Don’t know
Name of person: ____________________________________________________________

Are they an employee of ☐ NHS ☐ LA ☐ Other Organisation ☐ Don’t know

3. In your PCT, is promotion of physical activity in older people regarded as primarily the responsibility of
☐ Physical activity lead ☐ Older people lead ☐ Don’t know

Cooperation with Local Authority

4. Is work to promote physical activity in older people primarily led by
☐ PCT ☐ Local Authority ☐ Third Sector ☐ Joint
5. Who is the Local Authority person with greatest involvement in this area?

Title of post:  
Name:  

Please add any comment or further explanation of how your Local Authority is involved in this box:

---

Cooperation with other organisations

6. To what extent are the following involved in encouraging physical activity of older people in your PCT?

- Faith Communities  
  - Not at all  
  - Some involvement  
  - Extensive involvement  
- Age Concern/ Help the Aged  
  - Not at all  
  - Some involvement  
  - Extensive involvement  
- Other third sector organisations  
  - Not at all  
  - Some involvement  
  - Extensive involvement  

Please give names of key contacts for this topic in other organisations,

Names:

---

Intervention to encourage physical activity in older people and others
### Offered for All ages | Sessions particularly targeted at older people | Who pays to run this activity
---|---|---
Organised walks | Yes | No | Yes | No | PCT | LA | Other
Green gyms | Yes | No | Yes | No | PCT | LA | Other
Exercise on prescription | Yes | No | Yes | No | PCT | LA | Other
Swimming sessions | Yes | No | Yes | No | PCT | LA | Other
Keep fit classes | Yes | No | Yes | No | PCT | LA | Other
Tea dances | Yes | No | Yes | No | PCT | LA | Other
Extend groups or similar | Yes | No | Yes | No | PCT | LA | Other

Please add any further information on these projects or on other projects that you wish to mention in this box:

---

### Residential Homes

7. Are there communal residential homes in your PCT area? [ ] Yes [ ] No [ ] Don’t know

If yes are there interventions to increase physical activity and mobility of residents? [ ] Yes [ ] No [ ] Don’t know

Is this intervention organised by [ ] PCT [ ] Managers of home [ ] Other [ ] Don’t know

If Other please specify:

---

Please add any further information that you wish to give on activities in residential homes you have initiated / developed / commissioned and provided in this box:

---

### Overall Policy/ Strategy

8. Is there an overall policy / strategy to encourage physical activity in older people in your PCT? [ ] Yes Clearly Stated [ ] Yes Vaguely Stated [ ] No
If yes please briefly summarise

Aims of policy:

Methods of achieving these aims:

Criteria by which success of policy/strategy will be judged:

About Policy

9. Which interventions are aimed at different NSF stages of ageing?
   a) Activities mainly directed at those entering old age?

   b) Activities mainly directed at transitional stage between healthy active life and frailty?

   c) Activities mainly directed at frail older people?
Funding and Resources

10. Which departments contribute resources (staff or money) for activities intended to encourage physical activity in older people?

- Community nursing/ health visiting
- Geriatric medicine/ medicine of old age
- Health promotion/ Social marketing
- Physiotherapy
- Local Authority/ leisure services
- Local Authority/ social services
- Other sources (Please specify below)

Please add any further information on resourcing that you wish to make in this box:

Examples of Good Practice

11. Are there any projects in your PCT for promoting physical activity in older people that you regard as particularly good practice? If so please briefly describe them and give contact names

Description of good practice 1:

Contact person for further information on project 1:

Description of good practice 2:
Contact person for further information on project 2:

Description of good practice 3:

Contact person for further information on project 3:

Add information on further projects as appropriate.

12. Overall Additional Comments

Please use this space for any additional comments about encouraging physical activity in older people in your area.

Thank you for your time and effort in completing this questionnaire.

Please return questionnaire by 17/02/2010 to:

George Che Fowajuh
West Midlands Public Health Observatory, Research Park, Vincent Drive, Edgbaston, Birmingham, B15 2SQ.
Email: George.fowajuh@wmpho.org.uk, Tel: 0121 4158271
The code before each response indicates the PCT from which it came. The code is made up of the first three letters of the PCTs title.

<table>
<thead>
<tr>
<th>Policy aims</th>
<th>SOL</th>
<th>SST</th>
<th>NST</th>
<th>HOB</th>
<th>DUD</th>
<th>COV</th>
<th>STO</th>
<th>TEL</th>
<th>WOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• To significantly increase levels of physical activity through sport, recreation, leisure and everyday life particularly among disadvantages groups.</td>
<td>• PCT 5 Year Public Health Plan - Plan aims to get a large number of adults getting more active, particularly those within vulnerable groups such as older people. There is an overarching plan which is now being developed on a locality basis by each of our 5 practice based commissioning consortia.</td>
<td>• NHS Strategic Plan: Early Detection and early management of CVD to contribute to reducing mortality rates/reducing health inequalities.</td>
<td>• The PCT has an obesity prevention and treatment strategy which includes physical activity interventions for all ages. The programme funds and has previously funded specific interventions such as tea dances, walks, extend, swimming.</td>
<td>• LA and PCT older peoples strategy, community strategy, LAA NI8 template, PAICE action plan.</td>
<td>• During 2010/11 the new Healthy Ageing Programme Lead will be: o Producing in partnership a strategy for Healthy Ageing in Coventry. o Contributing to the development of relevant strategies to ensure that needs and outcomes for older people are included e.g. joint strategic needs assessment (JSNA), Public Health programmes including healthy weight, physical activity and mental health &amp; wellbeing and other strategies.</td>
<td>• The LAA delivery plan for physical activity for Stoke on Trent targets those who are sedentary regardless of age. The population make up according to Active People Survey indicates that older age group is one of the prominent groups that are sedentary. Focus is, therefore, steered based on such intelligence as oppose to by age band/ other demographic profile.</td>
<td>• Older Adults Strategy 2006 - 2016 reflects the thematic aspirations set out in the Government White Paper, Our Care, Our Say: Themes have been identified to have the most impact on the well-being of older people: Information, Citizenship and Community, Living Well, Maximising Independence, Choice and Control.</td>
<td>• To develop/increase partnership work between City Council and PCT with the aim of increasing participation in physical activity by older people across the City.</td>
</tr>
</tbody>
</table>

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## Methods of achieving aims

| SOL | • To develop a reliable database on physical activity patterns across the population of Solihull.  
  • To raise public and professional awareness and understanding of the health messages of physical activity, guidelines, advice and opportunities available by ensuring that information is provided in a variety of media and tailored to meet the needs of different population groups, particularly targeting those most in need.  
  • To ensure that appropriate and consistent advice for the encouragement of physical activity is available across the Borough, tailored to meet the needs of different population groups, particularly targeting those most in need.  
  • To ensure that a full range of accessible opportunities for physical activity and sport is available across the Borough, tailored to meet the needs of different population groups, particularly targeting those most in need.  
  • To work towards ensuring that the physical environment and local culture promotes and enables an active lifestyle at home, at work, in educational settings and for recreation and transport. “Also working to reduce inequalities including educational achievement and reducing crime.”  
  • To establish ‘pathways’ for participation in specific activities providing a continuum of opportunities from the most basic level to the highest (recognising the role of all providers, including signposting for those delivering outside the Borough). |
| SST | • Social Marketing research to be conducted for people between ages of 40 - 74  
  • Commission physical activity programmes specifically for older people over the next 5 years if this is seen as a priority by PBC. |
| NST | • Implementation of NHS Health Checks  
  • Appropriate pathways to support individuals identified to make lifestyle changes (weight management/physical activity/healthy eating). CAN groups have action plans to achieve LAA targets. In Staffordshire Moorlands this includes an older adult subgroup which reports to the CAN group. |
| DUD | • Promotion of messages,  
  • Provision and commissioning of sessions |
| COV | • 55 + better life survey is being undertaken through Coventry City Council. Included in here are questions around physical activity which will help inform future services. |
| STO | • Needs to understand barriers and use of audience segmentation to have better insight and thus designs programmes to better reflect target audience. PCT perspective on commissioning enables themes of work as well as interventions that can be tailored to suit all abilities and ages to maximise limited resources but generate scalability and reach to impact on larger numbers of the population that are sedentary. Need to build capacity of local providers to embed health promoting activities as part of their own core programming to support the agenda. |
| TEL | • Partnership action plan in place outlining a number of key objectives in each of the above areas. |
| WOL | • Funding is provided by PCT to develop older people activity provision including facilities, equipment and staffing.  
  • Innovative programmes developed including interactive activities using dance mats, Wii.  
  • Development of Graiseley Community Healthy Living Centre provision. |
## Criteria by which success will be judged

### SOL
- Relating to older people
  - Reduction in the % of population not doing 30 minutes of physical activity a week
  - Increase in % of older people achieving a) participating in active sports by at least 12 times a year and b) engaging in at least 30 minutes of moderate intensity level sport at least 3 times a week.
  - Increase in the number of adults who are aware of physical activity health messages and Solihull Active campaign.
  - Monitoring the number of opportunities for physical activity on Solihull Active database.
  - Range of marketing materials available to meet the needs of different population groups.
  - Increase in the % of population in urban areas that are within 20 minutes walk of different facility types.
  - Increase in % of population in rural areas that are within 20 minutes drive of a range of different facility types. Number of older people participating in specific project areas e.g. Step into Solihull, Active Workplace.
  - Range of opportunities in place within core pathways.
  - Uptake of activity within core pathway areas.

### SST
- Active People Survey Results - Numbers going from Zero activity per week to at least one session per week.
- Monitoring and Evaluation data from individual programmes that are commissioned.

### NST
- NHS Health checks: implementation, number of people screened, number of people identified at risk, number of people at risk who take part in health improvement programmes, follow ups to be determined.
- Achievement of local and county wide targets.

### DUD
- Increases in participation, customer satisfaction.
- In some cases physiological outcomes such as reductions in blood pressure.

### STO
- Long term sustainability e.g. numbers of sedentary people who report doing zero activity a week has remained active post intervention at 4 week period.
- Global bench mark of progress is based on Active people survey as well as local interventions meeting commissioning specification e.g. 80% customer satisfaction, increased in new participants from hard to reach e.g. BME groups.

### WOL
- Participation roles / increase in service users
- New developments
- Wide variety of activities are provided
## Activities directed at entering old age

<table>
<thead>
<tr>
<th>SOL</th>
<th>• Activities generally bearing in mind older age usually focuses on over 50s</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN</td>
<td>• Tea dances, health walks, multi activity sessions, dance mats, keep fit classes, outdoor bowling, green gym, mini allotments, gardening for health</td>
</tr>
<tr>
<td>NST</td>
<td>• All physical activity programmes are available to those entering old age. Active in Age Classes are for the 50+ age category, delivered by Age Concern. SMDC and Beth Johnson Foundation are involved in the capacity building of local groups to deliver chair based activity within their groups.</td>
</tr>
</tbody>
</table>
| COV | • The Health and Physical Activity team run four programmes throughout the year which are designed to help you "Be Active, Be Healthy and Be Happy". The four programme are:  
  o One body one life: A FREE 12 week healthy eating and physical activity programme for families and individuals interested in leading a healthier lifestyle. The team run a programme for clients who are 50+  
  o Coventry Healthy Walks: Organises FREE local walks around Coventry from walks in the park to lap walks. The scheme is accredited by Walking your Way to Health initiative.  
  o Active for Health: GP exercise referral programme for clients who are 16yrs based in local leisure centres around Coventry.  
  o EXTEND: Low impact recreational movement to music for men and women over-sixty years and for less able people of all ages. |
| STO | • Interventions focused not on demographics per se - but governed by sedentary behaviour. Thus important other organisations and not just PCT play a key role to support and promote active lifestyle across the age range e.g. from early years through to older age range.  
  • It will be for the respective providers/organisations that work directly with older people to deliver and support appropriate their of physical activity support |
| TEL | • Physical activity programmes e.g. free swimming initiatives, exercise on prescription, walking for health, leisure centre programmes, community based exercise provision |
### Activities mainly directed at transitional stage

| SOL          | - Those activities noted previously focusing on older people and including activities run within Step into Solihull project (including healthy walks) and Fit as a Fiddle project.  
|             | - Staying Steady in Solihull and some of the activities within the Step into Solihull Project. Staying Steady in Solihull have some frail older people attending although they need to be able to walk a short distance and be motivated to exercise, programme is progressive over 14 weeks.  
|             | - Some of the activities within the Step into Solihull Project.  
|             | - Develop a reliable database  
| SAN         | - EXTEND, some health walks, indoor bowling, mini allotments, gardening for health and table top gardening  
| COV         | - Free swimming is also available for people 60+.  
| TEL         | - Community based exercise programmes including delivery of the extend programme.  
|             | - Provision of health information including an exercise booklet to encourage older people to adopt an active lifestyle / focus on mobility. |

### Activities directed at frail elderly

| SST         | - Falls Prevention Service in East Staffs, Seisdon and Cannock Chase  
|             | - Care Homes project Cannock Chase PBC area - train Care Home staff to enable them to deliver safe and effective exercise as part of the Exercise For You programme. The aim is to give older people the opportunity and encouragement to access exercise and develop a healthy lifestyle.  
| SAN         | - EXTEND, Falls prevention, walk from home, gardening from home  
| NST         | - Falls prevention pathway in place which includes a physical activity component.  
| COV         | - Extend in community and residential homes |
10 Appendix 4 - Reported good practice

1-Herefordshire PCT

Herefordshire Specialist Activity & Training Scheme

This provides follow on activity for Cardiac Rehab, falls prevention and heart failure/function rehabilitation pathways. The scheme initially delivers the sessions but then either supports the up skilling of a local deliverer or supports the integration of a self-employed instructor. This adds sustainability to the scheme. The scheme also supports the delivery of Open College network courses in health and fitness which then allow volunteers within the organisations to take forward activity.

2- Stoke on Trent

Stoke-on-Trent PCT fall's project:

- Active in Age exercise groups and Health walks

Stoke-on-Trent City Council funded project:

- Active in Age exercise groups and Longer health walks.
- Cycling groups based at Berryhill Village and Bradeley Village.

Sports England Funded project (Funded until June 2010):

- Active in Age exercise groups and Health Walk.

Fit as a Fiddle Greenagers project (funded by Big Lottery):

- Gardening Circle (Fenton, Newcastle, Biddulph) and allotment (Stoke-on-Trent, Cauldon and Districted).

North Staffordshire PCT,

- Falls prevention Project:
- Active in age exercise groups ( Wolstanton, Chesterton, Westlands, 2 Cross Health/Knutton, Audley, Cheadle, Leek) Also
- 8 x8 week courses of Tai Chi per year (4 in Newcastle area and 4 in Moorlands area) the Tai Chi has to have health professionals’ referrals.
3- North Staffordshire PCT

NHS North Staffordshire and Staffordshire Moorlands District Council work closely with the third sector to capacity build within community groups. This includes training up community members to deliver physical activity/mobility exercises within the community groups that they attend. Support is also given in terms of insurance and quality.

**Contact:** Hilary Moss (Partnership Manager - Health Inequalities). **Telephone number** 0845 602 6772, ext. 1519, Hilary.moss@northstaffordshire.nhs.uk

4- Birmingham East and North

Currently in the process of developing a wider physical activity strategy which will reflect the needs of older people – hence the limited detail

**Contact:** Dr Andrea Docherty, Health Improvement Directorate, Tel: 0121 380 9281

5- Heart of Birmingham Teaching Primary Care Trust

1. Tea dances to be piloted in the next year as part of a wider initiative

Contact:

6- Sandwell

Active Sandwell: A programme which uses outreach workers to work with older people to find out what their needs are and to develop suitable activities. It develops and co-ordinates a range of activities for older people at all stages of aging. It works in close partnership with Sandwell Leisure Trust and third sector organisations. This project had outreach workers who worked with BME elders.

**Contact:** Deb Davies, Older People Lead 0121 612 1664

7- South Staffordshire Primary Care Trust

Falls Prevention Service in East Staffs, Seisdon and Cannock Chase

Care Homes project Cannock Chase PBC area – trains care home staff to enable them to deliver safe and effective exercise as part of the Exercise For You programme. The aim is to give older people the opportunity and encouragement to access exercise and develop a healthy lifestyle. West Midlands Workforce Deanery provided a short term funding for the Care Homes project to up skill the local workforce, to increase physical activity within care homes and improve the health of the elderly residents.

**Contact:** Kate Rutter, Public Health Development Officer 01889 571714
8- Telford

Promotion of small grants scheme - Older People’s Low Level Preventative Grant - enables small community groups to apply for grants to fund activities / initiatives.

Contact: Vicki Pike, Health Improvement Commissioner, vicki.pike@telfordpct.nhs.uk

Physical activity booklet - encouraging mobility in older people

Contact: Louise Mills, Head of Health Inequalities and Lifestyle, Tel: 01952 580390, email: louise.mills@telfordpct.nhs.uk

9- Coventry

EXTEND in Care Homes: Low impact recreational movement to music for men and women over-sixty years and for less able people of all ages.

Contact: Neil Byrne Commissioner for Older people, (02476 294454) Coventry City Council

10- Dudley

Leap is abbreviated for Leisure, Exercise & Activity for People over 60. The Project enables Age Concern Dudley to work with individuals, groups and organisations across the Borough of Dudley to create more exercise/activity opportunities for all older people whatever their ability.

The aims of the project are:

1. To develop, increase and improve leisure exercise/education and activity provision for all people over 60 living in the Dudley Borough.

2. To raise awareness of the benefits of taking part in activities and a healthy lifestyle in general.

3. To increase awareness of the activities and learning opportunities available for older people.

4. Accident Prevention/Falls Prevention.

5. To promote mental health by reducing isolation and loneliness.

Contact: Maggie Thompson, Leap Project, Tel: 01384 343535, email: maggie.thompson@ageconcerndudley.org.uk
11- Wolverhampton City Council

55+ Activity programme at Graiseley Community Healthy Living Centre. 1 session of interactive activities - 1 session of Easyline gym

Contact: is Nicola Russell - Centre coordinator, email: Nicola.Russell@wolverhampton.gov.uk

Walking for Health in Phoneix Park: attracts large numbers of older people, especially the Asian community. The Walking for Health Team delivers walks across the City and are very popular with older people

Contact: Andrew Tomlinson, Walking for Health

Free Swimming for 60+

Contact: Amy Baker, Sport Development Officer, email: amy.baker@wolverhampton.gov.uk

12- Shropshire County PCT

Community Council of Shropshire Preventative Services team: Trains independent exercise teacher to become Extend teachers (e.g. sheltered housing managers, Age Concern staff/volunteers, and independent tutors) and provides start up grants for community groups to establish self-sustaining exercise classes in local community venues e.g. village halls, community centres. In partnership with PCT Public Health, it has established a database of provision and professional development network for community exercise tutors working with vulnerable adults

Contact: Celia MacIntyre, Community Council of Shropshire, 1743 360641

Walking For Life Project: Developed a progressive pathway into walking through the development of walking to health initiatives (3 Walking for Health Coordinators), the development of independent walking opportunities and active volunteering. Development of Walking for Health toolkit, including DVD to disseminate good practise to other organisations

Contact: Deb Hughes, Outdoor recreation Manager, Shropshire Council

Postural Stability for falls Prevention programme: Delivered by PCT falls prevention team as part of fall prevention care pathway. It includes TA’s delivering Otago programme in patient’s homes. It also provided Otago training to cohort of independent Extend teachers.

Contact: Sandy Lockwood, Shropshire County PCT
13- Walsall Council

**Active Steps** – is a community based specialised group exercise session aimed at people who have fallen or who are frightened of falling. The specific exercises aim to improve balance, strength, stamina, posture, mobility and co-ordination, and in turn improve confidence and independence. Evidence based – Postural Stability Instructor (PSI) training with Later life, FAME study.

**Hydrotherapy:** Water-based exercise programme for people with Musculo-Skeletal conditions such as Arthritis. Currently being offered at the Bloxwich Leisure Centre and 2 sessions at Central Gala Baths (Brine Pool). The target is 4 sessions set up across the borough with 2 instructors to have completed Aquasize and Community Care Module.
11 References


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7 Chief Medical Officer. On the state of public health: Annual report of the Chief Medical Officer 2009. London: Department of Health; 2009

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