

GET MOVING NOTTINGHAM - FINAL REPORT

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‘Get Moving Nottingham’-Local Exercise Action Pilot (LEAP) Background

The Local Exercise Action pilot (LEAP) programme is an exciting public health programme funded by the Department of Health, Sport England and the Countryside Agency to test out and evaluate different evidence based ways to increase physical activity levels in the community.

There have been 10 Pilots, at least one in each of the 9 English Regions which are due to end in March 2006. The projects have been gathering data to help inform the Government and other agencies on positive ways to help in getting people more active. The data will be used to help influence future policies related to reducing the gap of sedentary lifestyles to more active ones.

Health in Nottingham

Nottingham City is the 7th most deprived local authority area in England and the most deprived in the NHS Trent Region (IMD 2004). Over half (53.4%) of the Nottingham City population live within wards ranked within the 10% most deprived wards nationally. Health outcomes in Nottingham City are significantly worse than the national average. Data from 1996 to present show, although increasing over time, life expectancy in males and females remains lower than the England, East Midlands and NRF average.

Cardiovascular disease is the greatest single cause of premature death in the City and it is crucial that it is targeted to reduce inequalities in life expectancy. Adults who are physically active have 20-30% reduced risk of dying prematurely and up to 50% reduced risk of developing major chronic diseases such as CHD, stroke, diabetes and cancers. It is therefore clear that in Nottingham increasing physical activity should be part of the overall strategy to reduce cardiovascular disease and increase physical activity and programmes such as LEAP can make a significant contribution to this.

Nottingham City LEAP - 'Get Moving Nottingham' aims and objectives

PROJECT AIM

'To Increase physical activity and decrease sedentary behaviour amongst the City's residents aged 50 years and over, particularly those living in the most deprived areas of the City of Nottingham'

PROJECT OBJECTIVES

- To conduct an audit of physical activity opportunities for older people across the City
 - To consult older people about the barriers that exist to physical activity in the City
 - To develop a network of older peoples activities across the PCT
 - To conduct a campaign to promote the benefits of physical activity for old age and the opportunities to be active that exist
 - To publicise physical activity through the local media and the publications of partner organisations to raise awareness of physical activity
 - To ensure that existing physical activity programmes reflect the needs of local older people
 - To improve the quality of life and increase social interaction of those participating in the LEAP programme
 - To identify gaps in physical activity provision for older people and develop suitable activities at these locations
- To involve local people in the development and running of new and existing physical activity opportunities
 - To develop a peer mentor physical activity motivator programme for older people
 - To develop a consistent approach to introducing individuals and groups to local opportunities for physical activity which can be used by all partner organisations
 - To provide older people's physical activity training to PCT staff and staff of key partners
 - To train staff in motivational and behavioural change techniques for increasing physical activity
 - To fund dedicated physical activity advisors within the PCT

Why Focus on People aged 50 and over?

There is growing evidence about the importance of physical activity for older people. These include immediate and long term physiological, psychological and social benefits, particularly for certain conditions directly associated with old age.

The adoption of a more physically active lifestyle can add years to life, even for previously inactive people. The benefits of being physically active include:

- Disease prevention and management
- Psychosocial benefits
- Reducing immobility and its complications
- Maintaining independence
- Improving the quality of life

All have an influence on 'successful ageing',
'Increasing exercise throughout life has major benefits in old age through promoting independence, health and well-being'(Choosing Health)

The evidence for the potential of physical activity to help older people maintain independent living is strong.

Despite the increase in the promotion of exercise and physical activity for prevention of functional decline and disease, people in the UK become less physically active as they age (Skelton, Young et al, 1999). Sedentary lifestyles are also very common among minority ethnic groups.

Nationally, among the over 50's, 40% of men and women are sedentary and only 3% of men and women take part in sport or exercise activities at least five times a week. In Nottingham, 27% of men and women aged 50-75 years participate in enough physical activity to benefit their health (Nottingham City over 50s Physical Activity and Health survey).

In care homes, 86% of women and 78% of men are sedentary. This is reported as being double to that in private households.

Sedentary lifestyles are even more common among older adults from minority ethnic communities (Erens et al, 2001). This is particularly relevant to some of the Nottingham City inner city wards which have a relatively high population of South Asian (particularly Pakistani) and African Caribbean

communities who experience deprivation and a higher risk of cardiovascular disease.

8 / 10 British Asians did not know the National Recommendations for Exercise (n=141 Get Moving Nottingham Audit)

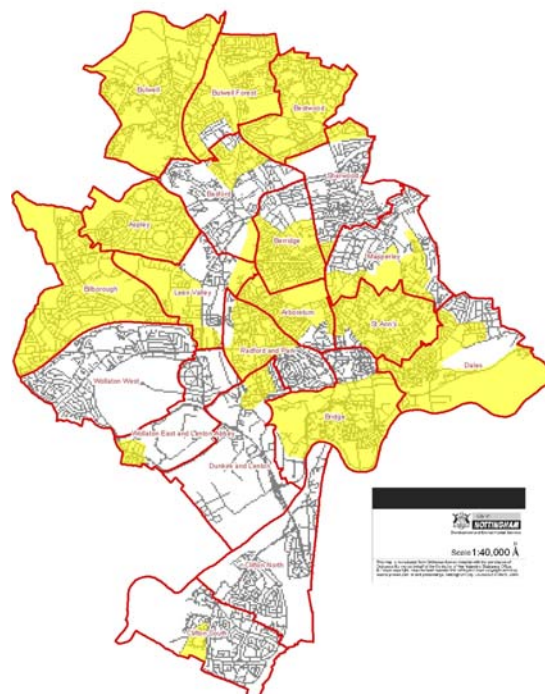
Target Areas

LEAP targeted the wards identified as the most deprived in 2003, due to the clear link between poor health and deprivation. These were also neighbourhood Renewal Areas. The targeted wards were:

- Arboretum
- Aspley
- Berridge
- Bestwood
- Bilborough
- Bridge
- Bulwell
- Bulwell Forest
- Dales
- Dunkirk and Lenton
- Leen Valley
- Radford and Park
- St Anns

Figure 1 NRF/LEAP target area

Neighbourhood renewal areas





‘Get Moving Nottingham’ and its interventions

The main aim of the LEAP programme was to evaluate evidenced based approaches to increasing physical activity in deprived communities.

The six interventions which comprise the Nottingham LEAP (Get Moving Nottingham) were each based on existing evidence based approaches and were designed to form a multi-component programme with interventions targeting individuals, groups and communities.

Intervention 1 Mapping & Consultation

Involved performing an audit of local provision to identify where gaps of opportunity were located and consulting people to identify supportive factors and barriers to becoming active.

Intervention 2 Advertising Campaign

A community wide campaign to help raise awareness of the benefits of physical activity, the Get Moving Nottingham projects and local opportunities to become physically active.

Intervention 3 Involving People in Physical Activity

Working with community groups to develop group based activity sessions based on need.

Intervention 4 Senior Peer Mentoring

Volunteer programme helping people aged 50 and over to become more active by providing them with support and encouragement in the form of a mentor on positive ways to become more active.

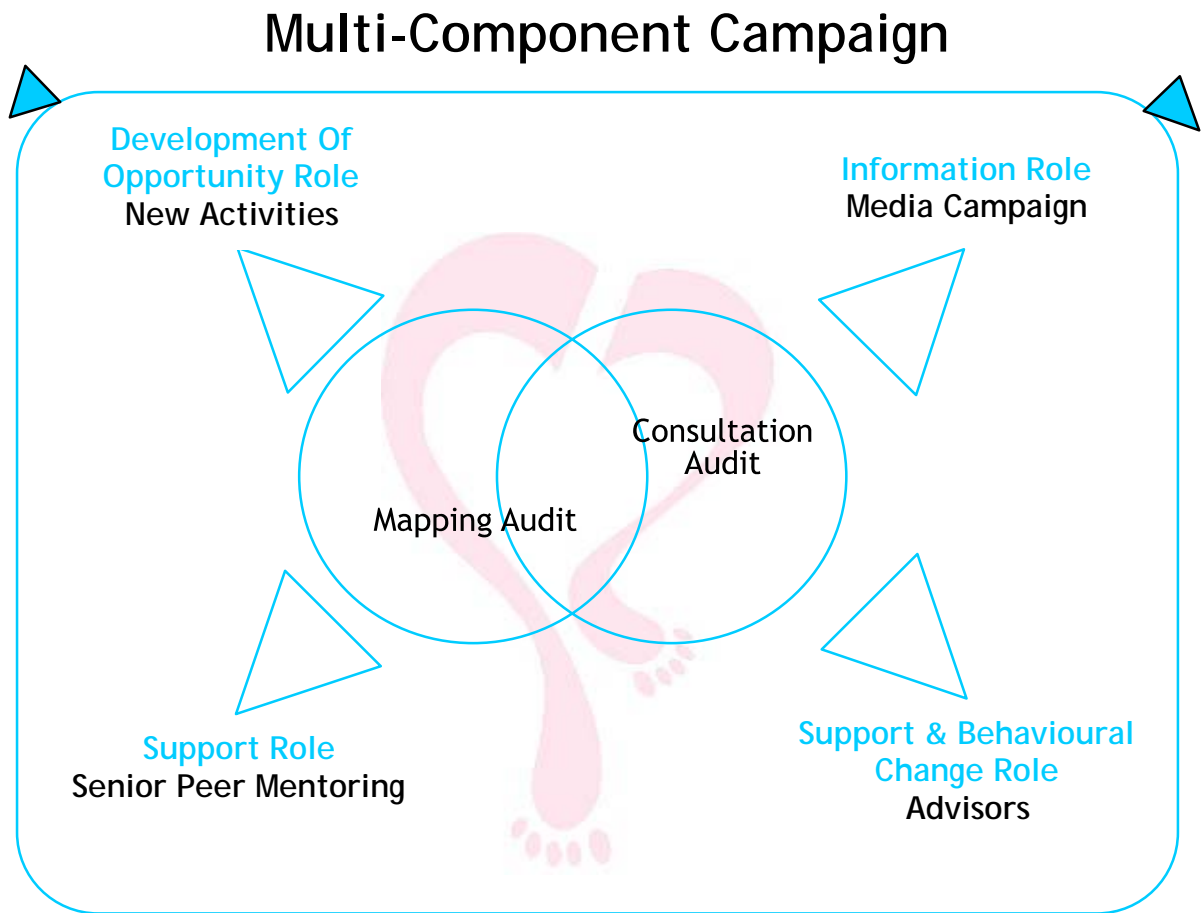
Intervention 5 Physical Activity Associate Advisor Training

Training workers who support people aged 50 and over in brief interventions to encourage and advise clients in how they can lead more active lives.

Intervention 6 Specialist Physical Activity Advisor

Employing Specialist Physical Activity Advisors who use motivational interviewing techniques to support clients in becoming more active.

Figure 2 The LEAP interventions



LEAP Evaluation

Evaluating what works in increasing physical activity was fundamental to the LEAP programme and was a contractual requirement for all LEAP site. The national evaluation was undertaken by Leeds Metropolitan University on behalf of the Department of Health. This has been a major undertaking and possibly one of the most complex evaluations of a health promotion initiative of its kind.

Evaluation processes included evaluation of:

- People’s Physical Activity levels associated with LEAP
- Cost Analysis
- What works why and how?
- The participants’ perspective of the physical activity experience

The evaluation for each of the interventions was based on the framework devised by Leeds and a plan for the implementation was developed for each intervention locally.

Collection of data for both the local and national evaluation was deemed essential because it would:

1. Provide information that shows how well the interventions are working, so they may be sustained locally beyond the LEAP project through incorporation in mainstream PCT and other agencies activity.
2. Contribute to the national evaluation that will provide an overall summary of the efficacy and effectiveness of the LEAP

projects, which could lead to more central funding and support for physical activity interventions.

3. Facilitate the understanding of what works well and why in different interventions, so that good practice can be disseminated amongst those engaged in planning and delivering physical activity intervention programmes. To indicate the effectiveness in delivering evidence based approaches for improving activity levels.

The process of evaluation for each intervention involved the following:

	IPAQ	Performance Questionnaire	Registers/Sessi on Summary	Post Evaluation
Advertising		*		*
Involving People	*	*	*	*
Peer Mentoring	*	*	*	*
Associate Advisors	*		*	
Specialist Advisors	*	*	*	

The evaluation process was undertaken to capture core information to establish people’s age, gender, demographics etc. and capture more specific information regarding level and degree of attendance, and more information was also sought about the client perceptions both from the clients and mentor/group leader/advisor.

The evaluation was both quantitative in capturing all the people that came through the programme and qualitative to help inform about the impact on the individual and the effectiveness of that intervention.

Evaluation Barriers

The main areas of concern with the national evaluation was:

- Its complexity
- Time taken to implement
- The personal nature of some of the questions

In order to capture all of the data required the evaluation framework was multifaceted. This complexity made it difficult to implement initially. It was the job of the Co-ordinator to ensure that all staff and partners delivering the programmes had a good understanding of the different stages of the evaluation processes.

For all interventions the co-ordinator devised simple step by step flow charts and guidelines to make the evaluation processes easier to understand. Due to the complexity of filling the forms out, there were concerns in the time taken to fill out the forms. This is known to have put off professionals and clients in engaging in the interventions. This was particularly evident for the Associate Advisors Intervention, where the form-filing put off the un-contracted workers.

Due to the target groups being aged over 50 and some aged 70+ there were difficulties in that people could not read the questions, there were

no translated versions for non-English speakers and support was required to help people through the forms.

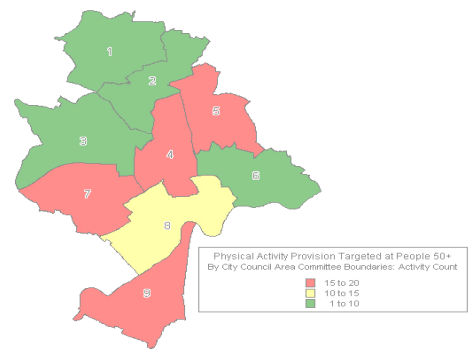
The co-ordination and time required to help clients complete the evaluation was significant. This was particularly evident when working with third parties such as the communities groups who were not used to such rigorous evaluation.

It would have been beneficial to recruit a dedicated evaluation worker to lead on the evaluation.

Overall the team from Leeds Metropolitan University should be commended for their dedication to the difficult brief they worked to. It is likely that a significant finding of this methodology is that it is very difficult to implement on this scale in a community setting.

Conclusions

- The national evaluation of physical activity programmes should be less complex.
- Relying of third parties to complete evaluation tools is not an effective strategy.
- Evaluation rigour should not become a barrier to participation



Intervention 1 Local Audit, Mapping & Consultation

The Get Moving Nottingham (GMN) audit (mapping) involved conducting a survey of local activity providers and groups, to ascertain the current provision of physical activity opportunities for the over 50's. A consultation was also conducted involving working with local people and groups in order to gain their views and opinions regarding access to activity and any barriers that prevented them from accessing services.

Mapping

The mapping process informed the development and implementation of The Get Moving Nottingham interventions in the following ways:

Publicity and Awareness Campaign

- By developing a network of physical activity providers under the GMN banner
- By producing a directory of physical activity opportunities
- By developing a searchable internet based physical activity database
- By identifying local groups for participation in the development of campaign materials

Setting up new activities involving older people

- By identifying what sort of activities were available and therefore what new activities should be developed and where.

Physical Activity Peer Mentors

- By providing mentors with details of physical activity opportunities which mentees may wish to access.
- By identifying groups from which peer mentors can be recruited.

Physical Activity Advisors

- By providing Advisors with details of physical activity opportunities which clients may wish to access and to be able to signpost them to.

Consultation

This activity was undertaken to find out about the knowledge, attitudes, beliefs and behaviours of local residents aged 50 years and older in relation to active living. The results helped inform the rest of the programme in the following ways:

Publicity and Awareness Campaign

- By developing a campaign, which is relevant to the audience.
- By determining the key messages on which the campaign should focus for the maximum impact and effect.

Setting up New Activities Involving Older People

- By identifying the types of physical activity that people would like to access and the issues which influence their participation.

Physical Activity Peer Mentors/Advisors

- By providing an insight into the issues, which peer mentors, may need to support their clients with.
- By informing about individual barriers and concerns people are faced with and the opportunities for overcoming such barriers.

Mapping Results Summary

Across the City there is a wide provision of physical activity opportunities as illustrated in figure 3. The level of provision is not provided equally across the City. The results suggest the areas with the lowest activities are located in the deprived areas.

Wards including Aspley, St Ann’s, Wollaton East, Lenton Abbey, Bulwell Forest, Dales, Mapperley Bridge and Bestwood had less than 5% of activities with some having 0%.

More affluent areas were noted as having a higher proportion and good spread of activities available.

Outcomes and outputs

The mapping audit identified gaps in physical activity provision

Identified the areas of greatest need and where interventions need to be developed

Enabled the production of a Physical Activity Directory of local opportunities and searchable web site,

www.getmovingnottingham.nhs.uk

Figure 3: Identified percentage of activities throughout the City of Nottingham

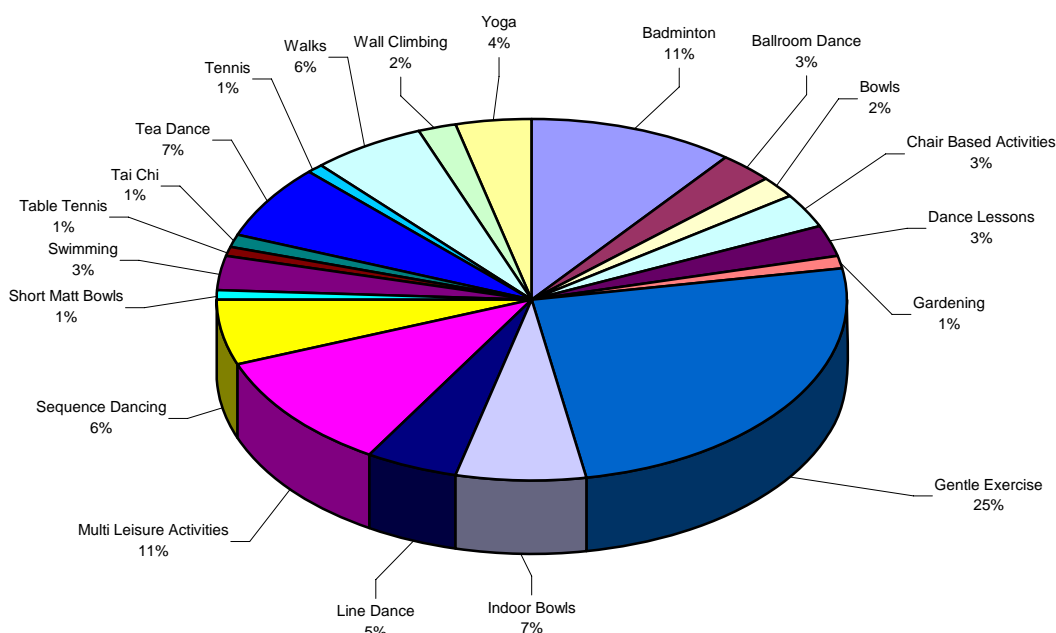
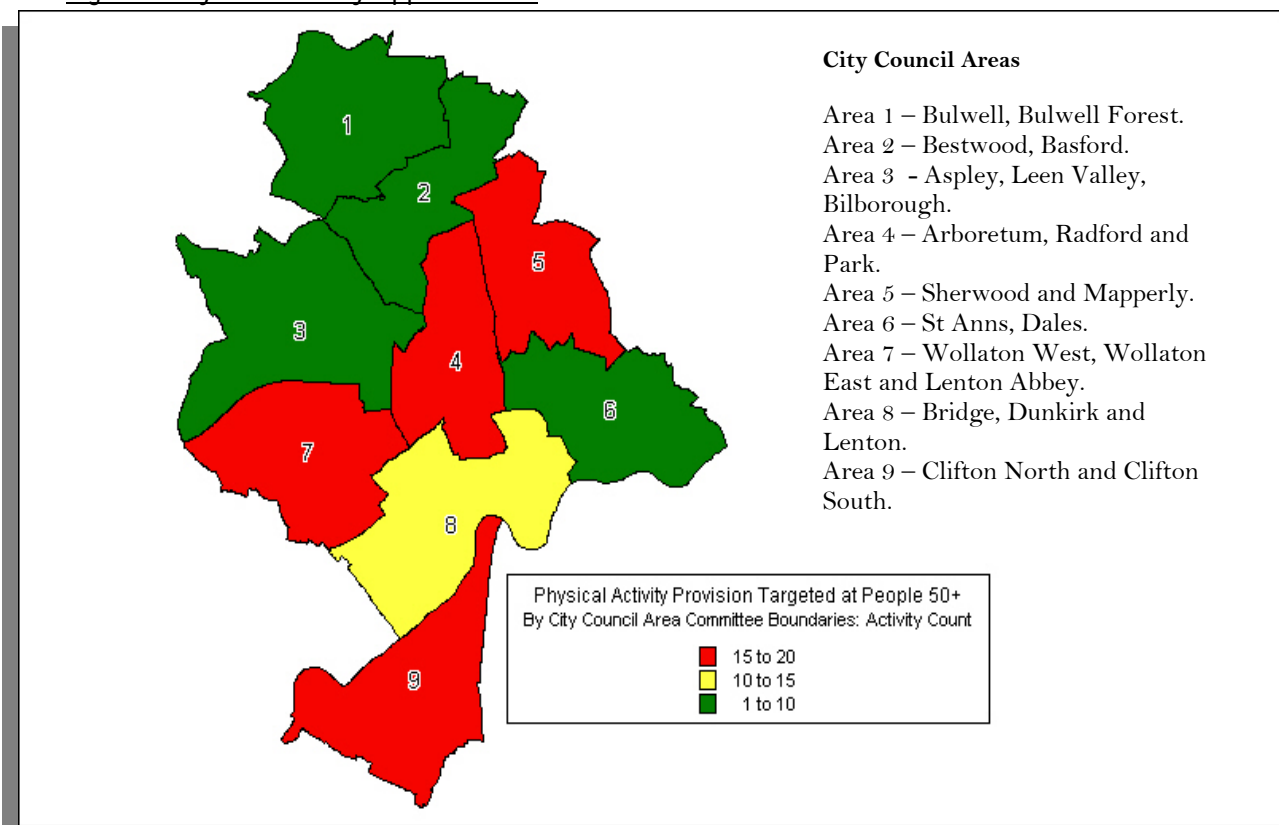


Figure 4 Physical Activity Opportunities



Consultation Results

One hundred and forty one people aged 50 years or over, this reflected the diversity of the population of the City, participated in the consultation (table 1).

Analysing the results in relation to age, gender and ethnicity provided the project with information that informed how the interventions should be delivered.

Table 1 Ethnicity of Consultation participants

Ethnicity				
	Asian/Asian British Indian	Asian/Asian British Pakistani	Black/Black British Caribbean	White British
Gender				
Men	10% (5)	16% (8)	10%(5)	60% (30)
Women	7.2% (6)	10.8% (9)	6% (5)	69.9% (58)



Table 2 Age of consultation participants

		Age						
Gender		50-54	55-59	60-64	65-69	70-74	75-79	80+
Men	38% (54)	10% (5)	10% (5)	24% (12)	20% (10)	16% (8)	8% (4)	12% (6)
Women	62% (87)	7% (6)	13% (11)	11% (10)	26% (23)	13% (11)	15% (13)	15% (13)

Knowledge and perception of Physical Activity Knowledge of physical activity recommendations

Three out of five respondents didn't know the current physical activity recommendations. This figure was even higher for people who described themselves as Asian/Asian British, amongst whom 8 out of 10 people didn't know the physical activity recommendations.

Where people would go to find out about being more active

The most commonly identified source of information that people would go to find out about physically activity was:

1. Doctor's surgery (38%)
2. Leisure centre (23%)
3. Relatives and friends (19%)
4. Community centres (18%).

The least popular source of information was the Internet at 3%. This suggests that people aged 50 and over did not use the Internet at that point in time.

Knowledge and use of local physical activity provision

When asked if people knew about where they can go to be physically active, 65% said they knew where to go. Leisure centres were far the most identified, followed by community centres. However only 22% said they used the local facilities. Amongst those that did use local physical activity provision, leisure centres and community centres were again cited as being popular. Only a small percentage (4%) said they used local parks.

Preferred activity to increase activity levels

The most popular way to increase physical activity levels was walking at 24%. This was followed by swimming, gardening (14%), exercise

classes and dancing (11%). Twice as many women as men reported dancing and housework as being a way they would consider to increase their activity levels and more men than women said ball sports and cycling were activities that they would consider. Refer to tables 3 & 4.

Conclusions

- People lack knowledge on physical activity
- Local facilities are under-used
- Doctors surgeries are popular information facilities
- Choice of activity is very important

Figure 5 Distribution of the top 3 facilities where people would go to get information on physical activity

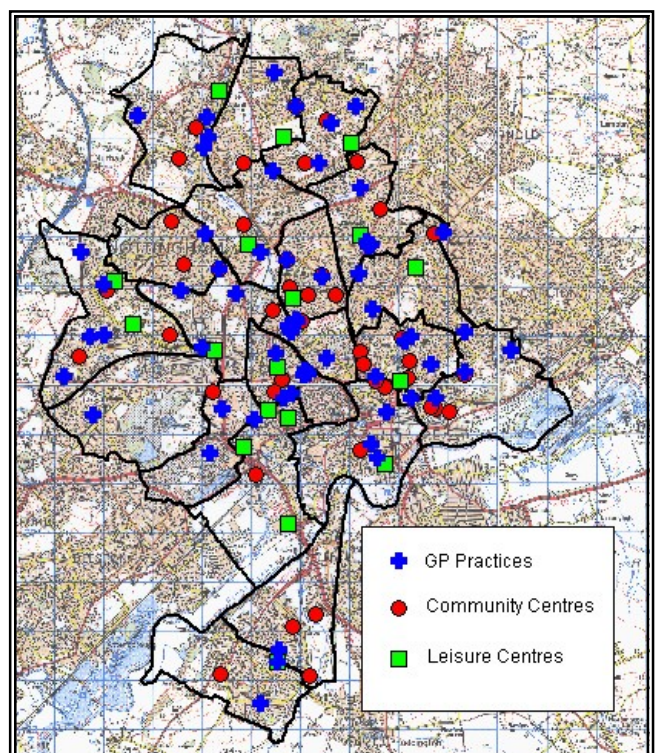


Table 3 Reported ways of increasing physical activity levels

Physical Activity	Men		Women	
	Number of responses	%	Number of responses	%
Walking	25	22%	51	25%
Swimming	14	12%	29	14%
Gardening	15	13%	26	13%
Exercise class	10	9%	24	12%
Dancing	6	5%	27	13%
Housework	8	7%	27	13%
Cycling	17	15%	1	0%
Gym	4	4%	4	2%

Table 4 Most popular activity by gender and ethnicity

Gender / Ethnicity	Asian/Asian British Indian	Asian/Asian British Pakistani	Black/Black British Caribbean	White British
Male	Gym, Walking	Gym	Gym	Gym
	Gardening	Walking	Walking, Swimming	Gardening
	Housework	Swimming	Housework, Dance, Gardening	Walking
Female	Gym, Walking	Gym	Gym	Gym
	Walking	Swimming	Swimming, Walking, Gardening	Dance
	Gardening	Gardening	Exercise Classes, Ball or Group Sports, Housework	Walking

Barriers to Participation

People were asked about what prevents them from being more active. Across all types of physical activity opportunities identified, health problems were the most reported barrier this was followed by having no time and being too old.

The most popular activities, and most frequently reported barriers:

- **Walking** - health problems, followed equally by lack of time and fear of crime.
- **Swimming** - lost skills and confidence followed by lack of time and then health problems.
- **Gardening** - health problems, followed by time and lack of suitable venue and equipment.
- **Exercise classes** - health problems, followed by travel and then cost.
- **Dancing** - nowhere to dance, followed equally by lack of time and belief that they were too old.

Outcomes

- Health problems is the most reported barrier
- Confidence and perceptions on physical activity effect participation
- Lacking opportunities

The most significant factors to increase to participation

To overcome the barriers to participation on physical activity people were asked what would help them become more involved with the activities.

The importance of information about different sessions was highlighted. Better use of information can be used as a tool to start people thinking about becoming more active and help change personal perceptions.

More appropriate sessions for people would also help people become more involved. Therefore placing a strong emphasis on advertising and marketing would help increase confidence and participation levels.

Conclusions

- Better provision of activities
- Better promotion of activities to inform people
- Lessons and support to further encourage people

Table 5 Reported ways to increase participation

Reported ways to Increase Activity Levels				
Activity	1	% (n)	2	% (n)
Gardening (42)	Better Information	42 (8)	Gardening Groups	21 (4)
			Better Information	21 (4)
Walking (77)	More Walking Groups	50 (24)	Don't Know	19 (9)
Cycling (8)	Routes Better Information	25 (1)		
	Cycle Groups / Training	25 (1)		
	Safer Cycle Routes	25 (1)		
Dance (34)	Dancing Groups	56 (9)	Better Information	38 (6)
Swimming (44)	Appropriate Swimming Sessions	40 (16)	Swimming Lessons	30 (12)
Ball / Group Sports (9)	Don't Know	40 (2)	Better Information	20 (1)
			Appropriate Sessions	20 (1)
			Lessons	20 (1)
Exercise Based Class (35)	Better Information	31 (4)	Don't Know	7 (1)
	Lessons	31 (4)		
	Other	31 (4)		
Gym Based Exercise (8)	Don't Know	60 (3)	Appropriate Sessions	20 (1)

People’s Attitudes to Becoming More Active

People’s responses were qualitatively and quantitatively determined by asking a series of 6 questions concerning their attitudes towards physical activity.

Conclusions

- Better support and suitable information is required to increase activity levels
- There are more significant barriers amongst minority ethnic groups

Being Active is only for the young
92% of people <i>disagreed</i> which indicates that people have some knowledge that being physically active in later life is beneficial. Ethnic differences showed that Asian/Asian British Pakistani (82%) and Black/Black British Caribbean (67%) disagreed compared to 67% of White British people.
It’s too late for me to be active
42% strongly disagreed to the statement, only 22% agreed indicating that people see they are not being too old and realise that being physically active is for people of any age. 65% Asian British Pakistani came out top with followed by Black/Black British Caribbean 60% and Asian/Asian British Indian with 55% compared to 39% White British, all disagreed that it is not too late for them to be active.
Don’t have anyone to go with
52% of people disagreed, 32% of people did however see this as a barrier. Most significantly Black/Black British Caribbean & Asian/Asian British Pakistanis feel they prefer people to go with them.
Don’t have time to be active
Time was not highlighted as a significant barrier for people. 75% strongly disagreed/disagreed with this statement. All ethnic groups disagreed and admitted to having time to be active. Only 27% of Asian/Asian British Indian agreed. Particular interest in the types of activity is important for different cultures, which could influence people attitudes for giving more time to activity.
Would like to do more but haven't done for a long time
55% agreed that they have not been active for a long time. There were significant ethnic differences in responses to this 70% of Black/Black British Caribbean agreed, Asian/Asian British Pakistani also agreed with 47% and Asian/Asian British Indian 64% which is still high when compared to the 26% White British.
Physical activity is good for everyone
90% of people indicated that physical activity is good for everyone. All ethnic groups agreed with over 80% response rate.
Being active is part of my life
90% agreed with this statement. This does contradict with the knowledge of the physical activity recommendations. The group with the highest disagreement with this statement were Asian/Asian British Pakistani, amongst whom 29% disagreed with this statement.



Intervention 2 Advertising Campaign

Evidence states that Community Wide campaigns to raise awareness of physical activity benefits and opportunities can be effective if combined with other interventions as part of a multi-component campaign.

It was very important to establish a suitable brand and name for the programme which gives clarity to its intentions.

The 'Get Moving Nottingham' logo (figure 6) was developed after rigorous consultation with various community groups and professionals. A logo was developed which is now identified as a significant brand for physical activity.

Figure 6 The Get Moving Nottingham Logo



The main purpose of the 'Get Moving Nottingham' campaign was to:

- Raise awareness of the programme
- Raise awareness of the physical activity recommendations and health benefits

For both objectives a structured delivery plan was written which included targets which informed the community campaign.

The campaign was used as a springboard to advertise the rest of the programme. The delivery of the campaign was timed over the life of the project. The main launch of the programme started the campaign and also gave opportunity for maximum exposure.

The Get Moving Nottingham brand was also adopted as the brand by the City Council led Communities for Health project. This significantly increased the campaign capacity and the target groups and settings in which it was used.

Get Moving Nottingham Web Site

The 'Get Moving Nottingham' website was developed to further inform users, professionals & partners of physical activity opportunities and the LEAP project interventions.

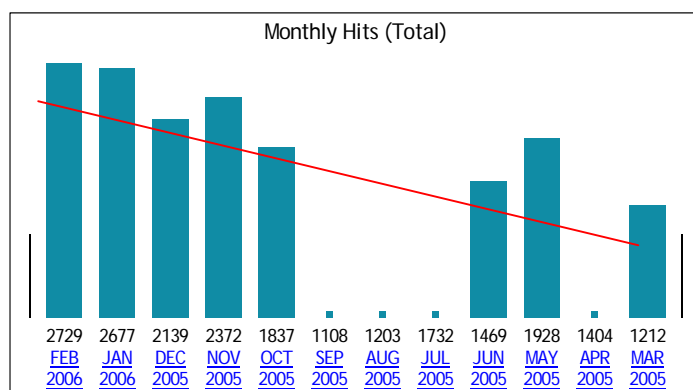
The activity search facility was populated from the findings of the audit of local provision. This database is continually updated. Figure 6 shows a steady increase in the number of hits from March 05 to January 06 with a very low period during the summer months July, August and September.

The information gives indication of the favoured months that people are seeking to become more active or and want to find out more on becoming more active.


Over the last 12 months the number of hits have increased by 14% and there are on average over 2000 hits per month. However, there are no statistics to indicate if the increase is from people aged 50 and over.

As we look into the future of Internet usage it is important to remember that the young of today will be the old of tomorrow and the Internet and new technology will be more accessible.

Figure 6 Get Moving Nottingham Web Site - increase in monthly hits 2005 to 2006



'Get Moving Nottingham' Campaign Development

Action	Activities	Outputs/Outcomes
Establish suitable brand / name 	Produced a series of names and logos which incorporated key symbols and colours for better identity and recognition.	The logo, name and its suitability are now a recognised brand for physical activity.
Consult on brand and name Learning: Never consult too many people causes confusion	Consultation was used, involving people in the community and partners, to choose the final logo and name.	Consultation proved to be useful in giving people identity and ownership to the programme.
Produce suitable resources for interventions Learning: Ensure that the resources are well written, ensure translated versions are necessary and include images to break up the text. These should be limited. Distribution is key. Use key partners to disseminate resources.	Key leaflets, posters, newsletters, Directory etc. <i>The Physical Activity Directory proved to be very successful as a tool for getting people more active and used for sign posting people</i>	Easy to read leaflets distributed to key areas as identified in the audit. All leaflets included positive images of local older people doing activities. This was important to bring out the essence of the activity and messages and helped build better rapport with the exercise groups. A Physical Activity Directory was produced via the mapping exercise - 10,000 copies were distributed to health centres, community venues, and copies distributed via Action Line -BBC Radio Nottingham.
Establish reference group Learning: This was innovative and was easy to set up. We used partners to get people to attend. It is always best to consult with those who you are planning to target. These individuals definitely championed the programme and gave them ownership to the campaign.	Reference group was set up to comment on the advertising campaign and help give it direction. Relevant outcome feedback was given to the members. <i>Reference group was made up of over ten individuals included people from the YMCA and mixed cultural groups. New posters, distribution information, suitability of leaflets And even peer mentors were established from the session.</i>	This was very effective as it gave people ownership to the campaign helped to get feedback on effectiveness and give better direction on the suitability and how to further develop the campaign.
Establish key partnerships Learning: Establishing working groups brings together key partners that help 'spread the word' especially when targeting hard to reach groups. Key links were made with Communities for Health and local radio including The BBC Radio Nottingham-Get Active Campaign, evaluation for this showed that a high proportion of people listen to the radio from deprived wards.	Working group was established to help plan the development and dissemination of the campaign.	Key members were selected including representatives from the community, graphic design, leisure services, Primary Care Trust Communications, ethnic minority focus worker, Age Concern. Key links was made with BBC Radio Nottingham, Radio Faza, Radio Saga, local press, local community groups, Sport England etc.

<p>Network / Launch Event Learning: The launch brought together key stakeholders, partners and community people. The launch helped to push the interventions, showcase our aim and gave exposure to the programme via the media. This was a great success. An end of programme network event is now being planned.</p>	<p>The launch gave the programme maximum exposure to partners and community people. We had a local celebrity (John McGovern) at the event which increased the identity to the event.</p> <p><i>Over 160 people attended the launch</i></p>	<p>The event was very effective for raising awareness and the profile of the programme. The programme received maximum exposure and kick started the programme. The launch also gave opportunity to get further consultation on certain aspects of the programme.</p>
<p>Produce / launch web site Learning: The number of hits increases each month to the web site. It has been very useful to keep people updated and having a searchable option has provided a sign posting tool. Good news stories results and links to partner web sites has made this a success. Future development is on the way to make it more generic to other ages enabling us to widen the target audience.</p>	<p>Specific searchable web site up and running for the launch. Advertised web address on all leaflets, posters, banners etc. The web site is designed for both professionals and people of the community. www.getmovingnottingham.nhs.uk</p>	<p>Easy to use searchable web site including information on the programme and the different interventions, information and help to become more active and a search engine of activities within the city of Nottingham. Regular updates are made to the web site and a response form has been added to update the physical activities information, links made to other key web sites are included. Advertisement links made with local libraries. Web site is continually evaluated. The web site receives over 2000 hits per month and continues to rise.</p>
<p>Have display/promotion resources for events Learning: It easy to support your stand by being present but we have been pro-active and had advisors and Peer Mentors present to give people something to think about, sign up or get personal advice other than just pick up a leaflet. Simple 'freebees' attract people to the stand by handing out goodie bags are also well received.</p>	<p>Support local events to raise the profile of the programme and its different interventions Promotion activities 2005</p> <ul style="list-style-type: none"> • <i>Attended over 20 local events</i> • <i>Presented at 3 major conferences</i> • <i>Had 20 editorials published</i> • <i>5 radio interviews and features</i> • <i>Been put forward for national recognition awards</i> 	<p>As part of the campaign we had t-shirts, wristbands, balloons, pens, postcards for events. Advice was given to people on the different ways to help get people more active more often.</p>
<p>Access additional funding</p>	<p>Be pro-active in accessing other funding to further increase awareness and exposure of the programme.</p> <p><i>Additional funding came from Neighbourhood Renewal Funds (£20,000)</i></p>	<p>Extra funding was utilised to advertise on 6 buses travelling to the most deprived wards for six months. 1000 posters were produced, advertised the key physical activity messages, purchased 200 stepometers to loan out to clients via the advisor intervention. Radio advertising for a year with the Asian radio station Radio Faza.</p>

Outcomes

- Having an eye catching brand and name is important
- Reference groups and consulting with local people is affective methods for campaign development and direction
- Partners are key to help disseminate information
- Events help spread the image and ensures maximum exposure & awareness of the programme(s)
- The drip-feeding approach ensures better and recognition and impact
- Success of the project can be advertised by producing editorials, writing case studies, doing reviews in newsletters, abstracts at local and national events. Good practice should also be shared with key partners who also help in disseminating information to different media sources



Intervention 3 Involving People in Physical Activity

The results from the mapping exercise showed that there are gaps in the provision of physical activities for people to access. These are wards where the need is the greatest.

People are more likely to take up activities if they are provided close to their homes where limited travel is required. Other influencing factors is the specific type of the activity.

To increase participation we produced a single booklet better known as the Physical Activity Directory which has over 160 activities for people aged over 50 to take advantage of.

Increasing physical activity opportunities were also focused on by enabling community groups located in specific deprived areas, to apply for small awards funding of up to £500.00 maximum.

A total of 33 bids were received from groups each located in one of the 13 most deprived wards of the City. Thirteen groups were successfully awarded pump-priming monies.

Some of the bids did not meet the criteria and was unsuitable in what we wanted to achieve.

Areas funded and activity type was as follows:

Group	Activity	Area
Muslim Women Community Centre	Walking Group	Sneinton
Acorn Day Centre	Sport for All	Hyson Green
Bilborough Luncheon Club	Chair Based Exercise	Bilborough
Beconn	Multi Activities	Sherwood Rise
Bulwell Vision	Chair based Exercise	Bulwell
Nifty Fifties	Multi Activities	Meadows
YMCA	Gentle Exercise	City Central
YMCA	Cardiac Rehabilitation	City Central
Sikh Community and Youth Service	Yoga	Radford
S&B Day Centre	Gentle Exercise	Sneinton
ACNA Centre	Chair Based Exercise	St-Ann's
Radford Visiting Scheme	Multi Activities	Radford
Radford Care Group	Chair based Exercise	Radford

The Pump Priming process gave a structured step-by-step process for groups to get engaged which was crucial for project development.

The intervention was developed via 3 steps:

STAGE 1

Pump Priming process model developed, indicating dates for each stage.

Production of a leaflet explaining about the bidding process and how to apply. Included closing date for the application.

STAGE 2

Distribution of application packs and specific guidance notes/criteria to ensure good quality applications and to indicate to groups what we were looking for. The guidance also included details on evaluation and what information from the participants we expected to collect.

STAGE 3

All returned forms were reviewed and a specific selection criteria were used to score their suitability.

Unsuccessful bids were notified, additional telephone support was offered.

All successful applicants were sent the following:

- Letter of congratulations
- Agreement form
- Expenditure form
- Further evaluation information included in a support pack
- Initial meeting with all groups were arranged to meet with the LEAP Co-ordinator

The positive and negative nature of this intervention were as follows:

Positives
Proved to increase physical activity opportunities
Helped to develop a better network of physical activity provision
Gains better links and partnerships which helps increase level of impact
Gives better indication about what activities work for different cultures
Gives better opportunities for recruiting Peer Mentors, advertising and implementing other interventions
The intervention had an impact on 13 groups each of which had over 20 people to their classes. (n=260, 12 month intervention)
Increase the profile of the project
Helps to seek views of older people

Negatives
Takes time to establish the groups
Groups need maximum support to set up the sessions and implement evaluation
Unsuitable instructors affect the success of the sessions. A bank of instructors would be better for groups to use for sessions.
Monies only lasted 5 to 6 months, some groups had to fold. Sustainability needs to be covered when setting the groups up. People value a session more if there is a small costs and helps sustainability.
Only a small percentage of groups became self-sufficient.

The intervention was successful in engaging hard to reach groups via the community sector. The intervention was very successful at getting women more active as 92% of participants were female. This intervention was not suited to engaging community groups in setting up activities for men. It may be that specific guidance and support should be given to engaging men through this approach. The intervention was successful in engaging black and minority ethnic community groups in physical activity promotion. Of the participants 61% were White British, 15% African Caribbean, 12% Pakistani and 12% Indian. Out the 13 groups with an average of 20 people participating (n=260) we had 149/64% evaluative respondents.

Out these 18 were male and 131 were female. The average age for each was 65 and

68 respectively. Out of the participants 67% were shown to be located in the most deprived areas of the City.

Conclusions

Considering the level of co-ordination in setting up this intervention and level of support required it would be more feasible to have specific Community Outreach Workers who are employed to deliver classes to groups in their community surroundings.

This would overcome sustainability issues and a greater concentration of groups could be targeted. Evaluation would be easier to role out and would be more costs efficient.



Intervention 4 Senior Peer Mentoring

The concept of setting up a Peer Mentor programme was essentially to provide support to people and operate alongside the behaviour change 'Physical Activity Advisor' programme.

Peer Mentoring programmes have been operating nationally for some years now and have a strategic fit in helping people become more active.

For Nottingham the programme has started off well, with more and more people accessing the training to develop their skills, knowledge and understanding of how they can help their peers to become more active.

A toolkit was devised to establish the intervention which included:

- A training package
- Recruitment of volunteers
- A Volunteer Policy
- Advertising the programme
- Delivery and support of mentoring

Training Package

The training package comprised two stages:

At the beginning of the intervention development, a range of local workers who were experienced in working with older people were invited to form a steering group to drive this element of LEAP forward. The starting point was to commission training for this steering group to inform the Mentoring programme.

The 'Someone Like Me' mentor training as developed by Bob Laventure for the British Heart Foundation was used as a basis for this intervention. The 'Someone Like Me' training and information is where Peer Mentoring originated from in the UK and continues to be further developed. This training was then adapted to suit local needs. Some local people were involved in the development of our local training which enhanced the training considerably.

The training package is intended to cover all aspects that volunteers who wish to act as Mentors would need to know. This includes physical activity recommendations, the benefits and barriers of physical activity, what Mentoring is all about (and importantly, what it is not about!) communication, listening and motivational skills. It also identifies the kinds of Mentoring activities people may wish to become involved with and looks in depth at the Volunteer Policy

developed. The training has been very effective and has been positively evaluated by mentors. Two waves of training have been carried out, the first wave attracting 6 Mentors and the second wave attracting 9 Mentors.

Mentor Training Quotes

'Good experience, learnt a lot and met new people'

'I am feeling very positive I have been suffering from depression & anxiety but I feel I have taken the first STEP to recovery'

'Interesting and enlightening, glad I came'

Recruitment

Recruiting potential Mentors proved to be more difficult than originally thought. A range of publicity material was developed, including Posters and a Mentoring leaflet. These were delivered to all GP practices and Health Centres across the City, as well as Leisure Centres and other community venues. This did result in attracting some people to the training, but the most successful avenue was the "word of mouth" advertising carried out by members of the Steering Group. In particular, the YMCA was a highly successful source of recruiting volunteers. New people accessed the training on the second wave as a result of recommendation from the first round of Mentors trained. From undertaking this recruitment process, it was found that there was no substitute for face to face meetings promoting the scheme with groups

or individuals, and that the best route of all was the recommendation from people already in the programme.

Volunteer Policy

Having recruited and trained the first wave of volunteers, it became clear that there was a requirement to develop a robust Volunteer Policy. This would support the Mentors in the work that they were about to undertake, but also the PCT which was embarking upon a new type of work with non-paid employees. This was a lengthy process and the project is indebted to Age Concern for their support in developing the policy. Whilst there were particular issues that needed to be addressed in terms of promoting physical activity, there are common issues in terms of supporting Volunteers that the policy now addresses. Copies of the policy are available on request.

Advertising the Programme

Developing successful advertising of the programme was essential, both in terms of recruiting people to the training and subsequently being able to link Mentors with would-be Mentees. Leaflets and posters relating specifically to the Mentor project were developed and placed in primary health care and community settings across the City. A video explaining the project was also made which has been shown to community groups to try and encourage them onto the programme. Promotion of the mentoring side of Get Moving Nottingham has also been carried out by our partners on the various meeting and steering groups.

Delivery and Support

One of the most challenging aspects of this project has actually been to identify Mentoring opportunities for our newly trained Mentors. Having assembled our volunteers, it was quite difficult to put them in touch with people to Mentor. This is apparently common in the early stages of new projects, and relates very much to the power of word of mouth promotion. For example, one of the first people to be mentored put themselves forward for the second round of Mentoring training and is now recommending the project to her social and family networks. Another "profitable" pathway for identifying Mentoring opportunities lies with the Specialist Physical Activity Advisors (see intervention 6). As these Advisors are coming into contact with people who are considering being more active, but may lack the confidence to go out on their own, the Mentoring programme provides the perfect answer, a "hand-holder" for these clients. This relationship not only helps us with the Mentoring but also supports the Advisors as it gives them another resource to capitalize upon.

One of the difficulties that have been met with this project lies with the fact that it is short term funded. This has undeniably led to a certain degree of reluctance, especially within primary care, to engage with the programme. At a time when primary care services feel pressured by a wide range of changes, asking them to take on board yet another new, in this case short term service, seems for many to be unproductive.

A recent positive development to provide mentoring opportunities lies with the current running of the local BBC Radio Nottingham "Get Active" Campaign. Following recent local radio publicity over 1000 residents of Nottingham phoned for information and support on becoming more active. It is hoped that by working with the community radio provider, listeners can be linked with Mentors.

Whilst most of the Mentors joined the project to undertake one to one mentoring with their peers, they are interested in supporting the Get Moving Nottingham Team with other aspects of work. Mentors have talked to primary care teams to promote the project, have spoken at forums and meetings with their peers and supported us at local events. This has helped us but also given the mentors wider experience of Health Promotion work. To equip them to do this the need to be supported as much as possible. Regular support meetings with mentors are organised, or they can have individual meetings with the co-ordinator. Mentors are also offered additional training in which they might be interested and two of the mentors recently undertook the Walking the Way to Health Initiative, Walk Leader Training. This gives them a wider scope of things to do and also creates great links with the many activities and projects that currently exist to get people more active.

The evaluation of the project has been conducted within a 4 month cycle therefore more time needs to be given to establish the effectiveness of the programme.

CASE STUDY 2

Peer Mentoring

I came across the Mentoring scheme as a result of seeing my Specialist Advisor. She told me there were people who would give me a helping hand to get started. I agreed to pass my details onto him and he phoned me within a couple of days.

Meeting my Mentor and going along with him to the gym turned out to be one of the best days of my life. I'd lost confidence and he made it so much easier to go along and join in. He introduced me to his friends at the gym and just gave me the confidence to try it out. He just made it fun.

I only needed his help a couple of times, but since then I've been going along to the gym regularly. He's always there, but now I'm just part of the gang and after each session there's a group of us that always meet for a coffee. I just feel so much more confident in myself and in my ability to do things. Physically I feel like a different person, I'm walking more, can carry things better and can enjoy getting down on the floor and playing with the grandchildren again. I'm just doing more things in my life. Before I was afraid to attempt things. Being taken along helped so much. Now I've realised I CAN do things.

I'm determined to keep active now, and not only that, I've enrolled myself in the Peer Mentor training to become a Mentor myself. I want to be able to help others as I was helped.

Sent in by a Get Moving Nottingham female mentee, aged 68

Outcomes

- Peer Mentoring programmes supports people and influences behaviour change
- A Peer Mentor toolkit is essential which should include recruitment, training, advertising and supporting issues
- Using mentors for advertising the programme is very effective
- Recruitment of Mentors and attracting Mentees is difficult; using partners and different promotion strategies is key



Intervention 5 Physical Activity Associate Advisor

This was linked with the peer-mentoring scheme to address the barriers to physical activity faced by older people.

A one-day training programme was developed and delivered to improve skills and knowledge around physical activity for professionals that have contact with older people, including:

- Care Assistants
- Fitness Instructors
- Physiotherapists
- Community Nurses
- Occupational Therapists
- Support Workers
- District Nurses
- Wardens
- Community Development Workers
- Age Concern Workers
- Health Visitors

Once trained, the advisors were able to give suitable advice to clients. They could signpost them accordingly to help achieve appropriate physical activity outcomes.

The core elements of the training included the current national recommendations for physical activity and the benefits and barriers experienced, especially by older people. The training also covered the theory and practical

applications around the stages of change model and motivational interviewing.

The initial intention was to deliver the training to 50 professionals. However due to the popularity of the training, 5 training sessions were delivered with, on average, 15 people attending each. This highlighted a significant need for training on physical activity, something not previously offered widely by local Health Promotion Services.

The training evaluated very well. 85% of people said the training was very good and 74% saying the training was relevant and appropriate for their needs.

As a result of the training 60% of people reported to have changed their own lifestyle and 50% of respondents reported that their attitude to physical activity had changed for the better.

Over half of the people were able use aspects of their training in their work with 65% of people agreeing that the training gave them the necessary skills to advise and talk to people about becoming physically active.

Due to the success of the training it is now part of the Nottingham City Primary Care Trusts training courses for staff.

Barriers to Implementation

The main difficulties experienced with the intervention were mainly around a misunderstanding of what the training offered and implementing the national evaluation forms.

Barriers

Perceptions on the Training

The majority of people that attended the training were expecting more specific issues around what exercise routines they could perform with their clients.

This was identified as a need, particularly around chair based exercise mainly for those who are more isolated and more fragile.

Implementation of National Evaluation

As part of the training we wanted to capture the number of people advised by those who attended. This was to be evaluated by filling out the International Physical Activity Questionnaire (IPAQ) and a register. Only 4 people managed to roll out the evaluation. Others were not able to integrate it into their work, or their clients were unwilling or unable to participate in the form-filling procedure. Consequently it was difficult to get an indication of the success of the intervention.

also focussed on older people had problems in rolling out similar training which suggests that the nature of the training is effective for increasing knowledge and skills of people attending the training but is hard to evaluate if it is a useful method for increasing physical activity.

The key barriers to implementation of the training were as follows:

- Trainees reporting that their clients were too old or frail for the messages to be appropriate (although the training had highlighted the point that you are never too old to benefit from activity changes)
- Trainees finding it hard to see where they could fit this topic into their day to day work
- A reluctance or lack of ability to undertake the IPAQ monitoring and other paperwork generated by this intervention
- A reluctance amongst the trainees to ask their clients to fill in the evaluation paperwork as they considered that the nature of some of the questions were too personal (mainly the socio-demographic information being collected)
- Due to the lack of support with people who were trained to roll out the evaluation, only 32 data sets were collected. These were again female dominated by a 32% difference in attendance levels. The small sample is not significant enough to prove an impact.

Even when those trained people were able to use certain aspects of the training in their day to day jobs the level of evaluation intended was too much. Wigan LEAP, which



Conclusions

There is no doubt that the physical activity training offered by the LEAP project in Nottingham sparked a significant level of interest amongst workers from a wide range of backgrounds. Interestingly there was less demand from Primary Health Care Teams than was expected, and it is difficult to know why this might be the case. More positively however, there was a great response from people working in other sectors with older people, notably Age Concern (First Link) and staff working in older peoples' Housing. Most who attended the training were enthusiastic about raising the issue of physical activity with their clients and maintaining contact with 'Get Moving Nottingham'. However, as time has gone by, it has been increasingly difficult to maintain contact with the majority of people that were trained. There has been a core of people who have followed the programme as we originally intended (client contact and carrying out evaluation procedures) with the majority seeking less and less contact with the team. Quarterly support and information meetings were organised for those trained, but the attendance at these became increasingly low. Most recently a newsletter was developed and sent out to the Advisors, as meetings did not appear to be supported or required.

As a result it is more difficult to gauge the impact this intervention is having. It would seem unlikely that the original enthusiasm of those trained has disappeared, and likely that

staff are indeed raising the issue of physical activity with their clients. It is also likely that staff are even continuing to be more active themselves. Our difficulty lies in proving it, given the reluctance to use the prescribed evaluation tools.

Intervention 6 Physical Activity Advisors

This intervention is based around a client centred approach for changing behaviour to help people become more active. The programme was designed to provide people located within the most deprived wards, the opportunity to talk about their barriers and worries about becoming physically active.

The sessions are based in a variety of community venues, are conducted on a one-to-one basis and provide continuous support for individuals up to a maximum of six sessions. These provide incentives to help clients become a little more active and most importantly, explore various ways of promoting behaviour change through motivating the individual.

The Specialist Advisor intervention was developed to work closely with the Peer Mentoring programme. This allows people to have the opportunity to receive motivational interviewing from their Advisor and practical support from their mentor in their pursuit to become more active.

The key development areas of the programme were as follows:

- Recruitment & selection
- Training & Development of staff
- Location and development of sessions
- Advertising & Promotion
- Development of protocols and referral pathways
- The Sessions
- Incentive Scheme (stepometers)
- Key partners

Recruitment and selection

Initially it had been envisaged that a larger pool of advisors would be recruited and that they would each undertake a small number of client advice sessions. However it soon became evident that this would have been difficult to manage, especially linking in with a number of Peer Mentors. When additional funding was obtained in the form of NRF monies, it was decided that it would be best to employ one full time and one half time advisor. Job descriptions were developed along the lines of the New Leaf (Smoking Cessation Service) Advisor posts as it was considered that our advisors would work in similar ways. Also, the New Leaf service was well established within the PCT and Nottingham City community, which would enable easier explanation of how the service works. Advisors were successfully recruited and both commenced work in May 2005.

Training and development of staff

One of the first priorities when the Advisors came into post was to train them in Motivational Interviewing. There was a strong feeling that the unique selling point of this intervention should be the in-depth support over a period of time that clients could expect from their Advisor. This is a luxury, which is seldom available, and it was hoped that it would be possible to detect a positive result from this approach.

The Advisors undertook two days of Motivational Interviewing training. The training was also widened out to other staff working in the field of coronary heart disease prevention and health promotion. Since then, the Advisors have received training on medical conditions, nutritional advice for common medical conditions, Advanced Motivational Interviewing, Chair Based Exercises, Project Management skills and Basic Life Support.

Location and development of sessions

Prior to the appointment of the Advisors, planning commenced regarding the locations of the sessions. It was decided that the sessions should take place in the most deprived neighbourhoods of the City. These were: (based on the old ward names) Aspley, Strelley, Beechdale, Bilborough (NRF Area 3 funded), Bestwood, Bulwell, Clifton, St Ann's, Lenton, Sneinton, The Meadows, Radford and Hyson Green. Once the areas were decided,

specific locations within these needed to be determined. The set-up was guided by the New Leaf service, who were experienced in running advice sessions and were aware of the difficulties and opportunities which existed. A significant amount of time was also invested in meetings with local community workers and projects. They knew their areas and were in a position to advise the Advisors about suitable venues, especially from the community perspective. There were also other considerations such as ensuring suitable venues for the client group. For example, access and perception of the safety of the venue were important. Cost was also a factor and where possible, free venues were sought. As such, Health Centres came out as the most desirable venue and in most areas, sessions ran from these. Other venues that the sessions are run from include Community Centres, a Leisure Centre, a Healthy Living Centre and a library.

The time invested in developing the locations was perceived as time well spent, although some problems were encountered and further time was required to find certain suitable venues. This inevitably had an impact on when the sessions could begin and in these areas the impact is visible on the number of clients being currently referred. However, during the setting up period, the Advisors were in a position to meet and explain the project to many professionals in a variety of settings, and subsequently future partners were well informed and could promote the service once it was up and running.

Advertising and Promotion

Once the venues had been confirmed and a timetable of the sessions established, it was the role of the Advisors to begin promoting and advertising the initiative in the relevant areas. This entailed contacting all the relevant professionals, community groups and organisations to inform them that clients could now be referred onto the scheme. Meetings were attended wherever possible to create a better rapport with the referring professionals, as this was felt best practice. Promotional material was produced, including an information sheet for health professionals and a leaflet designed specifically to explain to clients what the sessions involved. These were distributed throughout the City, and were used at community events to raise awareness of the project. The Advisors also promoted themselves through advertising in local newspapers and went on three different radio stations.

Development of Protocols and Referral Pathways

Protocols were required for best practice and provide guidance and boundaries to the Advisors while conducting their sessions. The protocols cover issues such as health and safety, resources and information required to conduct the sessions, client safety and the different pathways and referral systems for exercise within the City. There is also a section for each of the six sessions that the Advisor can follow if felt necessary and would assist anyone that might need to pick up a session in the event of absence.

Developing the Referral system was viewed as a vital part of the initiative, as this process needed to cater for a variety of different professionals.

Some of the issues that were raised when looking how to develop this system were:

- Simple and easy to use forms
- Data protection
- How to send the information
- How to distribute these to the relevant advisors
- Client contact

Electronic referral pathway was not an option due to data protection and confidentiality of client details. Therefore it had to be in paper format. One of the main barriers that had been presented is that overcomplicating referral pathways can lead to a reduced number of referrals from busy professionals. A small, simple and effective card was developed where minimal information is filled in and sent to the LEAP Project Officer. The cards are then passed on to the appropriate Advisor.

The Sessions

The initial session runs for 45 minutes and subsequent sessions for a maximum of 30 minutes. It was felt that for behaviour change to be facilitated, sufficient time and support must be provided by the Advisor in order to explore and tackle many of the barriers that can be presented. This time has proven to be adequate and has allowed good relationships to be built with the clients and

therefore an excellent system of support can be provided.

Within the sessions the emphasis is upon exploring with the clients, the benefits of physical activity, the barriers that the client experiences to making any desired changes, help towards creating a realistic action plan and facilitating the implementation of the plan. The sessions are predominantly client-led, which allows the client to explore in their own way their current situation. The Advisor is sometimes required to offer some guidance and structure within the sessions. This is because digression away from physical activity can occur and sometimes is not relevant to what the sessions are about. The client is gently encouraged to draw back to discussing physical activity and then the session can continue.

A physical activity advice booklet was developed to assist clients in their progress, and to motivate them to make changes. It highlights key facts and the benefits of physical activity, as well as allowing room for them to fill in their own action plans. This is a very useful tool to use with certain clients, but a number of problems were also identified with it.

The first problem presented was language barriers. It would be beneficial to have the booklet in a variety of different languages for our clients as we see a high proportion of individuals whose first language is not English.

The second problem encountered was that some of the elder clients seen, have impaired

vision and this is reflected in whether they have utilised the booklet effectively.

The final problem encountered was time. With the first session there is a substantial amount of paper work to get through, and an additional booklet has been identified as creating a further barrier when trying to develop the initial contact and rapport with the client and develop an understanding of their current stage of change. This has meant that the booklet is not utilised regularly and hasn't been incorporated into the programme as well as hoped and expected.

The sessions have also encountered a few teething problems during the development of the project. Some have been resolved. Others appear to be on going and need to be addressed further.

One problem discovered is when clients don't turn up to sessions and do not inform the Advisor. There is always this inevitability when working in this way, and therefore the Advisors are required to place a significant amount of emphasis to the clients to let them know if they are unable to attend and if there is no notice, the client is required to wait until the next available appointment.

This also leads into the question of accessing hard-to-reach groups within deprived areas. Non-attendance is a large factor when trying to target and support certain groups and individuals and this evidence highlights the perpetuation of this problem. Although this doesn't impact upon the success of the project, it raises questions as to whether

there needs to be more flexibility within the sessions to reach the at-risk groups within different settings.

Another problem has been allowing time to continually remind health professionals that this initiative is available and maintaining the awareness within the targeted areas. This work can detract the Advisor away from sessional work, but is vital if the project is going to continue successfully.

Although there are certain challenges and difficulties that have arisen during the development of this project, the sessions have proven to be highly effective and this is mirrored by the captured results indicating that up to 75% of clients have increased their physical activity levels from the initial session and are continuing to make significant changes to date. Such changes have been facilitated by the use of stepometers as these have acted as efficient incentives and can be seen by an increase in the number of steps recorded by the clients.

The increase in activity levels highlights the vital importance for this type of approach to physical activity and the wider impact an increase of activity can have it encourages the project to continue to progress and expand.

Incentive Scheme

Research has suggested that certain tools and incentives raise individuals' awareness of their own physical activity levels and consequently are a great starting point when working towards initiating behaviour change.

Stepometers have been found to be effective in this process as they are easy to use and seen as fun gadgets that highlight the levels of activity individuals have. They also create a baseline to work from for the Advisors.

The stepometers are given to the clients when they enter the programme and are returned when the client exits the scheme. Clients are expected to record the number of steps they do on a daily basis and the advisors work towards increasing this over the six-week period.

They have been highly successful and have complimented the advisor sessions excellently, with the number of clients who use the pedometers being more successful in the project than with the clients that haven't used them.

The only concern that has been raised with the usage of pedometers is one of cost-effectiveness. There have been a significant amount of pedometers lost by clients, a few broken, and a few not returned by clients who have stopped attending. These problems have led to the depletion of stocks and affect whether new clients will be provided pedometers in the future. Although this issue has been highlighted, the overall benefits of clients using them are significant enough to provide a case for the continuation of supplying pedometers to clients within the project.

Other incentives used as part of the project are: Leisure Cards with certain pre-paid amounts already supplied from the Primary Care Trust, vouchers that allow free sessions

to over 50s classes and signposting into the GP Referral Scheme and other local activities. These all contribute to the success of the project and the continuing progression of the initiative with positive results.

Key Partners

Developing positive and strong relationships with key partners has been vital towards achieving the success of this intervention. Key partners have been GP Practices and Practice Nurses, Community Heart Nurses, Physiotherapists and other local health organisations and individuals who are all striving towards reducing deprivation within the City and improving the health of the residents within these areas. One of the main roles of the Advisors is to maintain contact with the key partners and work towards supporting their goals and targets. This has required a flexible approach towards setting up the sessions in the different areas, creating a service that is tailor-made to each area working towards targeting local needs while maintaining a directive approach towards achieving LEAP's aims and objectives.

Outputs

Over a 6-month period the Advisors saw 113 people each which had an average of up to 6 sessions. Of these people 77 were female and 36 were male. The average age for each was 52 and 60 years. The ethnicity of clients is shown in figure 7.

The majority of clients were residents of the 20% most deprived wards in the City (figure 8), accounting for 55% of the total people seen.

This suggests that in these areas the programme was very successful in engaging the target group.

Figure 7 Ethnicity of Advisor clients

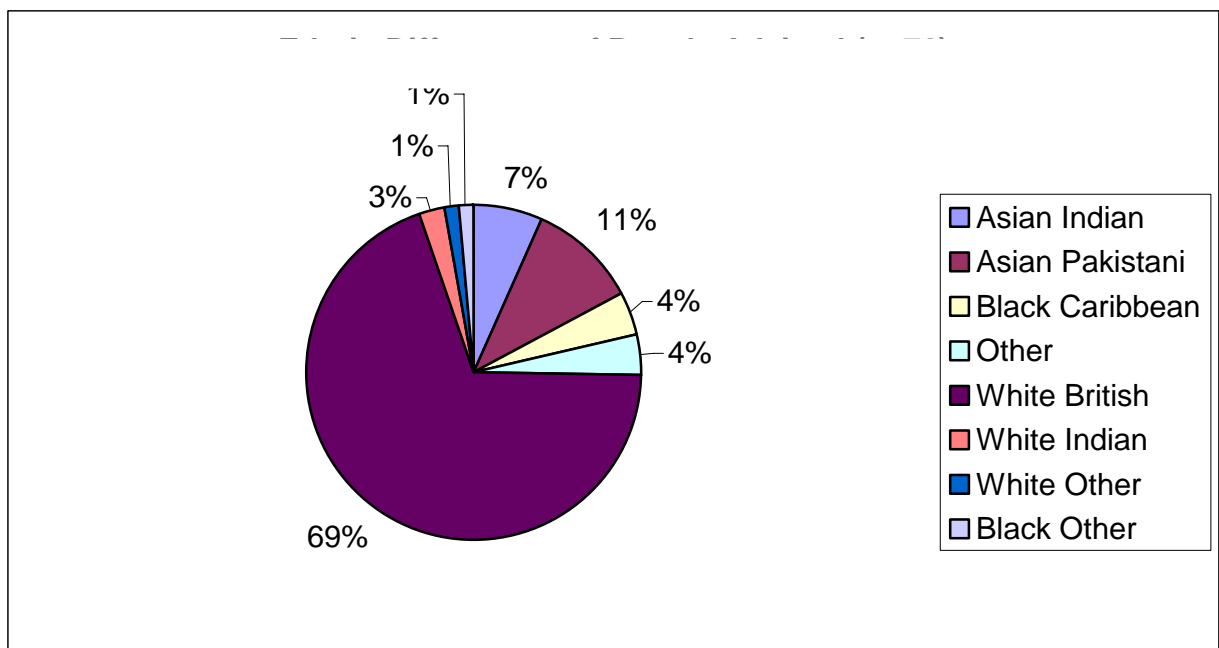
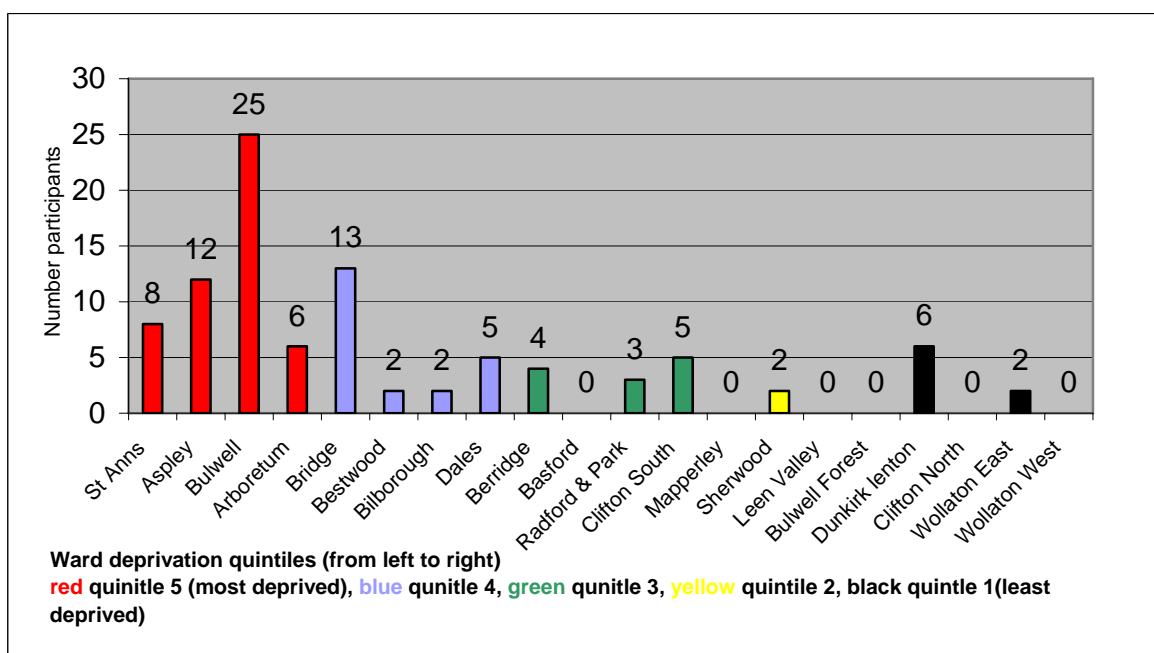


Figure 8 Advisor clients by ward deprivation



Physical Activity Advisor Intervention Case Study

My name is A.D Sargent, I live in Meadows, Nottingham. I am diabetic, overweight, have high blood pressure and a spine problem.

Since seeing my Physical Activity Advisor at the Meadows Health Centre I have been able to talk things through with her. Since attending I have felt more confident with what I am able to do. With my back problems and other ailments I found it very difficult to exercise without being in more pain afterwards.



Seeing the Physical Activity Advisor made me more aware of the different ways of being physically active. I am walking more now and I am finding it is free, easy and I can do it when I want. I am getting out of the house more now and I am able to walk further without getting breathless.

I feel healthier, more positive and confident in myself, which has helped me to lose weight. Since August 2005 (2 months), I have lost 11lbs.

I am thankful to my Advisor for being so easy to talk to, understanding and very helpful which I have not been able to find in the past. I have been very happy and comfortable to do this and feel a lot better than I did before. Thanks for your help and advice.

Conclusions

- A variety of locations and venues were established to meet the needs of each local population
- Advertising and developmental work in all the areas is continuously being done in order To maintain high levels of awareness about the project
- Protocols have been developed and implemented
- Good quality relations with key partners have been developed and are evident through the number of referrals coming through
- Local findings indicate that the Advisor Sessions are having an impacting on local physical activity levels
- Good quality relations with key partners have been developed and are evident through the number of referrals coming through

Final Conclusion

Nottingham City PCT and partners applied to be the site of the East Midlands LEAP in 2002 as it was seen as a new opportunity to develop a single initiative that could improve local practice and knowledge of how to implement physical activity programmes and more importantly improve the health of local residents. Through the hard work of the LEAP team and partners this vision has been realised.

Implementing the LEAP model has been challenging and has facilitated a lot of learning along the way on how to manage such a process. Implementing the ambitious evaluation framework has in itself required a new way of working and development of new skills. It also highlighted the grey area between research and evaluation. Again there has been significant learning from this process.

Due to initial project management difficulties none of the interventions have yet run for the full 2 years originally planned. Additional funding has been secured to enable the interventions to run in their present form for at least another 6 months. This will enable further learning for future programmes. The delivery of the LEAP programme has centred around a team in the Specialist Health Promotion Service of Nottingham City PCT. An alternative model of delivery could have been to commission some of the interventions through partner agencies. This may have enabled more partnership involvement in some areas which has been lower than initially expected.

Overall, the Get Moving Nottingham LEAP has been successful in its goal of increasing physical activity in the over 50s and improving the health of many people living in Nottingham. It is envisaged that successful elements of the interventions and learning will be continued beyond the life of LEAP to further integrate health promotion and the prevention of ill health through physical activity into mainstream services.

