

DESCRIPTION OF THE PRACTICE

1. Title of the practice

- 'ACTIVE LIFESTYLES' -

2. Organisation responsible for the practice

Sefton Metropolitan Borough Council, UK

3. Contact person(s)

E-mail

policy@esn-eu.org

4. Summary of the practice

The Active Lifestyles programme is a local initiative based in Sefton, which aims to provide the whole community with the opportunity to live a more active and healthy lifestyle. It is available to people with various health conditions (overweight, obesity, diabetes, angina, hypertension, post-heart attack and poor mental health) who can be referred to the programme by various, mostly primary care, health professionals. The majority of people who have participated in the programme are aged 65 or older. The main objective of the programme is to improve physical health and mental well-being through an increase in physical activity and weight management services to reduce weight and encourage healthy eating.

The initiative was implemented 18 years ago due to the high level of lifestyle-related health conditions and the low level of physical activity of adults in Sefton. Physical activities include anything from gym activities, swimming, and walking to chair and dynaband sessions, green gyms, dance classes, Tai Chi etc.

5. National/regional/local context of the practice

There are a number of policies by various government departments (e.g., the Department of Health) and other organisations (e.g. the British Heart Foundation) that promote active ageing. Some of these are more general, while others focus on specific groups, such as people with dementia.

As a local initiative, the following outlines some of the local public strategies related to active ageing. It is worth noting that Sefton has the highest proportion of the population aged 65 or over in the UK, which is projected to increase further in the foreseeable future. Relevant policy documents include:

Policies and strategies published by Sefton Metropolitan Borough Council:

[Health & Wellbeing Strategy](#)

[Sefton Strategic Needs Assessment](#)

[Strategy for Older People](#)

[Merseyside Strategy for Sport and Physical Activity](#)

Government policy and public/non-governmental guidance documents include:

[Everybody Active, Every Day](#) (Public Health England)

[Start Active, Stay Active](#) (Department of Health)

[Making the case for physical activity](#) (British Heart Foundation)

[Healthy Lives Healthy People](#) (UK Government)

[Sport, Leisure and Social Care](#) (Skills for Care)

[Care Act 2014](#) (UK Government)

[Five Year Forward View](#) (NHS England)

[The role of culture and sport in supporting adult social care to deliver better outcomes](#) (IDeA)

6. Staff involved

The service is delivered in various community settings and in 'Active Sefton' leisure facilities. Although delivered by Sefton Council, there is a wide range of referring bodies (approximately 80), including primary care, secondary care, rehabilitation units, and community-based health professionals (e.g., dietitians, mental health workers, physiotherapists).

7. Target group

The target group are people with any of the following referral criteria:

- Inactive
- BMI 25-39
- BMI > 39
- High blood pressure (not medicated)
- Diabetes type 1
- Diabetes type 2
- Hyperlipidaemia
- Impaired glucose regulation
- Hypertension (<180/100)
- Smoker
- Family history of chronic heart disease
- Heart failure (phase III only, not acute or unstable)
- Cancer
- Mental health problems (stable)
- Angina (stable and controlled)
- Post-MI/ re-vascular surgery

Although all residents over the age of 18 are eligible, referrals are targeted at those aged 65+.

8. Aims of the practice

The overall aim of the initiative is the improvement in physical and mental wellbeing through physical activity, increased social interaction, behaviour change and healthier eating. The specific objectives of 'Active Lifestyles' are as follows:

- Combat unhealthy lifestyles and habits that increase the risk of chronic health conditions.
- Reduce the number of Sefton residents who are overweight or obese, and support individuals to maintain a healthy weight.
- Reduce the prevalence of coronary heart disease (CHD) in Sefton.
- Provide a service in different venues across Sefton in line with recognised standards and guidelines, e.g. [NICE](#) guidance.
- Address the priorities of the local Strategic Commissioning Plan and other relevant targets such as the Local Area Agreement indicators and reduce health inequalities.
- Improve diets and increase physical activity amongst the identified target groups.
- Provide high quality, patient-centred and timely weight management services that improve service users' health.
- Work in partnership with other services that are commissioned through the NHS, Sefton Local Authority, private organisations and third sector agencies.
- Evaluate the service to ensure it is fit for purpose, including the skills mix of staff, cost effectiveness and equitability of the services.

9. Issues for social services

Service Integration/ Cooperation across services	x	Service Planning		Contracting	
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Technology		Skills development (of the workforce)		Quality of services	x
Prevention and rehabilitation	x	Participation of users			

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)		Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	x

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro level practice:* practice that involves individuals at local level
- *Meso level practice:* practice that involves organisations or communities
- *Macro level practice:* practice that involves large population groups

Meso level initiative, involving the community.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Organisational management: The service is commissioned by Sefton Council's Public Health Department but the Recreation and Culture Section, which is the service provider, has managed and led the initiative.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders
- *Volunteers*
- *Access to services*

Network approach: The service has been built up over several years. Primary care providers were engaged in the development through individual practice meetings, practice management meetings, primary care trust networks and its successors, the Clinical Commissioning Groups, nurses forums etc. Every general practice (GP) surgery in the borough now refers clients to the service.

Access to services: Initially, all service users accessed the service through the referral process. However, as the service is now well known in the area, they often choose to self-refer or are reached through traditional marketing, social media, health-related networks, or word of mouth.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the practice team*
- *Consultative: a consultative body of users was set up for an on-going dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

Involvement: The breadth of the Active Lifestyles services, the different programmes, and venues, enable the service user to individualise the services they use together with the professional involved in the initiative.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources: staff time and other resources are provided 'in-house'*
- *Staffing costs: costs for staff investment*
- *Joint/Pooled budgets: two or more agencies pool budgets to fund services* • *Funded project: external investment*

Funded project: The service costs GBP 541,355 per annum, which is provided by Public Health Sefton. Most of this is spend on the staff team of 18 that delivers the services in the Active Lifestyles portfolio to over 4,000 service users annually. Approximately 1,000 of them are over the age of 65.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method: use of both a qualitative and a quantitative approach*
- *Single method: qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records, and/or other routinely collected service data.*
- *Informal: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback*
- *No evaluation*
- *An evaluation is planned*

Multi method:

Instruments: surveys /questionnaires, physical measurements, telephone consultations, client feedback, professional feedback, external evaluation during the pilot phase. Data collection: all data from the above was compiled in Excel /Access databases.

Data analysis: using Excel, Access, and manual analysis. In the case of the external evaluation, the data was analysed by consultants and university researchers.

17. Perceptual effects of the practice and what it has achieved for...

Service users	The service users get the benefits of being more physically active and thereby improve their physical, mental, and social wellbeing. Although originally not envisaged for this purpose, a positive effect for service users is making new friends and talking to people who have similar concerns.
Formal care givers	The service takes a holistic view of the service users and different activities are provided by one service provider, that also manages the facilities where the services are delivered. The service is therefore streamlined and seamless, and enables the services users to build a relationship and trust with the team
Informal carers	n.a.
Organisations	There is potential for cost savings for organisations that refer to 'Active Lifestyles', for example in primary care through reduced prescription costs or in secondary care through a reduction in the number of hospital admissions. Costs per kilo weight loss have been economically modelled for common methods (balloon, bypass, lap banding, roux-en-y bypass) and Sefton's cost was the lowest, between GBP 8 and GBP16 depending on the service. This does however only provide a crude measure, and in general estimating direct cost savings for exercise referrals is challenging because there is no capacity within existing systems to retrieve and support data analysis as this is too expensive to commission.
Other	n. a.

18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	n. a.
Formal care givers	n. a.
Informal carers	n. a.
Organisations	n. a.

Other	n. a.
19. How the practice has changed the way the service is provided (lessons learned)	
<p>Lessons learnt:</p> <ul style="list-style-type: none"> • Ensure primary care providers are involved and take some ownership of the service to ensure it is utilised effectively. • A strong relationship with commissioners is the key to success, as they raise awareness of the service through their own networks. • Have some processes in place to deal with capacity issues. 	
20. Sustainability of the practice	
<p><i>Description of whether the practice is sustainable, considering the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Potential for sustainability:</i> practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)? • <i>Organic sustainability:</i> service users have been empowered to take the practice forward • <i>Established:</i> the project has been operational for several years 	
<p>Established: The service has been funded through fixed-term contracts for 18 years. Due to the scale of the service, it could not be sustainable without appropriate funding.</p>	
21. Transferability of the practice	
<p><i>Description of whether the practice has been transferred, considering the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Transferred:</i> transfer to other regions, countries, service user groups, etc. • <i>Potential for transferability:</i> there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed 	
<p>Transferred: There are similar services in many areas.</p>	