Partner forum:
Movement Supporting Long Term Health

www.leapwithus.org.uk

Welcome and Introduction

Sue Imbriano
Leap Chair

Mark Ormerod
Leap CEO

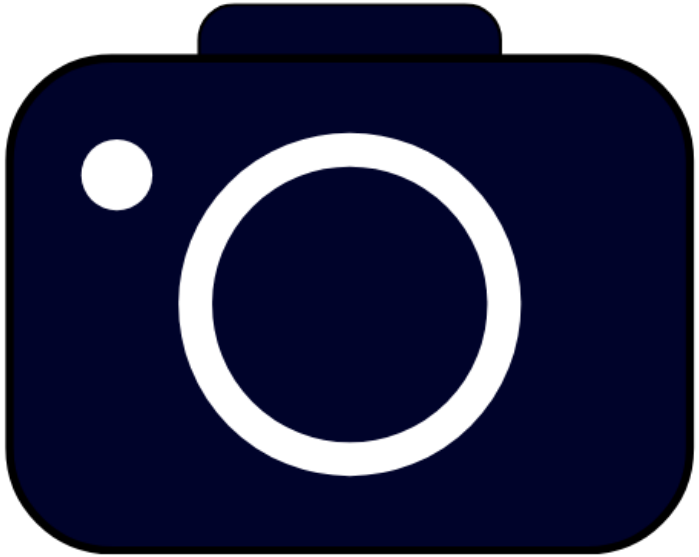
@Leap_BMK @Leap_BMK

www.leapwithus.org.uk

Leap Partner Forum - 29th February 2024
11.00-13.30

1. Welcome – Sue & Mark
2. Reconnecting – Shay
3. National Policy – Tom
4. Move Together – Richard
5. W:ISH online tool - Alan
6. Break – Cake/Picture
7. Table Briefings – Chris
8. Leap with us - Chris
9. Feedback and Round up – Mark
10. Lunch and Networking

Photography taking place today



Active Bingo

LEAP Partner Forum

29th February 2024

HORIZONS

HORIZONS

WHO ARE HORIZONS?

HORIZONS

Making Physical Activity a norm for the prevention and management of Long-Term Conditions in the health system

HORIZONS

Physical Inactivity

1 in 6 deaths - PHE

500 million people will develop non communicable diseases by 2030 - WHO

HORIZONS

Primary Care Bureaucracy Review

Growing the Occupational Health Workforce

Moving Healthcare Professionals Programme

MSK Programme

Public Health Reform Programme

NHS Long Term Workforce Plan

Work with ICSs

Increasing Physical Activity

HORIZONS

Department of Health & Social Care

Major Conditions Strategy
Strategic framework

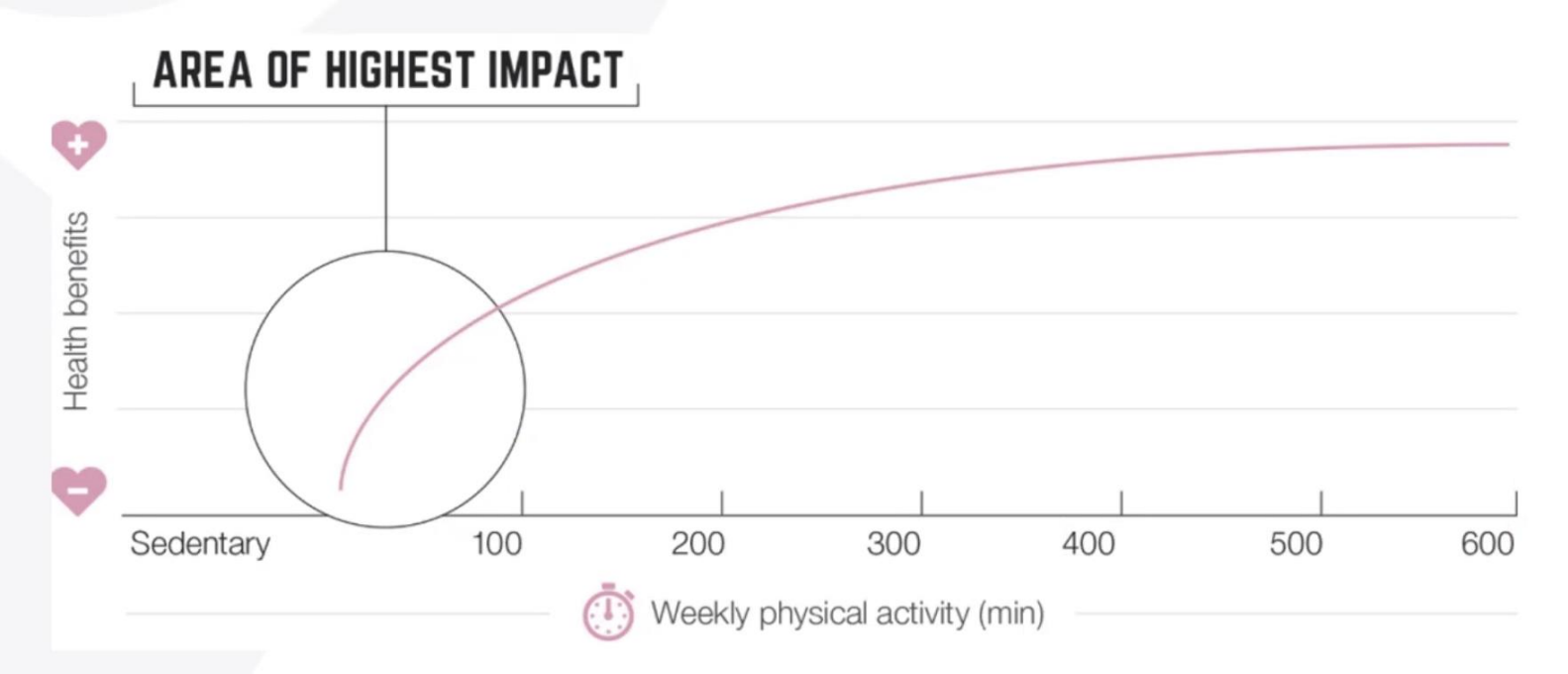
Together six groups of major health conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience two or more of these conditions at the same time.

HORIZONS

This is about behaviour change through the environment that we create **AND** the actions that we take

Image from Sport For Confidence

Every Movement Counts



Department for Health and Social Care, 2019


IF YOU WANT TO GO FAST,
GO ALONE.
IF YOU WANT TO GO FAR,
GO TOGETHER.

Pilots & Funding areas to be aware of

- Sport England Place funding
- WorkWell ICS vanguards
- Physical Activity MSK Hubs in the community
- Physical Activity Clinical Champion (PACC) Pilots
- Green Social Prescribing
- Active Travel Social Prescribing

We Are Undefeatable Public Consultation

HORIZONS

Or go to **Menti.com** and
enter code **8219 1635**

What does working with health mean to you in 3 words?

Oxfordshire ON THE MOVE

Whole systems approach to physical activity in Oxfordshire

A suite of interventions to decrease physical inactivity in Oxfordshire. Funded by Public Health, Oxfordshire County Council and the Integrated Care Board Inequalities Fund, coordinated by Active Oxfordshire in partnership with local authorities.

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

OXFORDSHIRE COUNTY COUNCIL

Cherwell District Council

West Oxfordshire District Council

South Oxfordshire District Council

Vale of White Horse District Council

Oxford City Council

Home-Start

Oxfordshire ON THE MOVE

Context

Only 9% of 0–4-year-olds meet CMO guidelines for physical activity

Over 3,000 older people in Oxfordshire are hospitalised due to falls each year

137,000 people (all ages) live with two or more long term conditions

c. 45,000 school aged children do not meet CMO guidelines for physical activity

Oxfordshire ON THE MOVE

Why we fund it…

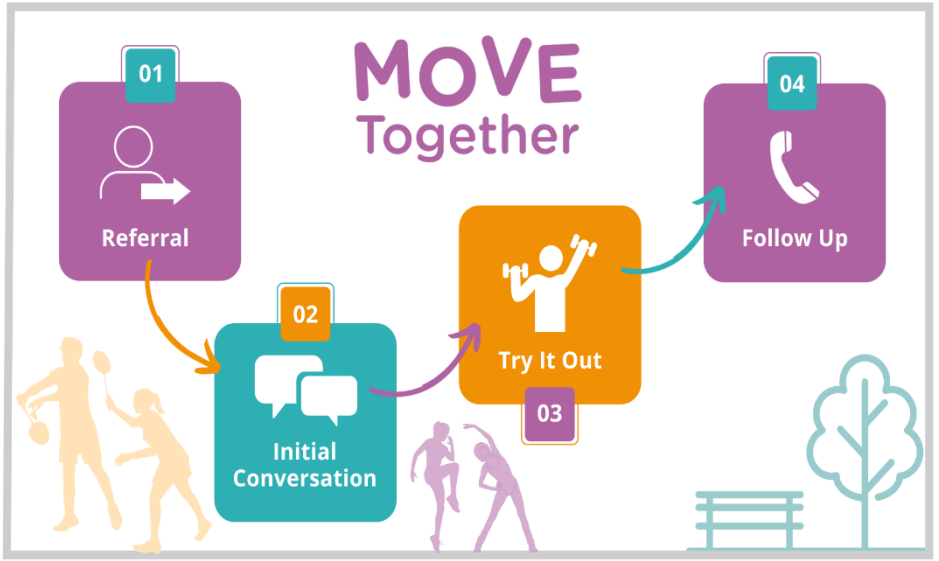
Outcomes we're looking for

What is Move Together

Move Together provides a supportive pathway for people across Oxfordshire to become more active. ***Coordinated by Active Oxfordshire in partnership with Oxfordshire's District Councils.***

The Pathway includes a referral or self-referral route for ***inactive adults*** with ***long term health conditions***, who would benefit from increasing their activity levels.

A coordinator assesses participants needs and preferences and provides ***physical activity advice***, ***behavioural support*** and ***signposting*** to an appropriate physical activity offer as required.



MOVE Together

Activities


Home Activity Packs

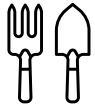

Seated Exercise

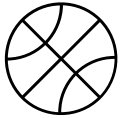
Trails


Home visits


Exercise Referral
Sports


Tai Chi


Gym/leisure


Walking

Community classes

Strength & Balance

Online videos – trusted sources

Dance




Yoga

Move Together outcomes (2023)

2156 referrals were made to Move Together in 2023.

94% of participants who have an initial assessment continue with the pathway.

76% of participants have at least **one long term health condition.**

74% of those having an initial assessment were **inactive.**

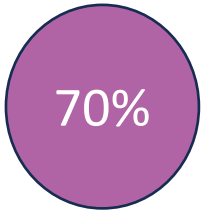
60% of participants **increased their activity levels.**

Those who increased their activity, increased it by an average of **45 minutes a day.**

54% of participants reported the **perception of their health had improved.**

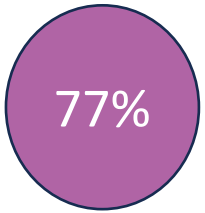
93% of participants would **recommend** Move Together.

Move Together outcomes (2023)



of participants (over 500 people) provided information on positive health benefits they have experienced as a result of Move Together. The most cited benefits were improvement in **strength, balance, confidence, mobility, losing weight, sleeping better**, and having **more energy.**

of those completing a 3-month review responded with positive comments in relation to whether they had experienced improvements to their mental health as a result of Move Together. The most cited improvements to mental health were **improved confidence, a sense of achievement, reductions in isolation and improved mood.**



of participants reported having made positive changes to their lifestyles as a result of Move Together. People referenced changes they had made to their routines, classes they are regularly attending and **changes in their attitude towards physical activity.**

"I feel fitter and am less prone to becoming breathless when working hard/continuously, e.g. when climbing the 98 steps up from the bottom garden to the top at Upton House (Nat. Trust). I used to have to stop 2 or 3 times to get my breath back. I can now do the whole flight in one go, although I am a bit breathless still by the time, I reach the top. Simply fitter all round."

MOVE Together

"I am now exercising more daily and am aware of the importance of exercising with my health condition. I will start attending a disabled swimming group called the Swans and also looking into other outdoor disability activities as the weather starts to warm up".

"I have cancer and am experiencing more symptoms of this over time, but MT is helping me to get out, be more active and help with a sense of purpose. I started Yoga Therapy online (last week) and am really pleased about this. I attend two weekly group walks and attended walk leader training, and this has helped with a sense of purpose."

"I have noticed the biggest change in my mental health and for the first time in a long time I am thinking more clearly, less agitated and I am happier in myself and have had my antidepressants reduced which have helped me loads."

MOVE Together

Learning

Taking a **behaviour change** and **person-centered approach** has been key increasing activity. Participants feel supported and equipped with the tools to continue being active.

Participants benefit from a **wider activity offer.** Walking groups, home activity packs and community classes are commonly signposted, alongside traditional Ex Ref schemes.

Importance of having a **simplified activity pathway** for healthcare professionals to make referrals and additional workforce to triage and support individuals.

Recommendations

Create a collective **system wide vision** to embed the role of physical activity and plans for long-term investment with system partners.

A thorough **evaluation** is important for ongoing learning and to reinforce the impact of physical activity to make the case for longer-term funding.

Align with the upcoming **'Physical Activity Pathways for Health'** consultation for best practice and guidance.


That's what I want to do - to be able
to go out without any aids.

Extending Local Innovations to Whole Populations

Alan Naismith

alan@polyatrics.co.uk

Polyatrics.

W:ISH

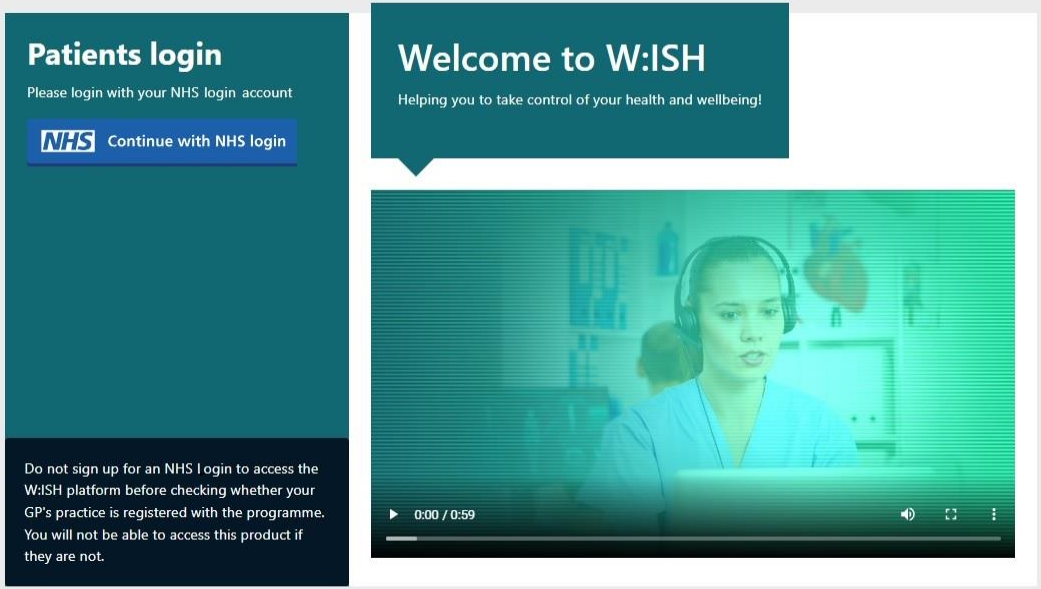
Wellness Interactive Support Hub

About W:ISH Contact

Health Professionals Login Here

The **Wellness Interactive Support Hub (W:ISH)** is a secure cloud-based communications platform designed to be driven by NHS patient data.

The concept was first described by NHS England as ***a single universal point-of-access that uses the NHS Number as the unique identifier and NHS data to surround patients and citizens with personalised information, services and technologies that help them to better manage their health and wellbeing.***



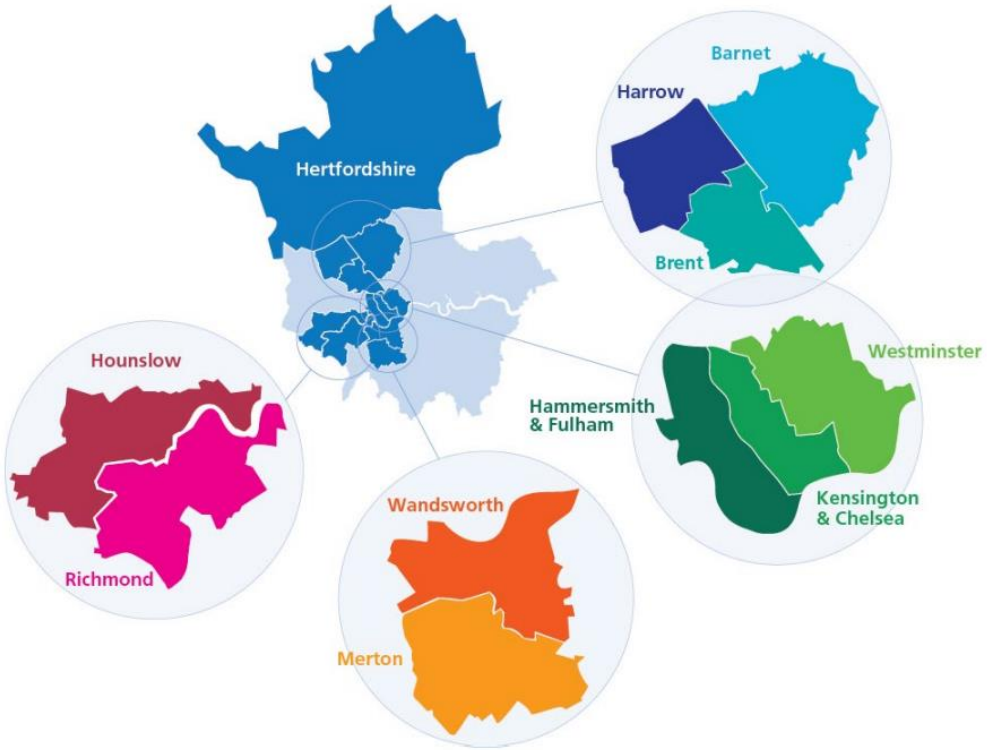
SW London Pilot - 2021/22

500 patients aged over 65

from 16 practices across 6 PCNs in SW London

Funded and supported by CLCH

Proof of concept – You can engage older people with digital technology and inspire them to be more active and improve their lifestyle.



Central London Community Healthcare NHS Trust

Video Link - CLCH Pilot Programme video

Automated Activity Pathway

W:ISH

NHS Data

Targets populations & defines individual needs

ICS

Library of Information, Services & Technologies (LIST)

Local databases & services –

Local Government, Public Health, Local Activities, Charities, Education, Community Groups, Pharmacists, Trusted Providers & Commissioned Services

NHS Central London Community Healthcare NHS Trust

NHS West Hertfordshire Teaching Hospitals NHS Trust

Place (S&W Herts)

PCN

Practice

Populations

NHS Login

W:ISH

Log out

Super User

Manage Profile

Departments

>> Management >> Departments >> NHS >> LONDON COMMISSIONING REGION >> SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP >> NHS SOUTH WEST LONDON CCG >> EAST MERTON PCN >> WIDE WAY MEDICAL CENTRE

Profiles

- NHS ADVICE
- Super User
- CHCR - Pilot Group 1
- CHCR - Pilot Group 2
- 10 TODAY NEWS
- TEST MEDICAL PRACTICE
- W:ISH Admin
- W:ISH NEWS
- DIGIATRICS
- 10 Today
- LIVE LONGER BETTER NEWS
- LIVE LONGER BETTER
- W:ISH
- CLCH PILOT TEAM
- LIVE LONGER BETTER VIDEOS
- NHS
- 10 TODAY VIDEOS

Manage

- Departments
- Super Users
- Pharmaceuticals
- Users
- Build Surveys
- Subscriptions Builder
- User Statistics

Social

Department Details

Change Profile Picture ...

Department Name

WIDE WAY MEDICAL CENTRE

ODS Code

H85029

Practices are onboarded with their ODS Code

Save

Each practice and PCN has their own control panel. They can set up sub-groups e.g. patient participation groups, and onboard local support organisations. They have total control!

Each organisation assigns an Administrator who can add or remove health professionals and other staff.

Departments | Groups | Users | Patients | Health Care Professionals

Search Patients

1 2 Next

natali[illegible]k.com — Edit

revpa[illegible]ail.com — Edit

timothy[illegible]iet.com — Edit

elizabe[illegible]gmail.com — Edit

If[illegible]uk — Edit

kc[illegible]om — Edit

ss_[illegible]uk — Edit

cons[illegible]id.com — Edit

[redacted]@gmail.com

Manage Profile

Profiles

[redacted]@gmail.com

Manage

Social

- Following
- News Feed

Wellness Record

- Gratitude Diary
- Activity Challenge

Learning with experts

Users are connected to education and support services. They can self-refer into services and find technologies from a library of content.

This is the 11th video in the 'Living Longer Better' series. Below you will find the video and the accompanying course notes.

Use the < > arrows to switch between the video and the notes.

You can catch up on all of the videos so far by clicking on the 'LIVE LONGER BETTER NEWS' title at the top of this post.

LLB - L11 - BRAINABILITY.mp4

Comments 0

The Wellness Interactive Support Hub

Three requests made of us by the NHS:

1. Give health professionals the tools they need to educate, motivate and support people to live healthier lifestyles, reduce their health risks and better manage their long-term conditions i.e. primary and secondary prevention.
2. Harness the technologies and services that are available from charities, community groups, activity providers and other sectors and deliver them directly to citizens on the basis of need.
3. Automate as much as possible using digital technology that takes work out of primary care and delivers better community support for local citizens. This should free up GPs to focus on treatment.

The objective is to establish local **digitally-enabled 'therapeutic communities'** where community groups can work together to reach out and support local citizens and populations, backed by community-based health professionals.

The Wellness Interactive Support Hub

Key target groups:

1. Those that have undergone an NHS Health Check and been identified as at-risk of CVD and other LTCs.
2. Those with LTCs where we can support them into remission.
3. Older people that we can support to improve their resilience and reduce their dependence on the NHS.
4. Those with multimorbidity and complex needs where we can support them to improve their outcomes and maintain their independence, and
5. People on waiting lists for treatment.

The objective is to extend the reach of the PCN and service providers to thousands more and provide automated, personalised digital support without the need for a referral.

Each digital pathway follows a similar format:

- **User ID validated** by NHS login.
- First-time user accepts system Ts&Cs and gives permission to access data
- **Patient 'capture'** - 'Health Check', existing and new diagnoses, **an automated data-driven process** using NHS data from patient records (EMIS) - no GP action required!!
- Confirmation of reason for access e.g. self-referral or via HCP advice following Health Check or diagnosis
- Confirm - what do they want to do? What are their priorities? Are there any 'no-go' areas?
- User profiling e.g. EQ-5D, preferences, likes, dislikes, motivations, hobbies, interests, academic attainment
- **TRIAGE and placement onto the appropriate pathway consisting of:**
- Knowledge - ensure a clear understanding of general health, healthy ageing, long-term conditions and the importance of lifestyle/behaviour change in minimising risk of deterioration and complications.
- Motivation - setting personal goals and quantifying the benefits (personal gains)
- Ability - assess suitability for particular activities e.g. age, frailty, disability, disease
- Confidence - Confirm suitability, validity, clinical relevance, efficacy & safety of options
- Opportunities - extended choice from local and online activities and services.
- Support - monitoring, evaluation, feedback, advice, F2F where needed, group/peer-support
- Tracking & Reporting - HbA1c, BP, weight, cholesterol, activity, smoking, alcohol, diet, tests (foot checks, eyesight, urine test). Share with EHR, information and data accessible to HCPs
- Meta population data to inform service provision (PCN, Place and ICB level)

The DHSC Plan to Reduce Overprescribing

- Often, medicines only deal with symptoms, and do not tackle the underlying causes of illness or effect a cure.
- Medicines are sometimes prescribed where the patient would benefit from other forms of advice and support to tackle or alleviate these underlying causes.
- If they are taking a medicine for which there is a better non-medicine alternative, this may impact on their health and quality of life

Click on image for link

"My consultant told me that I needed to exercise for 30 minutes every day. So I got myself a dog. It's the biggest positive thing I've done."

"I was sent to a COPD 'breathe easy' clinic. It was absolutely brilliant. It helped me to reduce from four to two inhalers over six weeks."

Supporting older people to be more active

- Key NHS objectives:
  - Improved lifestyle and behaviour
    - Motivated, activated people – doing the right things.
    - Educated, informed people – asking all the right questions.
    - 'Active Lives, Active Brains' - Activity & exercise, healthy eating and weight loss, smoking cessation, improved cognitive function, reduced frailty.
    - Medicines optimisation and self-management of co-morbidities
    - Shared care, shared decision-making – patients become self-advocates
    - OBJECTIVE – Physical and mental reconditioning/pre-conditioning.
  - Optimise use of NHS facilities, HCP time and resource.
    - Reduce attendance at practice or hospital by 'worried well'.
    - Encourage attendance by those that should be seeking help.
    - *"I only want to see people I can actually help."* – GP
    - The rest need to be redirected or supported in other ways.

W:ISH

"We must be able to collaborate as a group of charities to support people with multiple conditions and complex needs."
- Eve Riley, Richmond Group of Charities

The Richmond Group of Charities

Supporting people with Long Term Conditions

- Key NHS objectives:
  - Fully integrate VCSE and Activity Sectors into Healthcare
    - Enable charities to proactively reach out to target populations with Long Term Conditions.
    - Improve the care, experience and local support for local people.
      - Help with languages, learning difficulties, inequalities, digital inclusion, peer support, local classes, training & self-help.
    - Improve outcomes, population health and reduce service demand.
    - Automate (or even eliminate) the referral process, maximising 3rd sector utility.
      - Take work out of the NHS system and reallocate to patients and volunteers.
  - Support people with multiple conditions and complex needs
    - PowerPoint Presentation (thinklocalactpersonal.org.uk)

"We were commissioned by the CCG to deliver services to local diabetics, but no one was ever referred to us."
- Peter Shorrick, Diabetes UK

"We must be able to engage people directly with local information and offers of support. Few people come to us without a referral"
- Steven Wibberley, British Lung Foundation

"We have a membership of around 300,000. That's just 6% of UK diabetics. We want to be able to reach out and proactively offer help to anyone with a diagnosis of diabetes."
- Dan Howarth, Diabetes UK

W:ISH

Office for Health Improvement & Disparities

Supporting activity with NHS apps

- OHID has created a range of digital tools and services designed to make it easier to start and keep healthy habits.
- Designed to support objectives around preventable risk factors, health disparities and innovation, they are:
  - ACCESSIBLE to all
  - EVIDENCE BASED
  - TRUSTED (the NHS brand continues to show high trust in all testing)
  - DESIGNED for those most impacted by health disparities
- OHID seeks to make their apps more supportive of NHS objectives:
  - NHS Weight Loss Plan
  - NHS Walking Tracker
  - NHS Food Scanner
  - NHS Quit Smoking
  - NHS Drink Free Days
  - NHS Couch to 5K
- The OHID ambition is to record user-generated activity data and overlay onto clinical metrics to deliver a dynamic record of user health and fitness.

Research Programme

- Oxfordshire & West Hertfordshire (and Bucks, MK?)
- Focus on delivering an integrated physical activity pathway, supported by education, VCSEs and health technologies.
- Research & Evaluation Project
  - Validate the pathway
  - Validate and evaluate combinations of technologies and services
- Evaluation by

NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES
Medical Sciences Division

- Collaborative oversight by NHSE (Medical Directorate) and Sport England

Who we work with:

SPORT ENGLAND

UK active
More people
More active
More often

EXI

BGS
British Geriatrics Society
Improving healthcare
for older people

Active Partnerships
Engaging Communities, Transforming Lives

W:ISH

Learning with experts

Health Innovation
Oxford & Thames Valley

Live Longer Better
and
The Digitally-Enabled Therapeutic Community

fam

Office for Health Improvement & Disparities

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

The Richmond Group of Charities

Oxfordshire age UK

bucks new university

UNIVERSITY OF OXFORD

NHS
Central London Community Healthcare
NHS Trust

National Academy for Social Prescribing

FACULTY OF PUBLIC HEALTH

Polyatrics.

Patient empowerment: what is the role of technology in transforming care? | NHS Confederation

KEY POINTS

- While individuals feel accountable for their health and wellbeing and want to be empowered to improve it, **frequently, they lack the confidence, tools and technologies to take control as much as they would like**.
- People want more control over their health but need their actions, and the tools they can use, to be **endorsed by healthcare professionals**. They also want to make better use of health technology, but not at the expense of face-to-face contact with their doctor or other healthcare worker.
- While the vast majority of people use some form of health technology and find that useful, **they are not totally satisfied by what is currently on offer**.
- **Across all age groups more than 7 out of 10 (72 per cent) would use technology to avoid a hospital admission, with a similar proportion happy to use technology to monitor their health and share information and data with their doctors.**
- People think there is a larger role for health technologies in the future; many are not confident in using them now.
- Three areas emerged as necessary building blocks that could enable greater patient empowerment: **digital access and inclusion, patient satisfaction,** and **user confidence**

W:ISH

What Good Looks Like:

- Empowering Citizens
  - develop a single, coherent ICS-wide strategy for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens.
  - ensure a system-wide approach to the use of digital communication tools to enable self-service pathways such as self triage, self referral, condition management, advice and guidance.
  - have a clear ICS digital inclusion strategy, incorporating initiatives to ensure digitally disempowered communities are better able to access and take advantage of digital opportunities.
- Healthy Populations
  - use data and analytics to redesign care pathways and promote wellbeing, prevention and independence.
  - drive ICS digital and data innovation through collaborations with allied healthcare sectors including Activity and VCSE.

Link to WGLL Framwork – Click here

Movement Break - 10mins

Group Picture with the Cake

Table Briefings…

Pick 2 table briefings which last for 10mins

Table 1 – Active in the Community Briefing
Table 2 – W:ISH Continued
Table 3 – Active Women, Thriving Lives.
Table 4 – Sport Welfare Officer role
Table 6 – Health Instructor Network
Table 7 – Sport and Activity for All Networks

Celebrate Leap year and Make a wish with us!

Feedback & Round Up

Partner Forum 2024 Dates

11.00-13.30 12th June

11.00-13.30 16th October

Post-event feedback survey

Networking Lunch

Join the movement and Leap with us

@Leap_BMK

@Leap_BMK

info@leapwithus.org.uk