

Y Pwyllgor Cydraddoldeb, Llywodraeth Leol a Chymunedau
Equality, Local Government and Communities Committee
ELGC(5)-20-17 Papur 3/ Paper 3

Briefing



Cynllun Atgyfeirio Cleifion
i Wneud Ymarfer Corff Cymru
Wales National Exercise
Referral Scheme (NERS)



The National Exercise Referral Scheme- Asset Based Approach to Reduce Poverty in Wales

Equality, Local Government and Communities Committee- Asset- based approach to poverty reduction-

Meeting at the Senedd

29th June 2017

Background to the National Exercise Referral Scheme

In 2005 the Welsh Government (WG) agreed to fund and establish a National Exercise Referral Scheme (NERS) to support standardised Exercise Referral programme across Wales and address the evidence gaps by the programme being evaluated through a randomised controlled trial.

The scheme was initiated in 2007 and was set up to run for 3 years across all 22 local authorities who were funded directly by the WG. The Local Authorities employed staff to run their local schemes in line with the nationally agreed protocols that met the Exercise Referral: A National Quality Assurance Framework (Department of Health 2001).

In 2008 the Minister for Health at the time agreed to fund a National NERS Manager post to be based within Welsh Local Government Association(WLGA) to centrally monitor and quality assure the scheme, ensuring the scheme met any new operating standards, to develop a training schedule and standard protocols for the emerging Level 4 chronic condition qualifications and monitor the grant spend of all 22 schemes.

Funding was also extended to March 31st 2011 pending a Public Health Wales (PHW) review of scheme delivery to gauge continued effectiveness of pathways.

The programme was subject to an RCT Evaluation and its main findings were published in 2010; the study provided robust evidence for the long term effectiveness of NERS for particular groups:

- All participants in the scheme had higher levels of physical activity than those in the control group, with this difference being significant for those patients referred for coronary heart disease risk factors.
- There were positive effects on depression and anxiety, particularly in those referred wholly or partially for mental health reasons.



- The economic evaluation demonstrated a cost per QALY of £12,111, which is well within the NICE threshold for cost effectiveness of £20,000 - £30,000, and for those who adhere to the full programme the scheme is likely to be marginally cost saving (£-367 per QALY).

Full results

<http://wales.gov.uk/about/aboutresearch/social/latestresearch/exercise/?lang=en>

Following this publication of the evidence, it was agreed by WG that they would fund NERS until March 31st 2012, to allow the National Coordinator to developed NERS into two distinct but inter-related elements to offer longer referral period for those at greatest need to meet the condition specific evidence base:

- Exercise Professionals that are registered at Level 3 of Register of Exercise Professionals (REPs) provide 'generic' NERS sessions for 'low risk' population groups that need some support to increase fitness and reduce general risks of developing chronic conditions. (16-week programme)
- Exercise Professionals that are registered at level 4 are qualified to deliver more specialist NERS sessions for population groups deemed to be 'higher risk' and who need to undertake tailored exercise sessions as part of their rehabilitation following an intervention by the NHS or to manage a chronic condition and use physical activity as a means of secondary prevention (16-48 weeks)

The participant pays £2.00 charge per session and it is recommended they attend a minimum of two sessions a week and try to increase active daily living (ADL) in between supervised sessions.

In April 2012 grant allocation was transferred from WG to PHW with an agreement that the scheme's development and management was to remain with WLGA as the programme is delivered by the Local Authorities.

Funding has been maintained by PHW since 2012 and is subject to year on year annual grant allocations dependant on WG settlement.

When we wish to consider NERS and its asset based approach and its impact on reduction in poverty we need to consider the question "what makes us healthy" rather than "what makes us ill"

The cost of physical inactivity to Wales is estimated to be £650 million per year; Source: Climbing higher: Creating an Active Wales. Welsh Assembly Government 2009)

It is recognised that people in the most deprived population of Wales are 50% less likely to take up physical activity as the least deprived population.

The majority of referrals to NERS are the unemployed or retired population who either have or at risk of developing a chronic health condition.



NERS intervention aims to promote and strengthen the factors that support good health and wellbeing, improve people's life chances and reduce preventable health inequalities by offering prescriptive evidenced based physical activity along with behavioural change to affect long term adherence to physical activity and adoption of the healthier life choices.

It is based on the three related strands of asset based theory and practice.

- Salutogenic theory and the concept of positive health and wellbeing – which is one of the aims of NERS.
- The concept of health assets- In the concept of NERS, this relates to the support of the NERS social network; buddy system, improved perceptions on life due to perceived improvements in their quality of life, and a positive engagement into the community all of which enable referrals to maintain their health and wellbeing improvements long term.
- Emerging principles and learning from Asset-Based Community Development and related approaches- There has been a number of NERS collaborative projects developed within local communities, partner projects and the third sector to support people to improve their resilience, independence, and wellbeing by focussing on what can be done through working together.

Annually a report is developed giving an overview of the NERS programme's performance which has traditionally been benchmarked against the Random Control Trial results to ensure NERS is still cost saving as a health initiative. This outlines the outcomes improvements in health and wellbeing of the previous year's referrals.

The 2015-2016 the data indicated that there were 29,415 referrals across all conditions:

- 61% attended a 1st consultation
- 83% of these took up the programme
- 28% still remain on programme, programme extended due to ill health.
- 38% withdrew from the programme in many cases to resume work and undertake physical activity independently
- 56% attended a 16-week consultation:
Those 56% 16-week completion reviews indicated the following health and wellbeing improvements:
 - 50% reduced their systolic and diastolic blood pressure
 - 44% reduced their resting heart rate
 - 58% reduced their BMI
 - 60% improved their mental health and wellbeing score
 - 77% increased their leisure time activity with 37% also increasing their work place activity
 - 78% showing an improved Fitness test score
 - 67% showing an improved Functional test score



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- 9% now able to stop or decrease their prescribed medication
- 96% commenting they would not have taken up physical activity without the support of the NERS programme and acknowledged their results reporting significant improvements to their health and wellbeing.
- 87% of those completing the 16 weeks reported to be continuing their activities independently

Remembering the RCT retention at 44% was marginally cost saving this increase in retention to a minimal of 56% is a significant achievement particularly as the total grant available to NERS has seen no increase since 2008-2009 and indeed 2015-2016 NERS received a budget cut in real terms of 1%.

Current core grant funding stands at £3,485,516.00- this cover the staff costs for approximately 180 NERS professionals, training, publications, programme development and hosting of a central data base

The Local Authority Community Assets contribution to support NERS delivery amounts to £1,376,150.00.

Participants actual financial contribution is £2.00 per session they attend but many go on to offer volunteer services within their local community this contribution is generally overlooked but from the volunteer perspective it raises their efficacy, improves their self-confidence and in some instances lead onto employment

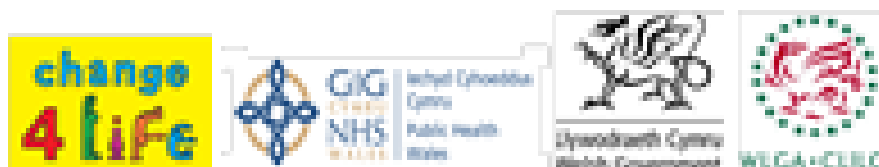
Case Studies

Gwynedd Council NERS Community Garden Development

The concept behind developing a community fruit and vegetable plot using the green space around Glaslyn Leisure Centre in Porthmadog, was to provide outdoor gardening activities as an additional option for clients on the National Exercise Referral Scheme (NERS). A significant proportion of Exercise Referral clients, many of whom are overweight or obese, appear to have lost touch with where their food comes from and the importance of healthy eating and regular physical activity. By integrating to the scheme a practical element to healthy eating, it would not only enhance the capacity to change behaviour and attitudes, but it would give clients a broader range of physical activity options.

Main Aims and Objectives of the Glaslyn Gardening Project

- To provide an environmentally sustainable outdoor physical activity for Exercise Referral clients.
- Growing food coincides with the theoretical advice to eat a healthy balanced diet which is given to the NERS clients
- Through practical participation it will provide clients with the opportunities to learn a variety of new skills and knowledge; from gardening to preparing



and cooking skills and to increase knowledge about different types of fruit and vegetables available.

- To involve other leisure centre users and local community groups thus developing and supporting intergenerational practice.
- To create sustainable partnership opportunities with community organisations to maximize the benefits of the project in.
- To enhance the features of the Leisure centre and to reduce the cost of ground maintenance.
- To provide an opportunity for volunteers (not on NERS) to assist, therefore nurture and develop their skills to support and sustain the project.
- To provide affordable fresh produce for the community to share.

Community and gardeners can attend the garden at any time paying for any harvested crops by means of an honesty box. The scheduled NERS sessions every Friday morning is supported by the local gardening experts from the allotment society. Initially work was carried out with Groundwork over a 10-week period to establish the garden area and prepare for planting. Compost for the raised beds was provided by the Councils recycling centre. Crops grown in the first year included beans, peas, kale, swiss chard, globe artichoke, tomatoes, lettuce, black currants and two plumb trees were planted. The leisure centre customers helped themselves to the produce and gave a donation towards the project.

Gardener, Chris Eastwood 56yrs was initially referred to NERS for cardiac rehabilitation after MI and PCI x 3. He also suffers from severe bipolar, hypothyroidism, diabetes, and is a recovering alcoholic. In Chris' own words: -

'My mental health is greatly improved by my physical health and the way that I look at myself, so getting fitter and healthier is vital for me, it's part of my strategy for coping with my illnesses. I really look forward to going to the garden every week and know that I'll get a better night's sleep after. The physical activity and the social interaction are better than any anti-depressants.'

Following this successful launch of a community garden there have been another three developed utilising unused Local Authority land adjacent to existing Leisure facilities within Gwynedd.

Conclusion

This initiative has reached its potential of embracing community cohesion by bringing people from all walks of life together for the benefit of their physical, mental and social well-being.



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Welsh Government



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Monmouthshire

Monmouthshires NERS Graduates Walk Leaders Training

Monmouthshire NERS programme offers walking as one of their sessions during the NERS programme and many NERS graduates wanted to continue post NERS programme, but there was a limited of walking for health leaders in the area.

The NERS Manager and Let's Walk Cymru lead looked at the feasibility of training willing graduates as volunteer walk leaders initially from one test Leisure Centre in Monmouthshire but this has quickly moved onto all the Leisure Facilities in Monmouth.

There are currently 9 NERS graduates trained as walk leaders, they each offer 1 walk every week and these operate out of the four Leisure Centres, Caldicott, Chepstow, Monmouth and Abergavenny, this ensures a good opportunity for a social get together over a cup of tea and a chat after each walk.

These walks are aimed at those looking to start walking for health and also as an exit route for other NERS graduates who very often show an interest in taking up the training.

Conclusion

This initiative has seen NERS graduates improve their confidence, given them skills and knowledge to offer a service within their local community and the social aspect has reduced their isolation and promoted greater independence.

Ceredigion

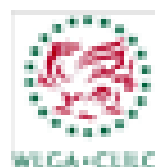
Ceredigion NERS Graduates Social Enterprise Groups

Ceredigion is a very rural widespread area NERS programmes being offered from the main Leisure Centres; alongside the usual gym and circuit based activities Ceredigion NERS team offer a wide range of activities ranging from Adapted Tai Chi, to Adapted Sporting activities.

These specialist activities could not always be maintained once NERS participants graduate from the programme, so to avoid people reducing or stopping their activity a number of NERS Graduates asked the Local Authority for help in setting up Social Enterprise Groups operating from central hubs in Ceredigion.

The local authority has helped two groups secure a small pot of money from the Community Chest fund to set up a Social Enterprise Group with members paying a weekly subscription and holding fund raising. There are another two groups currently being set up.

The first group, "The Starlings" set up in Aberystwyth and due to its enormous success and inclusive approach Disability Sports Wales presented them with the "Inspire Ribbon Award" in December 2012.



Some of the wide range of activities they have undertaken is kayaking, horse riding, dancing, gardening, woodland conservation and a wide variety of adapted sports like walking basket-ball and football.

Conclusion

This initiative has seen NERS graduates set up their own Social enterprise groups each with its own Committee who collectively develop a programme of activities and social events dependant on what their group members want and when they want it - providing something to suit everyone regardless of age, disability or background.

Personal Story of Someone" Looking forward to the future instead of fearing it".

"An evening in December 2014" was one of the most traumatic times my husband and two children have ever experienced, or so they tell me. I had been taken into our local hospital initially. The doctors diagnosed a spinal abscess at vertebrae C3, C4 and C5 which had infected my whole spine. These vertebrae are high in the neck and as a consequence, I was paralysed from the neck down. I had no control of my body; just incredible head and neck pain and was rushed down to the spinal unit in Cardiff in a lovely drug induced haze. Apparently I was dying rapidly but I have got to say I felt really peaceful and knew I was in safe hands even if I was dying, it was a relief after all the excruciating pain of the past week as the infection set in.

Two months flat on my back in the Heath spinal ward for my spine to get the best recovery and to get over sepsis. Here with the help of some lovely physios we re-taught my arms how to move and a further four months of life in Rookwood spinal rehabilitation hospital and I was 'released'. I came home at the beginning of June and found out this is where the hard work begins. Gone are the dedicated nurses to help you sort out your bladder and bowel and wash you. Ian my husband was now chief dresser, bringer of breakfast and every meal come to that and all round carer, in addition to his full-time job. No-one to deliver your wheelchair, push you over to the lovely team of physiotherapists, occupational therapists, aqua therapists or the psychologist when your resolve wobbles. I was at home and finding out you have to adapt yourself to your environment, as not all of the environment can be adapted to you in your new form.

From the minute I woke up to getting into bed again was a struggle which had to become a routine or I might never get out of bed again. Even bed wasn't really a sanctuary as night sweats, severe incapacitating spasms and neck pain were constant throughout the nights due to the new daily activity of 'adapting' with little or no help at times. And worst of all - filling in the forms and mountain of paper work to do with yourself and your illness! It was terrifying but I really couldn't put my head in the sand much as I wanted to ignore that aspect and just concentrate on my physical recovery. We needed financial help; I needed a vehicle and I had a plan to save for a trike to get me moving under my own steam. So lots to do....but full of self-doubt and



frankly plain scared witless and at times like a rabbit in headlights – Useless, physically and mentally!

But I had not counted on my family, close friends, colleagues, neighbours, some very supportive charities, the NHS community physiotherapist who was assigned to me, Claire a private physio and Ceredigion Actif NERS team.

I am incredibly fortunate to have Susie my physiotherapist who started work on me a couple of weeks after I came home, just as I was getting to a very low ebb. She has been relentless with me ever since. Heaven help me if my exercises have not been done; she tells me straight and puts me straight. The charity 'Back Up' was invaluable too. They assigned a counsellor to me who I could speak to over the phone and knew what I was going through as she, Christa, had been through even worse and had brought up children as a Tetraplegic. She is another amazing and inspiring lady; a real pragmatist and invaluable with her help and advice.

The result is I am achieving goals. I had a goal to get better even though I may never walk properly; may never stop spasming; may never have control over my bladder and bowels again; but I will do other things and I can make the most of who and what I am now. I don't just say that now, I am convinced I CAN DO. I have to keep that in sight; and I keep working at it as I want to be a pro-active member of my wonderful community even though it looks like I will be retired from my teaching.

My energy levels fluctuate rapidly and I know where the term 'spaz' comes from because I am one; I spasm a lot. I suppose I'm getting used to it and close friends just wait for them to pass now they know not to get distressed about it. They are painful and they know this but what is the point in dwelling on them? It doesn't help. I take as much medication as I need and no more. There has to be a balance between pain and being able to function. I think people forget medication always has side effects and if you are going to take it long term there will be unwelcome consequences; it's inevitable. But here I am still and functioning, even doing some voluntary work and tuition.

Another service that has been a godsend this past 15 months is Ceredigion Actif NERS classes with Lauren. I was referred to her as a Spinal Injury patient by my NHS physiotherapist and am so thankful. I am proud to say I have progressed from 'Falls Prevention' class to 'Tai Chi Movement for Wellbeing' and 'Nerve Gym'. Lauren is another who pushes us with great effect but the classes are so enjoyable. I do two of her classes a week now and also 'Aqua Gym' at the University pool which keeps me progressing physically and mentally. I may not feel them but I have muscles where there was muscle wastage and I am more flexible in what I can do. It has been and continues to be a revelation; I learn more about myself and my body every month.

A few months back a friend of mine decided that with the acquisition of my new recumbent trike thanks to the charity 'Aspire' and Aberystwyth Round Table, I needed



a goal. She persuaded me to enter a triathlon with her and my husband for this autumn.

I had never done a triathlon in my life! Even when I was my previously fit, active and healthy it would never have occurred to me to enter one. I know colleagues at school who had done them but they were mad, fitness types. I was never in their league and here I was as an incomplete tetraplegic having the cycling part of a triathlon I had lost the plot, must have!!

I did a mile on my trike in late spring and was chuffed to bits. Big goal achieved! Then I started to be able to get up little bits of slope when we were out and about; then a few more miles with a pub lunch before returning. Before I knew it Ian, friends and I were planning short cycle trips every Sunday (with pubs as rest stops) which led to longer trips and more frequent trips with Ian and my son Iwan over the summer. My trike is wonderful, it gets me going and puts me on a level (well, a bit lower being recumbent!) with everyone cycling with me. Often other people don't realise I have a disability until I get into my wheelchair or my sticks passed to me when we get off.

Helen had booked us into the Amman Valley triathlon for Sunday October 2nd and omitted to tell us that registration for the event was at 7.30am!! They are sick these triathlon people. Why not early afternoon or mid-morning? What is their problem?

My start involved Helen hurtling down to my start line outside the pool in her swim costume all wet and cold to hand me the timing gizmo. That done, I was off sailing over a speed bump and getting airborne only to find on landing it knocked my steering column a bit and I was now wonky for the race. The trike still functioned so I didn't tell anyone. We, Innes and I had 5 miles of steady uphill gradient to go before we could hurtle back on the home run. Innes, Helen's husband, was my shadow to ensure I didn't get stuck anywhere if the chain snagged or anything else went awry. I was over taken by many other cyclists and every one of them urged me on, it was wonderful. I have never been in a public event with people shouting encouragement and willing you to do well; it was another revelation and really did help. To start with my breathing went haywire until I relaxed a bit and gave myself a good talking to, luckily in my head and not out loud or heaven only knows what people would have made of that. Shortly after that I found my pace, tested it out a bit and did the best I could for the long haul. I was pleased as punch at the mini roundabout which was our turning point for the home run as I executed a great hand break turn without reducing speed too much and was told by Innes later, he didn't think I was going to make it without taking the toes of a race steward with me!! I had it nailed!! No toes and a downward run where I could really get some speed up. It was great; blue sky and us hurtling 5miles back down to Ammanford, before the last uphill bit to the finish line. I have to say, I really got a buzz out of that day and arrived back with pure adrenaline running through my veins.

Initially, with no promises as to my survival, let alone any long term prognoses if I did survive. I have come a long way and consider myself a very lucky lady due to all the



support I have received. My surgeon, Mike McCarthy (Spinal Dragon) is a genius and made no promises but told me the truth all the way along the line. He even made my considerable neck scar virtually invisible, such is his skill. Strange but I have very fond memories of my time with staff and patients in the Heath Spinal Ward and again on the Rookwood Ward with other staff and patients. I have met some very inspirational people and they have led me down a difficult road which I am building up the endurance levels to attack now. Who knows what is ahead, but I am beginning to look forward to it instead of fearing it.

