

# Hardwiring Physical Activity into Health & Social Care

## PREVENTION & ENABLEMENT MODEL

### INDEPENDENT EVALUATION REPORT





# Setting the Scene

Only 61% of adults in England and 59% of adults in Essex do 150 minutes or more of moderate intensity physical activity per week and certain groups have an even higher prevalence of physical inactivity, including individuals with disabilities and/or long-term health conditions.

There have been numerous calls in Health and Adult Social Care to have a greater focus on prevention and integrated approaches rather than conventional intervention-focused practice.

By tackling physical inactivity, the **Prevention and Enablement Model (PEM)** is a pioneering preventative programme that addresses physical inactivity, wellbeing, and independence within a whole system approach.



## WHAT IS 'PEM'?

**The Prevention and Enablement Model (PEM)** is a test and learn initiative in Essex that launched in August 2020 with Adult Social Care at Essex County Council, Active Essex, and Sport for Confidence CIC as key strategic and delivery partners. PEM adopts a whole systems change approach in Health and Adult Social Care to improve the lives of people living with disabilities and/or long-term health conditions. Its overarching theme is to encourage and support people to be more active and is delivered via a system of unique partnerships across the county's Adult Social Care sector, with four interrelated workstreams.

### Objectives



- **System**  
Develop system-led opportunities to be active
- **Embed**  
Embed physical activity in the system
- **Workforce**  
Create practice-based learning and transform ways of working
- **Impact**  
Test and learn from the impact of this transformation

### Workstreams



- Care Homes
- Community Partnerships (Reconnect)
- Physical Activity in Occupational Therapy
- Strength and Balance

## THE EVALUATION

**The evaluation of PEM was led by the University of Essex and supported by a consortium of other academics and partners at the State of Life.** It used a mixed methods approach to collect data from across the system to understand the design, implementation, and impact of PEM. Methods included questionnaires, interviews, focus groups, and reflective logs, along with looking at objective service use data and documentary analysis.



# Key Findings

## 1. SYSTEM-LED OPPORTUNITIES

### Successes

- Developing an integrated falls prevention programme
- Delivering inclusive activity sessions in leisure centres with Occupational Therapists
- Enabling and supporting Health and Social Care professionals to embed physical activity into their everyday practice

The reach of these opportunities continues to grow and in the last two years:

- Over 900 unique users attended the integrated falls prevention programme and community-based sessions
- We had average attendances of over 1000 per month within community-based sessions (includes individuals attending multiple times per week)



Physical activity has been used as a tool to enable independence and achieve wider outcomes. PEM has provided choice and empowered individuals and groups. This was underpinned by the initial work to understand existing provision and uses evidence-based and place-based solutions.

### Challenges

Restrictions during COVID-19 impacted the design, implementation and reach of PEM, however, this encouraged a flexible and agile approach. Furthermore, a number of individuals who attended PEM sessions have become long-term attendees. Consideration is needed on whether future PEM/ Programmes should be a perpetual service for long-term users and/or an opportunity to develop skills, confidence and the ability to access a wider range of services in the community.

## 2. EMBEDDING PHYSICAL ACTIVITY

### Successes

PEM has made excellent progress in embedding physical activity with a preventative focus across the Essex system.

Creating an exciting and ongoing shift in culture and practice in Health and Social Care, particularly in Care Homes and Occupational Therapy. A ripple effect has also been seen across other Healthcare Professionals who have interacted with PEM.

A great example of this is the ongoing work of Care Homes, upskilling staff in physical activity and being recognised for taking part in the NHS East of England Winter Deconditioning Games. Embedding physical activity across the system has been underpinned by:

- Understanding the system and its leverage points
- Facilitative leadership
- Alignment with national policies
- Individuals and organisations across the system developing a shared vision and working collaboratively



### Challenges

Work is still needed to improve how different services and Healthcare Professionals can work more effectively together. Furthermore, it is important for all the individuals and organisations interacting with individuals accessing PEM services, to receive education and support. This will provide understanding into the varied needs of individuals with disabilities and long-term health conditions and help to facilitate a holistic and positive environment for them.

# Key Findings

## 3. WORKFORCE DEVELOPMENT & PRACTICE-BASED LEARNING

### Successes

A key focus and success of PEM was to develop knowledge, skills, and capacity in the Health and Social Care workforce, through training and education. The importance of this was highlighted by baseline data showing:

- Care Home staff and Occupational Therapists had previously received limited or no training in physical activity promotion
- Physical activity was discussed with less than half of their service users
- Conversations typically focused on general physical activity rather than muscle strengthening activity and breaking up sedentary behaviour
- Barriers to promoting physical activity were: time, knowledge, skills, resources and support



Recipients highly valued the training, not just for the knowledge and skills that it developed, but also the opportunity it provided to build networks to share best practice. Alongside workshops, a key driver of success was the provision of ongoing mentorship. Through this work, PEM has enabled, developed, and supported many of the workforce to embed physical activity into their daily practice and has enhanced job satisfaction.



### Challenges

Some interviewees, suggested that co-design could be strengthened in the development of future education to ensure that contextual factors are fully recognised. After training, some members of the workforce appeared to see physical activity as something that could be discussed with some individuals rather than a topic that should be discussed with most.

## 4. THE IMPACT OF PEM

### Successes

Qualitative insights revealed that people who accessed PEM services perceived themselves to have experienced several benefits including enhanced:

- Health
- Wellbeing
- Confidence
- Skills
- Routine & Structure
- Independence



Similarly, quantitative analysis suggest that PEM has a demonstrable and significant impact on physical activity and wellbeing. Individuals who had participated in PEM for longer, had higher physical activity levels and more favourable attitudes to physical activity, wellbeing, subjective health and self-efficacy.

### Challenges

To provide more robust and certain estimates, future evaluation should seek to include estimates of indirect costs, increase the sample sizes across all PEM workstreams, track individuals over time, and use additional objective data on service use and cost benefits.



### The Value of PEM:

- Using the WELLBY to compare those involved in PEM for 1-month, compared to those just starting out, demonstrated a difference in life satisfaction estimated to equate to £22,230 per person, per year
- When considered against direct running costs, PEM could deliver an estimated £58.71 of social value per each £1 invested
- A slight decrease was also seen in self-reported service use (i.e., day care, formal/informal support, GP visits, ambulance calls & hospital visits). A tentative estimate equates this to a cost saving of £365.23 per PEM participant, per year, split across Adult Social Care (£163.34) and the wider system (£201.90)





# The Difference is Clear



**" I learnt that the session was not just beneficial to the service user but also to their carers... it is important to understand all outcomes to truly understand a legacy."**

Reflective log from PEM stakeholder

**" It makes you look at things outside the norm. It can just be little snippets as well, like if you are brushing your teeth, you can be moving while brushing your teeth. It is not just about setting up big activities which is what tends to happen in care homes. It is about doing little one to one things with people."**

PEM Workforce training recipient



**" There is an understanding there now because the conversations are happening. We are now not inaccurately signposting people with referral forms, we are engaged in a dialogue with other parts of the system about how we can support people, and that is a big change."**

PEM Delivery team member



**" I've been able to use my arms and things a lot better and if I fell I could never pick myself up, but because I've strengthened my legs here, I've learnt how to go on my hands and knees and stretch myself up. I had a fall about a month ago, and I was so pleased that I managed to get myself up, because I wouldn't have done, if I hadn't been coming to the classes."**

PEM Service user



**" I had in my mind that the [staff] would be there to guide people in a step-by-step session. But what I saw was free flowing and empowering to the participants. Participants feeling empowered to explore."**

Healthcare Professional





# Summary

## KEY LEARNINGS

Scaling the value of reduced service use and higher life satisfaction to the typical number of unique users in Community Partnerships/Reconnect (where most data were collected) suggests that the total annual social value could exceed £20 million.

There is a clear desire to scale up and replicate the model from its leaders, the workforce, and its participants. The need is evident and the PEM pilot has demonstrated how the infrastructure and learning can be used to help reach new participants, locations and professionals within the wider eco-system.



PEM could deliver £58.71 of social value per each £1 invested



## SO WHAT?

The innovative and integrated approach taken by PEM has provided key learnings towards achieving transformational change, embedding physical activity into the system and improving the lives of people living with disabilities and/or long-term health conditions.

These learnings could be used in the development and iteration of PEM itself or to apply learning to other similar programmes.



## RECOMMENDATIONS

The whole systems and preventative approach of PEM has made exciting progress and had demonstrable impact. A number of key ingredients have been identified in its success. The recommendations highlighted moving forward are:

### System



It is important to develop further understanding of the needs and resources within systems. Opportunities that adopt a whole systems, place-based and preventative approaches should then be co-produced and co-funded (e.g. Health and Social Care). Opportunities and programmes should be evidence-based; integrating community insight, scientific evidence, and the tacit knowledge of Health and Social Care Professionals.

### Workforce



Education should be extended to reach more Care Home staff, Occupational Therapists, and other Healthcare Professionals. Workshops should be co-designed with some Care Home staff, Occupational Therapists, and other professionals to ensure that the content is tailored to different contexts and perspectives. Further ongoing support including mentoring and infrastructure would help to ensure the workforce is able to continue to deliver physical activity in many contexts. Longer-term changes to working practices should be monitored and evaluated.

### Impact



PEM or similar preventative programmes should be developed to apply the learning from the current Test and Learn programme, but maintaining a focus on people living with disabilities and/or long-term health conditions. Monitoring and evaluation should track individuals over time and integrate additional objective measures of service use to understand the longer-term impact and benefits across the system.

### Embed



It is important to more strongly embed physical activity into Adult Social Care, Health and wider systems, and ensure targeted pathways are sustainable. Additional political supporters and organisations within the system should be identified, and partnerships developed around a shared vision and common language.

# Further Information

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We are committed to playing our part in reducing inequalities that exist within society. Get in touch to learn more, and click website links to access the full report:



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