

8 Principles for effectively replicating Active Herts

Background

Active Herts was a three year programme funded by Sport England, Herts Valleys CCG, East & North Herts CCG, and Hertfordshire's Public Health Service. The programme was overseen by Herts Sports Partnership, with key input from the University of Hertfordshire and University of Bedfordshire on the protocol and training, and from Stevenage Borough Council, Hertsmere Leisure Limited, Broxbourne District Council, and Watford Football Club Sport and Education Trust as direct employers.

Active Herts worked in four areas of Hertfordshire with lower physical activity participation levels and higher relative deprivation. The programme connected general practices with highly trained "Get Active Specialists" who supported participants to be more active through motivational interviewing, behaviour change techniques and tailored physical activity sessions. Throughout the three years of delivery, the project has received in excess of 3200 referrals, with 2500 of those attending consultations to support them to increase their activity levels. The programme has delivered on this outcome, with participants increasing their physical activity levels by 50 minutes per week at 3 months in to the programme; a change which is sustained at 46 minutes per week after 12 months. There are also statistically significant sustained improvements in mental wellbeing and self-rated health. In addition to these outcomes, there have been valuable lessons learnt across all aspects of the project.

The following eight principles are the key elements of the learning. These are key considerations for any providers looking to replicate the approach and findings, as well as to maintain the reputation for the approach among general practices.

The purpose of this Briefing is to set out key learning from the project which we recommend future providers consider closely, particularly around staff training and use of the evidence based protocol.

1. Local Need

It is important to understand the local need and priorities to ensure that the project addresses these, and is not replicating something that is currently being provided. By understanding this, the project can establish the effective partnerships to ensure the right referrals in to the project, and effective signposting out of it.

Example: If there is a perceived gap between primary care and the leisure sector which is not being addressed by the exercise on referral scheme, the Active Herts model provides a valuable alternative.

2. Partnerships

Ensuring early engagement with key partners will ensure the project is addressing a need which has been identified by primary care. With these partnerships already established, it will allow a smoother process when transitioning in to accepting referrals in to the project. Engaging with the right organisations who already work with your target audience will also support referral numbers and exit routes.

Example: If the priority is to work with Diabetic participants as a priority, establishing links with the National Diabetes Prevention Programme / DESMOND / X-PERT groups locally can ensure your project can be promoted to a captive audience.

3. Recruitment & Training

The project delivery staff are key to the success of the project, and therefore care and attention should be given to the recruitment process. Whilst sector-specific knowledge is important, one of the key attributes for delivery staff is their interpersonal skills.

The training selected should support the delivery staff to develop the skills to engage with the target audience and support them with changing their behaviour. The training should be front-loaded so that the delivery staff get the most help at the beginning when they are still developing their skillset, but supplemented with ongoing training to refine their skills based on their experiences.

Example: Get Active Specialists undertook a number of training courses, which can be found in Appendix 1

4. Following the Protocol – essential for tackling inactivity!

Active Herts follows a protocol which was developed by Howlett et al. (2017) which identifies the Behaviour Change Techniques, content and delivery of the programme, including the evaluation and training. The content was guided by a systematic review of 14,471 academic papers, of which 26 studies highlighted the most successful approaches to support inactive individuals to increase their physical activity levels. The protocol has been peer-reviewed and forms the basis upon which Active Herts is delivered. It is therefore strongly recommended

that schemes to adhere to the protocol, and to check the fidelity of the programme throughout to ensure there is no major deviation from the protocol methods. Active Herts has carried out the time consuming approach to piloting and refining the protocol which should readily transfer to your area.

Example: If you are interested in replicating the Active Herts model, or elements of it, in your area, by entering your details on our website, you can receive the relevant materials to support this. Go to <http://www.activeherts.org.uk/healthcare-professionals/our-approach/using-active-herts-approach-area/>

5. Promotion

Where possible, co-designing the marketing materials with the intended participants will increase engagement, and ensure that the right messages and images are being used. By developing a brand or identity, it can quickly raise awareness, and give people a sense of belonging to the project. As the project develops, it is powerful to capture the benefits to participants and communicate these benefits with the referring organisations to reinforce the effectiveness of the project, and encourage further referrals. It's advisable to balance statistics on overall improvement with uplifting testimonials from individuals.

Example: Active Herts uses the strapline "I'm Doing It..." followed by the reasons that participants stated for participating, such as "I'm Doing It to control my Diabetes" or "I'm Doing It to improve my mental wellbeing"

6. Social / Peer Support

The social element of being active has been important for Active Herts participants, and has been a strong influencer in retaining them within the programme. Where possible, include a social element in the activity sessions, such as providing tea or coffee after. If no activities are on offer, or if there is no capacity to provide this, regular opportunities to meet have been valuable for participants. Something that has not been included in Active Herts to any great extent, but has been suggested is for social media groups / forums to allow people to support each other remotely, however consideration should be given to the monitoring of these forums to ensure they remain safe and supportive.

Example: In Active Herts, we have provided Conversation Cafes, where participants can meet over coffee every few months to discuss the project, provide us with feedback, and support each other. This has provided some good organic buddying opportunities.

7. Activities

Ensuring there are a range of activity options for people, including free and low cost options, helps to engage a larger audience. These could be sessions run through the project, or local options that can be signposted to. It is advisable to vet the sessions to ensure that the content

and the instructors are suitable for inactive / beginner participants. An “offline offer” will also help to support participants who are unable to attend every session, and may include tips for being more active, or some simple exercises that could be performed at home.

Example: Introduction to Exercise sessions provide a very gentle starting point for people new to being active, or who have low fitness levels. These can be used as a stepping stone on to other activities.

8. Evaluation

It is important to understand what outcomes you are aiming to achieve from the start, so that you can collect the appropriate information using validated tools. These outcomes may be dictated by the project funders, or identified by the project team. It is important to collect meaningful data that can demonstrate the impact of the programme, as this can support to secure further funding to extend or expand the project. Active Herts currently measures physical activity levels (International Physical Activity Questionnaire – IPAQ), mental wellbeing (Warwick Edinburgh Mental Wellbeing Scale – WEMWBS) and overall health (EQ-5D-5L). These measurements are taken at baseline (first appointment) then again at three, six and twelve months in to the project. This gives a sound outline of the short-medium term impact of the project. It is recommended that to assess the impact of the project, as a minimum, physical activity levels should be measured. Active Herts uses the IPAQ, however other options are available, some of which can be found in the Hertfordshire Evaluation Framework.

Example: Using the correct validated tools ensures the data collected is high quality and meaningful. More information to help you understand the steps to take when building evaluation into project design can be found in the Hertfordshire Evaluation Framework, which can be accessed at <https://sportinherts.org.uk/app/uploads/2018/05/Hertfordshire-Evaluation-Framework.pdf>

For any further information, or to talk in more detail about replicating the Active Herts model in your area, visit <http://www.activeherts.org.uk/healthcare-professionals/our-approach/using-active-herts-approach-area/> or contact Adan Freeman on a.freeman2@herts.ac.uk or 01707 285880