

MIDDLESBROUGH COUNCIL

AGENDA ITEM: 5

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

<p style="text-align: center;">DRAFT FINAL REPORT OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL – PHYSICAL ACTIVITY FOR OLDER PEOPLE (AGED 65-PLUS)</p>

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PURPOSE OF THE REPORT

1. To present the draft final report of the Adult Social Care and Services Scrutiny Panel following its investigation into 'Physical Activity for Older People (aged 65-plus)'.

AIMS OF THE INVESTIGATION

2. As part of its investigation, the Adult Social Care and Services Scrutiny Panel sought to raise awareness of the issues surrounding physical activity for older people over the age of 65, and to encourage further participation in physical activity. The Panel feels that the outcome of this investigation will have the potential to make an enormous difference to the lives of older people in Middlesbrough.

MAYOR'S PRIORITIES

3. The scrutiny of this topic fits within the following Mayor's priorities (Middlesbrough Council, 2020):
 - People – Ensuring our town is an absolute leader on environmental issues;
 - Place – Building more town centre homes – and protecting our green spaces; and
 - Business – Creating positive perceptions of our town on a national basis.

STRATEGIC PLAN 2020-2023

4. The scrutiny of this topic contributes to the delivery of the Strategic Plan 2020-2023 (Middlesbrough Council, 2020), as follows:
 - People – Healthy life expectancy; Adults living independently; and Average life satisfaction;
 - Place – Town population; and Satisfaction with Middlesbrough as a place to live; and
 - Business – Council spending with local businesses.

TERMS OF REFERENCE

5. The terms of reference for the Scrutiny Panel's investigation were as follows:
 - a) To understand the importance of physical activity for those over the age of 65;
 - b) To examine current service provision and ascertain how accessible physical activity is for Middlesbrough residents over the age of 65; and
 - c) To explore effective strategies, interventions and projects to further develop service provision.

SETTING THE SCENE

6. The Panel held meetings on 16 September 2019, 16 October 2019, 13 November 2019, 18 December 2019 and 22 January 2020. However, following the outbreak of the COVID-19 pandemic, further meetings were held on 29 July 2020 and 16 September 2020 to consider next steps for the review, and to receive updates.
7. Information/evidence was received from the following organisations/representatives:
 - K Bainbridge – Better Care Fund Project Manager, Middlesbrough Council;
 - R Bedford – Health and Physical Activity Development Manager, Middlesbrough Council;
 - J Berger – Insight and Analytics Officer, 'You've Got This' (South Tees Local Delivery Pilot);

- M Fitzgerald – Programme Director, ‘You’ve Got This’ (South Tees Local Delivery Pilot);
 - L Grabham – Head of Strategic Commissioning and Procurement, Middlesbrough Council;
 - J Hartley – Programme Officer, ‘You’ve Got This’ (South Tees Local Delivery Pilot);
 - S Hydon – Sport and Client Relationship Manager, Middlesbrough Council;
 - S Lloyd – Advanced Public Health Practitioner, Middlesbrough Council;
 - E McInnes – Health Improvement Practitioner (Ageing Well/Dementia), Middlesbrough Council;
 - C Orr – Infrastructure Programme Manager, Middlesbrough Council;
 - E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council; and
 - A Sykes – Chief Executive, Age UK Teesside.
8. The information conveyed to the Panel over the course of the investigation has been considered in respect of the agreed terms of reference.

BACKGROUND INFORMATION

DEFINITIONS

Physical Activity vs. Exercise

9. Physical Activity and Exercise are described by the World Health Organisation (2019) in the following way:

“Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure... The term "physical activity" should not be mistaken with "exercise". Exercise, is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities.”

Demographic – ‘Older Adult’ (Aged 65-plus)

10. There is no clear definition/application of the term ‘older person’, and attempting to create one may exclude key demographics involved in this investigation. In line with NHS (2019b) definitions, the Panel agreed to focus on older adults aged 65-plus.
11. The Panel is mindful that older people are not a homogenous group and has considered this topic in respect of those living either independently or within a care home environment, as well as those with health conditions, such as dementia.
12. Demographically, research by the Office of National Statistics (ONS, 2019b) indicates those aged 65 years and over is an age group growing faster than any other age group. In 1998, around one in six people were over 65 (15.9%), increasing to one in every five in 2018 (18.3%). This is projected to reach around one in every four (24.2%) by 2038. Locally, 16.2% of Middlesbrough’s population was over the age of 65 in April 2019 (ONS, 2019c). By 2068, it is projected an additional 8.2 million people over the age of 65 will live in the UK.
13. The number of older people living alone has also increased. Between 2008 and 2018, this increased by 6% (7.5 million to 8 million), particularly in respect of older men. In 2018, nearly half of those living alone (48%) were aged 65 years and over, and more than one in four (27%) were aged 75 years and over (ONS, 2019b).

CONTEXT

14. The UK Chief Medical Officer published Physical Activity Guidelines in 2011, which were revised in 2019. The current guidelines for older adults (aged 65 years and over) include the following:

- *“Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits”; and*
- *“Each week older adults should aim to accumulate at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.”*

(Source: Department of Health, 2019a)

15. Although these guidelines have been drafted for a specific purpose, the Panel has borne in mind that these may not apply to everybody.
16. The health and wellbeing benefits associated with physical activity in older adults, both physically and mentally, is well documented (see Appendices 1 and 2 for examples of this).
17. According to the British Heart Foundation (2017), approximately 20 million UK adults are physically inactive, with 900,000 (42%) being inactive in the North East. This is supported by NHS England (2018), i.e. adults over the age of 65 tend to spend, on average, 10 hours or more sitting or lying down each day. Such inactivity leads to higher rates of falls, obesity, heart disease and early death, in comparison to the general population.
18. Conversely, studies show that physically active older people have a reduced risk of illnesses/ailments (such as Type II Diabetes, Cardiovascular Disease, Depression and joint pain), whilst seeing health benefits (including improved sleep, reduced stress and better weight management). These improvements also impact on psychological wellbeing and can help reduce feelings of loneliness and/or social isolation. As the Panel found in its previous report (‘Reducing Loneliness and/ or Social Isolation in Later Life’), this is important, particularly as the number of single person households is projected to rise steadily.
19. Importantly, there are wider benefits to public services and the economy. Previous studies have documented the ramifications of physical inactivity which, according to Public Health England (2019), *“...is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).”* Therefore, an increase in physical activity could result in significant financial savings.
20. Despite these benefits, however, evidence does suggest that as people grow older, insufficient focus is being placed on undertaking physical activity.

TERM OF REFERENCE A: TO UNDERSTAND THE IMPORTANCE OF PHYSICAL ACTIVITY FOR THOSE OVER THE AGE OF 65

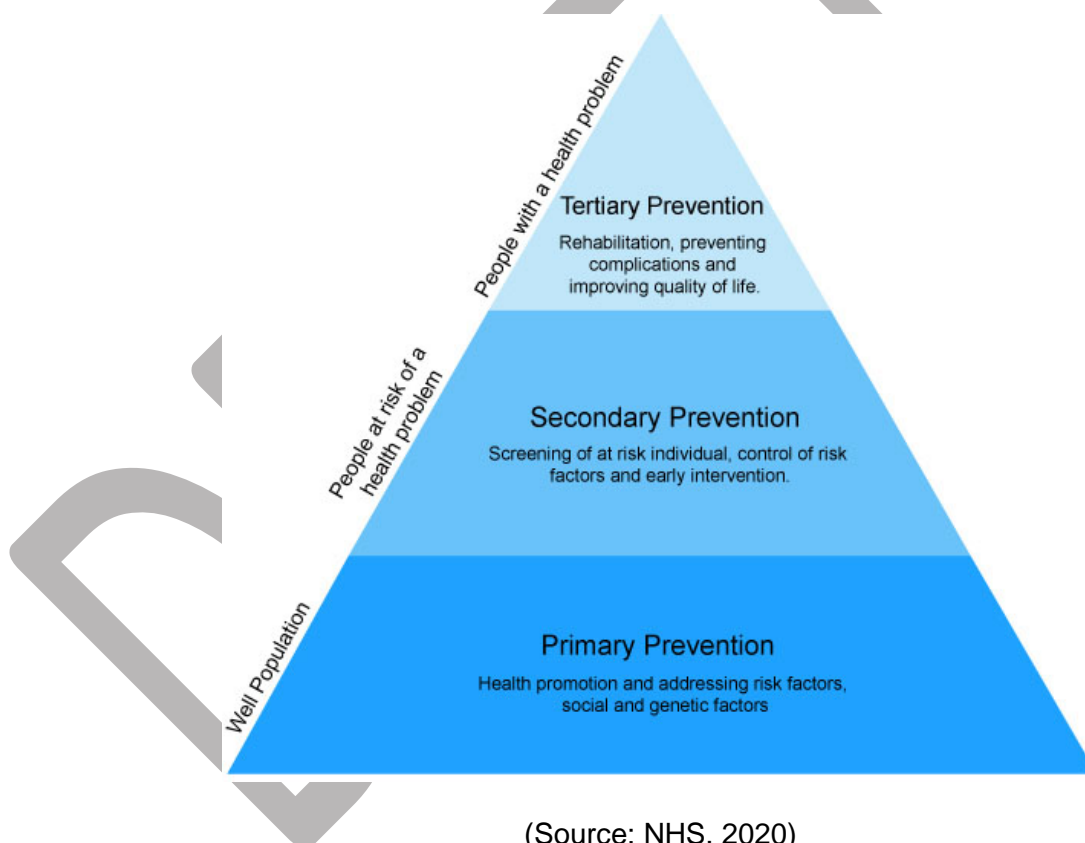
21. The Panel heard that current guidelines recommend a target of 150 minutes (2 ½ hours) of physical activity be undertaken each week. However, as indicated under Term of Reference B, the Panel appreciates this may be challenging or off-putting for some people,

perhaps due to existing health conditions or mobility problems, which could affect confidence to participate. In recognising the importance of physical activity for those aged 65 and over, the Panel feels that even small amounts of activity will tackle sedentary behaviour, but it is appreciated that lifestyles do vary, and therefore opportunities to undertake physical activity must be workable around other everyday commitments.

22. There are several key strategies in place across Middlesbrough to increase awareness of the importance of physical activity for older people, and to ensure appropriate provision is in place to support their pursuit for a healthier lifestyle.

Prevention Agenda

23. The prevention agenda is designed to prevent degradation of health and Middlesbrough Council's 'Middlesbrough Prevention Strategy: Adults and Older People 2016-2020' highlights this. For example: showing the impact that inactivity has on physical and mental health.
24. As the following diagram illustrates, prevention is broken down into three strata: Primary, Secondary and Tertiary:



25. Maintaining physical activity for individuals falling within the Tertiary stratum of prevention, i.e. those already in the social care system and receiving care, is a key priority. Health professionals, such as Occupational Therapists and reablement staff, are available to provide vital support to help people remain active.
26. Elsewhere, officers within Public Health currently undertake work that aligns with the Secondary and Tertiary strata of prevention. For example: pre-operative physical activity work is being undertaken in the hope that more operations are successful, and that improvements in recovery/rehabilitation times can be achieved.

27. Public Health teams contribute to the referrals process on a small scale by signposting service users to other support organisations, such as Stroke Group. The intention is to develop this further as part of the Sport England Local Delivery Pilot (LDP) initiative.

Sport England LDP

28. In 2015, the Government produced a new strategy based on physical activity: '*Sporting Futures: A New Strategy Towards an Active Nation*'. This strategy focused, for the first time, on the benefits of physical activity and how this linked to improved physical health, mental wellbeing, social cohesion and economic status.
29. Middlesbrough and Redcar (as a South Tees offer) successfully bid for a share of £130m, which will be apportioned on a rolling basis according to need. 12 areas were selected out of over 100 that had applied.
30. Redcar and Cleveland Borough Council is the accountable body for the LDP, but does not employ any LDP staff. Employees of Voluntary Community Sector organisations are contracted to deliver the pilot project, which allows for increased buy-in and capacity building.
31. The LDP is entitled 'You've Got This' and focuses upon increasing physical activity through 'whole system change' (i.e. acknowledging the importance of wider factors, such as open space, transport, infrastructure and health and safety). Fundamentally, the objective is to change psychological capacity and shift attitudes, thereby enabling people to prioritise physical activity. The aim of the programme is to have the pilot areas consider alternative ways where the change of scale can be at population level. Owing to the size of the South Tees population (circa. 270,000), ideas are being tested on a small scale and will be rolled-out accordingly.
32. The pilot is not about duplication, but about building capacity for existing opportunities and improving connections between groups and organisations, which should encourage collaborative working. Various community initiatives, such as litter picks, are currently taking place, which allow communities to socialise and undertake physical activity together.
33. The Panel understands that as part of this approach, the LDP focuses specifically on people undertaking less than 30 minutes of physical activity per week. Nationally, this is 25% of the population, however, in some of South Tees' most deprived wards, the figure is currently 43%.
34. Demographically, four specific 'communities of interest' were selected as part of the pilot, as follows:
- People with or at risk of developing Type II Diabetes;
 - People accessing commercial weight loss services;
 - Health professionals/GPs working with people to change behaviour and build capacity to utilise physical activity as a clinical pathway; and
 - People in pre-rehabilitation, which is concerned with improving patients' fitness prior to undergoing surgery (e.g. preparing older people for orthopaedic surgery).
35. Geographically, four socially deprived localities with the worst health outcomes were identified:
- Brambles and Thorntree;
 - Grangetown;
 - North Ormesby; and
 - South Bank.

36. Within each locality, key elements of work are being carried out. In North Ormesby, for example, older adults are the current focus. The ethos focuses upon learning and the positive impact of passing on examples of best practice. Any learning gathered within North Ormesby will be replicated across different areas of Middlesbrough and Redcar and Cleveland, which the Panel feels could have a very positive impact upon Middlesbrough's older demographic.
37. The Panel was appraised of the following key points arising from focus group and baseline activities to date:
- The national average for physical activity is currently 25.1% - in the pilot's four focus wards the average is 43%;
 - The most physically inactive people are those over the age of 55;
 - The overall activity levels for people aged 55-74 is 52%;
 - Women and individuals with long-term disabilities are more physically inactive than people who are healthy;
 - More positively, there is a higher sense of social cohesion amongst people over the age of 54, who answered more positively to the question '*to what extent do you agree/disagree that you can trust people in your local area*';
 - Of the focus groups undertaken with older people in North Ormesby, their main motivators for being physically active are socialising and improving co-ordination and general health. There is a heightened fear of falling, and restricted mobility and sight problems prevent them from doing things that they would like to do;
 - Safety is an enormous factor that was identified across the wards and across the age groups;
 - People advised of their reluctance to undertake computer or screen-based activities, stating that group and/or face-to-face contact is preferred;
 - Respondents aged 75-plus are the least active group, with 50% of those falling into the 'inactive' category (less than 30 minutes of moderate intensity exercise per week), which is double the national average; and
 - Respondents aged 75-plus report high levels of life satisfaction and mental wellbeing.
38. Through engagement with community stakeholders, the following themes have emerged as to what impacts an individual's physical activity levels:
- Perceived health conditions and needed transport;
 - Dependency on local assets/buildings and working with organisations familiar to them;
 - Physical activity not being a priority;
 - Awareness of physical activity being 'something for them';
 - Co-design with communities;
 - Isolation and safety; and
 - Importance of group activities.
39. Older people in North Ormesby value physical activity and are aware that they need to be active to maintain both physical and mental health. However, it appears that barriers are preventing people from partaking in physical activity, including:
- A lack of awareness around the opportunities available;
 - Feelings that exercise is not for them; and
 - Thoughts that physical activity could have negative repercussions upon pre-existing medical conditions.

40. Consequently, the Panel recognises the importance of developing new ideas to increase involvement in physical activity, and tapping into all contact points within the community to ensure that socially isolated individuals can be reached.
41. Representatives from 'You've Got This' have engaged housing organisations (including Thirteen Group and Beyond Housing) in discussion around development planning, and how factors such as green space can contribute to increased physical activity.
42. The Panel supports the Sport England LDP's work and recognises that it is a long-term project. The Panel acknowledges that only a snapshot of the work and subsequent learning is currently available, and would therefore welcome the opportunity of receiving further updates in the future.

**TERM OF REFERENCE B:
TO EXAMINE CURRENT SERVICE PROVISION AND ASCERTAIN HOW
ACCESSIBLE PHYSICAL ACTIVITY IS FOR MIDDLESBROUGH RESIDENTS
OVER THE AGE OF 65**

43. In terms of physical activity provision, the Panel appreciates that there must be a demand for a service, as well as the resources available to deliver it.
44. Although there have been recent changes to the state pension age, in essence, retirement can provide excellent opportunity for individuals to increase activity, which could contribute to the creation of demand for different activities.
45. Representatives of Adult Social Care, Age UK Teesside and Sport and Leisure Management (SLM – also known locally as 'Everyone Active') conveyed the significance of physical activity in terms of maintaining health and wellbeing. Consequently, physical activity can be viewed as a preventative measure.
46. If there is demand for specific services, these will be considered in view of the resources available (which will be dependent upon capacity and funding/commercial viability).
47. The Panel heard that Everyone Active has entered a 15-year contract with Middlesbrough Council to manage its leisure centres/services, which commenced in April 2016.
48. The overall attendance figures for people over 60 at Middlesbrough's leisure venues, up to the end of September 2019, were as follows:

	2018/19	2019/20	Variance
Over 60's attendance	7,099	7,212	+113

49. The Panel feels that there are lots of opportunities for people over 65 to get involved in physical activity within leisure centres, for example: Athletics; Badminton; Cycling; Dementia friendly activities; and Swimming.
50. Successful promotion of activities and services is a fundamental issue. A variety of communication methods, both on and offline-based, are important, as not everyone over 65 can readily access IT. Methods could include face-to-face conversations at opportune moments, such as during healthcare appointments, together with e-bulletins and service directories.
51. Access to Everyone Active's sport and leisure facilities is not free, nor are there any concession rates available to those over 65. In light of this, the Panel raise the following points:

- As older people may not visit the gym on a daily basis, the current membership fee of £24.95 per month for adults could prove more expensive than for younger adults, who may visit more frequently (even with an annual payment which provides two months free membership);
 - The costs associated with fitness could be prohibitive to a healthier lifestyle for over 65s, therefore a flat-rate entry fee per visit could be more feasible; and
 - As a commercial company, it may prove useful for Everyone Active to ascertain demand for gym usage for over 65s, and consider ways to meet that demand. Consultation or focus group activity could prove particularly useful in this regard.
52. The key is to ensure that over 65s are actively encouraged to approach service providers with suggestions for activities/services, and discuss them in greater detail. This would help ensure older people are able to make the most of their memberships, and demonstrate demand exists. It is very positive that Everyone Active is keen to discuss potential activity development with clients/individuals/groups.
 53. 'The Over Fifties Youth (T.O.F.Y) Club', which was initially funded by Sport England but is now financially independent, is an excellent example of how community initiatives can develop and succeed, i.e. with appropriate support, organisations can become self-sustainable. 'Grass roots' support from a variety of stakeholders is paramount to moving ideas and areas of interest forward.
 54. Café/refreshments facilities at leisure centres often provide excellent space for older people to socialise after physical activity. This may not only increase participation, but also reduce feelings of loneliness and/or social isolation. However, these services also need to be commercially viable. It is appreciated that financial resource is a significant issue for all service providers, irrespective of the sector in which they operate.
 55. Whilst national funding opportunities are occasionally available for public bodies and local not-for-profit organisations/branches, this is highly competitive and therefore not guaranteed.
 56. Funding opportunities, particularly for physical activity initiatives, are often short-term, which could act as a barrier to participation. Shortage of funding could also result in a perceived reduction in demand for activities.
 57. Physical activity must be provided not only in a positive, engaging and motivational way, but must also be fully inclusive and accessible to all. This is especially the case for older people diagnosed with dementia and their families/carers.
 58. At present, one in fourteen people are diagnosed with dementia and, in Middlesbrough, approximately 600 people are predicted to be un-diagnosed.
 59. The Dementia Friendly Community initiative, through which Middlesbrough achieved Dementia Friendly Town status in March 2016, encourages businesses to sign up to the programme, and involves implementing suitable community activities for people with dementia. Previously, activities such as chair-based exercise have been held exclusively for individuals with dementia and their carers, however, these have now been opened up for anyone to attend.
 60. All of Middlesbrough's leisure centres have signed up to be dementia friendly, and discussions are taking place to determine what activities could continue to support this pledge. At present, over 160 businesses in Middlesbrough have signed up to be dementia friendly, with 3000 dementia friends in Middlesbrough also attending a one hour awareness-raising session.

61. An interactive map ('Community Mapping') has been developed for professionals, which enables them to signpost service users to appropriate support provision, including activities within local communities. The Panel supports the view that Link Workers could potentially use this map to help facilitate the signposting/referrals process in future, as part of Social Prescribing work.
62. 'Exercise on prescription' is offered to individuals as a form of Social Prescribing, but it is important that GPs refer to the appropriate pathways and for the appropriate reasons. As part of the Sport England LDP, on-going analysis will be carried-out in respect of referral rates by GP practice.
63. Other initiatives include a volunteer befriending programme for carers and ex-carers of dementia sufferers, which helps break down barriers for those accessing community/physical activities. Dementia cafes also offer further opportunity to learn about dementia.
64. Tea dance activities are held every six-weeks at Acklam Green Centre, with more than 50 people currently attending each session. The benefits this brings is cited in Burkhardt and Rhodes' (2012) work:
- “Regular dance activity can help maintain cognitive function, reduce cardiovascular risk and reduce the risk of falls. Dance programmes involving regular sessions can provide a way to be active, have fun and above all engage socially with others; critical to maintaining mental wellbeing in older people. Dance is also being used successfully to support people with Alzheimer’s or Dementia and their carers.”*
65. All of these initiatives help to improve social connectedness and reduce loneliness and/or social isolation.
- N.B. Following receipt of this information during the evidence gathering process, the Panel suggested that a briefing/awareness-raising session be scheduled for all Elected Members, which was subsequently held on Friday, 6 March 2020.**
66. The Panel welcomed the news that a dementia hub facility is currently being established in Middlesbrough, which will be managed by Tees, Esk and Wear Valley (TEWV) Trust. Providing initial information to dementia sufferers and their carers, the hub will also signpost/refer to specialist services, including physical activity sessions where necessary.
67. Care home provision in Middlesbrough currently stands at 30, Council-commissioned homes. The total bed capacity is 1566, with 1132 currently being utilised using a variety of funding methods.
68. 26 homes employ a dedicated Activities Co-ordinator, although this is not a mandatory position and the Council cannot impose it. Some care homes expect their staff to provide activities as part of their core role. However, the majority prefer to employ dedicated Activities Co-ordinators to ensure that activities are not delayed or postponed. Activities are provided as part of care home fees, with external agencies also providing activities.
69. The activities delivered in care homes include: Arts and crafts; Board games; Hand massage; and Indoor golf. External activities are also offered, including: Bowling; Pantomimes; Visits to the cinema (dementia friendly); and Yellow Rose Dementia Café.
70. Activity can also be intergenerational, with some care homes having relationships with nearby schools. However, visits from schoolchildren are often seasonal and tend to link in with special occasions, such as religious holidays.

71. Guidelines about how many hours of activity should be used in different sized care homes are issued by the Council as follows:

Occupancy (Number of Beds)	Activity Provision (Hours Per Week)
0 - 20	20
21 - 30	30
31 - 40	37
41 - 50	42
51 - 60	45
61 - 70	48
71 - 90	54
91+	60

72. As part of the Council's care home monitoring arrangements, there are nine standards, one of which concerns social and leisure standards. Monitoring is undertaken twice per year with staff checking that activities have taken place, where residents have expressed a desire to participate. Staff also check that an activities programme is available and clearly on display to ensure that residents and their families are aware of what is available. Surveys are undertaken with residents once per year to ensure opportunities to participate in activities are offered, that activities are of their choice, and are made available. There are procedures in place for addressing any issues with care home standards.
73. The Council's Public Health teams deliver 11.5 hours of activities to older adults, including: Prevention work (such as balance and falls prevention); Tai Chi; Chair-based physical activity; and Low level circuit sessions.
74. With regard to the voluntary sector, Age UK Teesside operates the Phoenix Project, which is funded by Middlesbrough Council. Originally set-up as a pilot study into the value of social rehabilitation, it has since developed into a programme providing opportunities for people to spend time with others in a welcoming social environment. Activities are carried out in Community Hubs to ensure all abilities can participate, including dementia sufferers and their carers.
75. The programme offers a variety of activities Monday to Friday, all of which are delivered within community settings. Essentially, it is personal preference whether individuals participate, but all activities involve some element of physical exercise, in addition to the social aspect. For example: a weekly carpet bowls session currently engages participants aged 50-95 years old. Friendships have also formed outside of the group, which is excellent for social inclusion.
76. The Panel understands that there are various barriers to participating in physical exercise for older people, including attitudinal, cultural, familial and practical. For example: low confidence, self-esteem and/or less developed social skills could limit physical activity participation. Where possible these should be recognised, addressed and overcome.
77. From a practical perspective, the availability of transport after 18:00 is an issue that has been raised with the Adult Social Care and Services Scrutiny Panel previously, and one that appears to continue to present itself. This is compounded by the, sometimes, prohibitive cost of private hire taxis for older people.
78. The Panel is aware of different community projects providing volunteer drivers (such as those operated by Age UK, Carers Together and Tees Valley Rural Action) and feels that similar services could potentially assist in supporting older people to access physical activities.

79. A transport resource is currently being devised, which will potentially include transport links and Bridge Card use. A transport guide is currently being consulted on and will hopefully feed into a wider Tees Valley programme. It is hoped this will help facilitate transport matters/concerns that older people may have.
80. Physical activity also needs to be 'workable' into everyday life and existing commitments. By breaking targets down over a number of days, for example: 30 minutes of brisk walking five days per week to achieve 150 minutes of moderate intensity activity per week, will help to make this more achievable.
81. The Panel recognises the vital role of carers and the importance of supporting their health and wellbeing. Carers may feel they do not have the time to undertake physical activity, which could be looked at in relation to carer's assessments and gym membership potentially being built into support plans. This would also address any potential financial matters/concerns that a full-time carer might have.
82. The Panel recognises that an individual's interest and abilities will differ and some will want to undertake more exercise than others. Nevertheless, because even small amounts of movement are far better than sedentary behaviour, the Panel feels it is important to promote and encourage physical activity and the services supporting it as much as possible.
83. The importance of a 'whole system approach' is crucial to achieving this and to this end, the Council's Infrastructure Programme Manager provided the Panel with the following information:
- The Council has a statutory duty to "secure the expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking facilities on and off the highway" as per the Road Traffic Act 1984;
 - Middlesbrough Council undertakes this duty through delivering a highway network fit for purpose and accessible to all, regardless of any protected characteristics. This includes installing infrastructure compliant with all legislation for accessibility (kerb heights, trip/fall hazards, etcetera), and all adopted infrastructure lit to British Standards. Officers are consulted on any new developments/installations/adaptions to ensure that Middlesbrough's network is fully connected, and that people are able to undertake required journeys;
 - A regime of inspections is undertaken to identify potential trip/slip hazards, and plans put in place to remediate any issues within a timely manner;
 - The Council administers the National Concessionary Travel Scheme, allowing pension age persons and those with mobility issues the opportunity to receive a pass to allow free bus travel. This helps to provide those with mobility impediments access to travel; removing this as a barrier to accessing services, etcetera. The Council also provides blue badges for mobility impaired persons to allow free parking within Council car parks, and reduces limitations as to where a vehicle can be parked;
 - Officers also work closely with Middlesbrough Environment City, who offer active travel training/guided walks and rides to the community, inclusive of people over the age of 65; and
 - The Council provides its highway service in line with accessible for all.
84. Based on this information, Middlesbrough is in a strong position to support one of the simplest forms of physical activity: walking.

85. Free and largely available to most people, the health benefits associated with walking are well documented (e.g. Ramblers, 2020). These include:
- Improved cardiovascular performance;
 - Lower blood pressure;
 - Reduced risk of coronary heart disease and stroke;
 - Increase in 'good' cholesterol;
 - Improved mood, sleep, a reduction in anxiety and improved self-image/confidence; and
 - Assistance with weight management.
86. A variety of walking groups currently operate in various settings across Middlesbrough, including parks, lakes and open spaces, Middlesbrough Sports Village, and the town centre. A series of local history walks has also recently commenced. Wider infrastructure, such as effective street lighting, and how this assists/encourages older people to participate in activities is recognised. It is possible that effort could be made to consolidate these diasporic walking groups to increase numbers, improve socialisation and offer a greater choice of venue/location.

**TERM OF REFERENCE C:
TO EXPLORE EFFECTIVE STRATEGIES, INTERVENTIONS AND PROJECTS
TO FURTHER DEVELOP SERVICE PROVISION**

87. A significant amount of work is taking place in respect of this topic, offering an insightful snapshot. In this respect, the Panel has received excellent evidence, and would welcome further updates in the future.
88. As part of evidence relating to multi-agency working, the topics of crime, perception of crime and Anti-Social Behaviour (ASB) were raised. In this regard, Everyone Active and Sport England LDP teams are currently working with Cleveland Police to address issues of concern. For example, looking at a 'whole system approach' to the provision of secure lighting, CCTV and Street Warden presence at leisure/public venues.
89. In terms of building upon the success of the walking groups already in existence, linking these up further would increase participation and provide additional opportunity for social interaction. In developing this further, a resources guide, outlining organised walking routes/schedules, for example, could be created for use by older people, their relatives and friends. This could be made available in public buildings and on the Council's website.
90. Incentives could assist with behavioural change and participation in physical activity, but only to a certain degree. Rewards and incentives may motivate individuals to undertake physical exercise if offered appropriately. Continual encouragement by way of social support (e.g. improved friendships through attendance at walking and luncheon groups) should be undertaken, as opposed to sole reliance upon one-off incentives, such as 'participate for a free gift'.
91. It is appreciated that care homes are private entities, but the Panel supports the view that it would be beneficial for a forum to be established to bring together the 26 care home Activities Co-ordinators, Adult Social Care and Public Health professionals to share ideas about future work opportunities.
92. In terms of the Local Authority's commissioning of care providers, the Panel feels there is opportunity for development in this area. For example, when the Local Authority's contracts with care providers are due for renewal, consideration could be given as to how physical activity provision and monitoring could be built into future contracts.

93. Where possible, Elected Members should be involved in the development and promotion of physical activity provision, such as Members' briefings and community events.
94. Data and other insight information is available from the 'You've Got This' team upon request, and a Community Investment Programme will be established. This will provide an opportunity for groups with ideas to increase physical activity to bid for small grant funding. All groups/organisations are highly encouraged to apply to the team.
95. The Panel feels that it would be beneficial, from Everyone Active's perspective, to ascertain the level of demand for gym use for people over the age of 65, and then consider ways to meet this demand (through consultation or focus group activity, for example).
96. Regarding intergenerational activities and the positive impact that these could potentially have on older people, the Panel feels that there is scope to undertake further scrutiny around this topic.
97. With regards to supporting older carers, consideration could be given towards potentially incorporating gym membership into care plans, or providing concession membership rates at sport and leisure venues.
98. Public Health teams are currently working in partnership with Ageing Better Middlesbrough (ABM) and other key organisations in respect of an Age-friendly Middlesbrough initiative. ABM is leading on the initiative, which has been allocated funding from the Big Lottery Fund to achieve the vision of making Middlesbrough an Age-friendly Town. The application is due to be submitted to the World Health Organisation (WHO) in the near future.
99. ABM's steering group has identified some priority areas, including sufficient public toilet provision for older people visiting the town centre. A map of general toilet facilities could be created and displayed prominently (as demonstrated in other towns and cities such as Manchester).
100. In addition to toilet provision, the Panel also recognises the importance of seating for older people in the town centre. A national 'Take a Seat' campaign is currently being undertaken. This initiative encourages businesses to allow people to sit on branded furniture, have a glass of water and use the toilet. This could be supported locally by promoting the campaign via the Marketing and Communications team (e.g. on the Council's website and in the 'Love Middlesbrough' magazine).

UPDATE – SEPTEMBER 2020 – COVID-19

101. This report was due to be considered by the Scrutiny Panel Members on 18 March 2020. However, following the outbreak of the COVID-19 pandemic, this was not possible.
102. The Scrutiny Panel met on 29 July 2020 to consider next steps in respect of the investigation, and agreed that a further meeting would be held to receive an update from officers. This information, which was conveyed to the Panel on 16 September 2020, is covered in the following paragraphs (nos. 103-122).
103. At the 16 September 2020 meeting of the Panel, Members were advised that in the period since March 2020, the following work has taken/currently taking place to help keep older people active:

Provision

- A booklet had been developed by colleagues in Sheffield containing exercises for older people to undertake at home. The booklet was well received by older people in Sheffield, which resulted in Public Health England publishing the booklet

nationally. Middlesbrough Council had been provided with 5,000 booklets to be distributed evenly between older people in Middlesbrough and Redcar and Cleveland, who did not have or wish to have a computer and/or phone. The booklet had also been made available online (see Appendix 3).

- There had been a number of requests for digital content from the Public Health team, however, following a strategic decision being made that filming would be difficult, it was agreed that quality assured material would be used and circulated. Consequently, the team developed an online resource to support this.
- The Public Health South Tees, Health Development team created a 30-day physical activity challenge, which had been distributed and made available digitally.
- The Public Health team continued to undertake support calls to the most vulnerable older people with regard to physical activity.
- During the summer months when restrictions were eased, the team worked with partners to create their own exercise videos. One member of the team, Mandy Groves (Health Development Officer), had created a 15-Minute Tai Chi session. The video was uploaded on the 'You've Got This' Facebook page and received an astonishing 195,999 views. The exercise was designed to help prevent falls as well as increasing core strength. The team also uploaded a 'step exercise' using stairs at home video, which was also very well received with 73,000 views. In terms of moving forward, the team was in discussion with corporate colleagues to purchase/utilise high quality filming equipment.
- The 'You're Got This' team have continued their work with older people. In collaboration with Middlesbrough Voluntary Development Agency (MVDA) and Redcar and Cleveland Voluntary Development Agency (RCVDA), applications are being invited from local individuals, charities, community groups and organisations across Middlesbrough and Redcar and Cleveland for its small grants programme, which supports the vision to help the least active become more active (whilst recognising the limitations of COVID-19 and social distancing). As at October 2020, the fund is currently open to bids and information can be found at the following: <https://mvda.info/news/new-your-active-living-fund-help-south-tees-people-more-active>
- The Public Health South Tees, Health Development Team are currently exploring digital content to appear on Channel 7 (Virgin Media channel 159), which is a local television channel entitled 'Teesside TV'. The Older Peoples' Academy in Newcastle had recently funded content to appear on 'Made in Tyne and Wear', which was also shared on 'Teesside TV'.
- Separate to 'You've Got This', Sport England have developed a fund to address three key areas: Digital exclusion; Significant Changes due to the pandemic; and Mental wellbeing. Emma McInnes (Health Improvement Practitioner) and Age UK Teesside had recently put forward a bid to address digital exclusion by producing content to appear on 'Teesside TV'. The bid was submitted to Sport England and had passed the first stage. The team is currently awaiting the outcome as to whether the bid has been approved.

Leisure Centres

104. In terms of reopening leisure facilities, the Panel was advised that leisure centres had closed on 20 March 2020, which was in line with Government guidance. However, a phased reopening of the centres had now commenced, with the following being undertaken to date:
- The Middlesbrough Municipal Golf Centre reopened in June 2020;
 - Leisure centres (gyms) reopened on 1 August 2020, including outside sports activities; and
 - Swimming pools reopened on 22 August 2020.
105. There has been a reasonably strong return. Everyone Active, operated by SLM, expected a 50% capacity raising to 70%, which was a projection made by Sport England. 50% as a baseline took into account social distancing guidelines, as well as the confidence of service users.
106. SLM has strict measures in place to ensure centres are COVID-19 safe, which include hand sanitisation stations throughout the buildings, clear entrance and exit signs, and signs to highlight/remind of social distancing. Strategic risk assessments are also in place.
107. Sports clubs are beginning to be integrated back into leisure centres, however, their return has depended on guidance supplied by their governing bodies.
108. All facilities are open and the Council feels that SLM are reopening facilities to exceptional standards. Service users are asked to book a time slot and are allocated a 50-minute gym session, which allows 10-minutes for exit and sanitising. Local sports clubs have returned to the Sports Village e.g. 'T.O.F.Y Club'.
109. The Panel had previously raised points in relation to gym membership costs. Members were advised that, at present, gym membership is £20 per month for the first three months, and £26.75 thereafter. There are no concessions as SLM feels that their prices are competitive in comparison to other gyms. The Panel was advised that there may be an opportunity for work to be undertaken with SLM to identify potential funding for concessionary rates/discounts.

Prevention

110. In terms of rehabilitation programmes, face-to-face sessions ceased during the pandemic and have not been reintroduced as clients tend to be the most vulnerable. The team has extended their digital offer and also provide telephone support.
111. The Panel is aware that physical activity has many benefits, but a significant one is fall prevention. The Better Care Fund Manager provided the Panel with an overview of the Falls Prevention Strategy, which has been developed over the past three years.
112. The Strategy has been developed to address an increase in older people falling and being referred to the Falls Prevention team from the South Tees Hospitals NHS Foundation Trust. This strategy is a multi-tiered alliance across the Health Trust, Health, Local Authorities, voluntary organisations and partners. An online tool has been developed to help prevent falls in the home.
113. 'Steady on Your Feet' is the brand for the Falls Prevention Strategy, which is an online tool containing a host of resources, including a self-assessment tool which can be shared with health professionals and family members; exercise sheets and exercise videos (from the

'You've Got This' team). The underlying aim of the resource is to keep older people active to prevent falls. The team has worked closely with the 'You've Got This' team and Ageing Better Middlesbrough. The system allows for analysis of those accessing the site to be undertaken.

114. A 'train the trainer' initiative is currently being undertaken with the Falls Prevention team to enable those demonstrating the self-assessment tool to provide assistance to older people. There is a strong underlying message that falls are everybody's business. There is a strong communication and engagement strategy in place as it is important, particularly during COVID-19, that older people remain active to help prevent falls, which in turn will help prevent hospital admissions.
115. Leaflets and a paper-based version of 'Steady on Your Feet' are also available for those older people who do not have access to a computer or wish to go digital.
116. The Panel recognises the enormous benefit of this tool for older people and their families, and feels that leaflets would benefit from being placed in Community Hubs, once residents are able to access these services again.

Voluntary Sector Support

117. With regards to the voluntary sector, the Panel is aware that Age UK Teesside operates the Phoenix Project, which is funded by Middlesbrough Council.
118. Prior to the COVID-19 pandemic, the programme offered a variety of activities in community settings on a Monday to Friday basis. Unfortunately, these face-to-face activities had to cease.
119. Over the course of the pandemic, however, the Phoenix Project has supported older people who regularly attended activities. During lockdown, for example, daily/weekly welfare calls were undertaken. More recently, following the lifting of restrictions, socially distanced walking groups have been introduced at Stewart Park, which have been very well received and continue on a weekly basis.
120. The Phoenix Project also offers Zumba Gold classes via Zoom, and have enabled older people to join in wherever possible through support from the Rekindle Project (if they did not previously use the internet). These classes are regularly attended by 12 older people.
121. The Phoenix Project had also started a new social group based at Morrison's Berwick Hills, but this had recently needed to be suspended due to new COVID-19 restrictions.
122. The Scrutiny Panel is reassured by the support and activities that have been provided to older people during the COVID-19 pandemic. However, it is recognised that owing to the ever-evolving situation, activities are subject to late change/cancellation in response to infection rates and Government guidance.

CONCLUSIONS

123. The Scrutiny Panel reached the following conclusions in respect of its investigation:
124. Adults generally exercise less as they get older, despite remaining mindful of its importance. Consequently, to develop/maintain physical and mental health, promote independence and offer an improved quality of life, continual encouragement to undertake physical activity must be made wherever possible.
125. Opportunities for physical activity must be promoted to older adults using a range of different methods, both on-and-offline-based. This will help to ensure that all of the

demographic can be successfully reached, including those who are more socially isolated and/or not accustomed to utilising IT resources. Physical activity must be promoted in a positive, engaging and motivational way, whilst also ensuring full inclusivity and accessibility to all.

126. Accessibility must consider the types of services and activities offered, as well as how these are offered and supported. Wider variables could include, for example:
- Infrastructure – e.g. how new housing developments are being designed to take into account open/green space; and provision and maintenance of street lighting and highways is designed to support older people (particularly those with sight and mobility issues);
 - Transport – i.e. how provision supports older people in attending physical activity and social sessions/events (which does present issues at present);
 - Individual matters and personal concerns – i.e. addressing mental and physical health matters, such as low self-esteem and lack of confidence, existing health conditions and mobility issues; and
 - Venues for activity provision – e.g. using a diverse range of facilities in a variety of localities, such as Community Hubs and other public buildings, to ensure that the varying needs of the demographic can be met, and that the most lonely and socially isolated can be reached.
127. There are barriers that will prevent some older adults from participating in physical activity, and it is important to recognise and address these on a case-by-case basis. As a basic principle, physical activities must be readily accessible, flexible and adaptable to facilitate integration into and around varying lifestyles and commitments. Official guidance/guidelines will not be suitable for all, which must also be borne in mind when devising strategies and support initiatives for older adults.
128. Physical activity provision for older adults requires input from various sources to ensure successful implementation of different strategies and interventions. Public, private and voluntary sector organisations are able to offer activities, but they must be demand-led and providers must have the capacity/resources available to deliver them. There are opportunities here for collaborative/partnership working, resource/knowledge sharing and cross-party signposting.
129. Unfortunately, funding for physical activity provision is often limited and thus provided on a short-term basis. Consequently, providers will need to be creative in their approach to develop and deliver new strategies and interventions for older adults, which will likely include provision of less expensive/free activities for individuals to participate in. In terms of venue hire, negotiation will need to be undertaken to ensure a mutually-beneficial position for all parties involved.
130. Café areas/facilities provide older adults with an ideal opportunity to both relax and socialise after physical activity, which can help reduce feelings of loneliness and/or social isolation. Combining activities, such as a local history walk with light refreshments, could assist in this regard. It is important to remain mindful, however, that provision must meet demand (as such initiatives will require funding), as well as offer commercial viability for private providers.
131. Walking offers an array of health and financial-based benefits for older adults, as it can be undertaken at almost any place, at any time, and is generally free of charge. The key is to empower people to feel motivated and that positive results can be achieved from it.
132. It is important that the role and contribution of older carers is recognised and appropriate support provided. This will help to ensure that their health and wellbeing can be maintained whilst caring for their loved ones.

133. Care homes are private entities and the Council cannot enforce the employment of dedicated Activities Co-ordinators within establishments, although the vast majority already do. The Council does have guidelines for the number of hours of activities provided, and regular monitoring is undertaken in this regard.
134. In encouraging older adults to visit town centre locations to increase their activity levels, it is important that sufficient public toilet and seating facilities are provided. These must be clearly visible and easily accessible.
135. Strategies and initiatives are constantly evolving in this area of work. The opportunities presented by social prescribing work, for example, will help to develop support further, as will the development of peer-led and GP programmes (e.g. volunteer befriending; dementia awareness training; and signposting to appropriate activities). To date, dementia awareness sessions have been very well received.
136. As detailed at paragraphs 103-122, COVID-19 has impacted significantly on the work being undertaken by services. In recognition of this, the Panel Members appreciate that the recommendations proposed below are being done so at a very difficult and ever-evolving time, and therefore projected timescales may require adjustment to reflect further Government guidance as it is received.

RECOMMENDATIONS

137. As a result of the information received, and based on the conclusions above, the Adult Social Care and Services Scrutiny Panel's recommendations for consideration are as follows:

TO BE DETERMINED BY THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL ON 14 OCTOBER 2020

ACKNOWLEDGEMENTS

138. The Adult Social Care and Services Scrutiny Panel would like to thank the following for their assistance with its work:
- K Bainbridge – Better Care Fund Project Manager, Middlesbrough Council;
 - R Bedford – Health and Physical Activity Development Manager, Middlesbrough Council;
 - J Berger – Insight and Analytics Officer, 'You've Got This' (South Tees Local Delivery Pilot);
 - M Fitzgerald – Programme Director, 'You've Got This' (South Tees Local Delivery Pilot);
 - L Grabham – Head of Strategic Commissioning and Procurement, Middlesbrough Council;
 - J Hartley – Programme Officer, 'You've Got This' (South Tees Local Delivery Pilot);
 - S Hydon – Sport and Client Relationship Manager, Middlesbrough Council;
 - S Lloyd – Advanced Public Health Practitioner, Middlesbrough Council;
 - E McInnes – Health Improvement Practitioner (Ageing Well/Dementia), Middlesbrough Council;
 - C Orr – Infrastructure Programme Manager, Middlesbrough Council;
 - E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council; and
 - A Sykes – Chief Executive, Age UK Teesside.

ACRONYMS

139. A-Z listing of acronyms used in the report:

- NHS – National Health Service;
- ONS – Office for National Statistics;
- SLM – Sport and Leisure Management;
- ‘T.O.F.Y’ Club – ‘The Over Fifties Youth Club’; and
- WHO – World Health Organization.

BACKGROUND PAPERS

140. The following sources were consulted, or referred to, in preparing this report:

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COUNCILLOR JIM PLATT
CHAIR OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL –
2019/2020

PANEL MEMBERSHIP

The Membership of the Scrutiny Panel for 2020/2021 is as follows:

Councillors J Platt (Chair), S Hill (Vice-Chair), J Goodchild, D Jones, G Purvis, D Rooney, J Walker and G Wilson.

The Membership of the Scrutiny Panel for 2019/2020 is as follows:

Councillors J Platt (Chair), S Hill (Vice-Chair; part year), D Smith (Vice-Chair; part year), C Cooke (part year), L Garvey (part year), J Goodchild, D Jones, L Lewis, G Purvis (part year), J Walker and G Wilson.

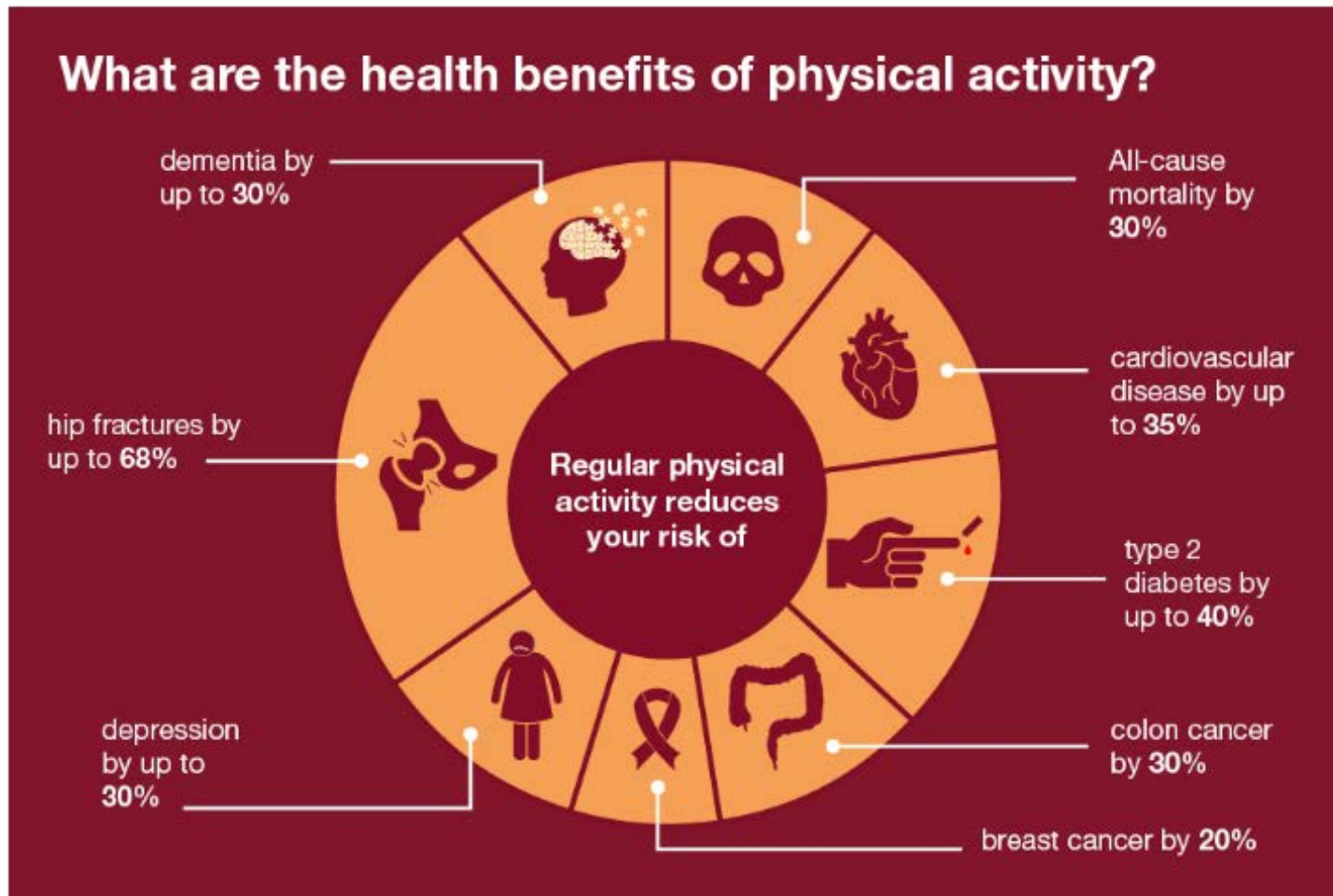
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APPENDICES

Appendix 1: The Health Benefits of Physical Activity – Fig. 1



(Source: <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>)



(Source: <https://www.gov.uk/government/publications/physical-activity-guidelines-infographics>)

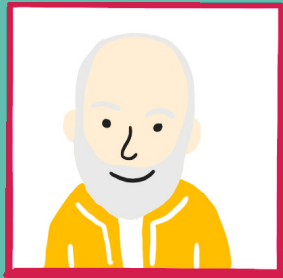
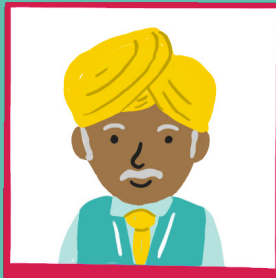
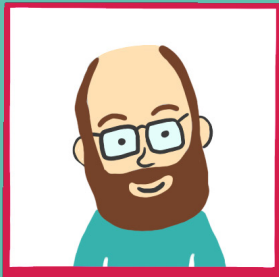


Public Health
England



Active at Home

A guide to being active at home
during the coronavirus outbreak



Who is this booklet for?



This booklet has been developed to support older people and those who are shielded to be active and healthy at home.

This is part of the Sport England **Join the Movement** campaign designed to provide inspiration and trusted information to the public about how to get active in and around the home during the coronavirus pandemic.

Why is it important to stay active?

Being active is good for our physical and mental wellbeing. This is why we should all try to move regularly, including exercises to help stay strong and steady. This particularly applies to those of us who have health conditions or are older. Due to coronavirus we are all spending more time within our home, so it is important that we find ways to build activity into our day, every day.

Over the next few weeks, you may have health and social care appointments cancelled or delayed. **If you are waiting for treatment, being active is one of the best things you can do to look after your health, as part of a healthy lifestyle.** Being active at a level that feels comfortable is unlikely to make your health worse; in fact it can help to manage many health conditions.

Most of us are spending much more time within our home. This can be frustrating and upsetting, and it can be harder to be active when you can't do your normal daily activities. This guide will help you to find ways to build activity into your day. If the exercise suggested doesn't work for you, feel free to adapt them based on what you can do.

Being active every day can help to:



Keep your spirits up



Get a good night's sleep



Stay independent



Stay at a healthy weight



Reduce risk of falls & fractures



Keep you steady on your feet



Keep your bowels regular



Reduce risk of heart attack, stroke, diabetes & some cancers



Prevent many health conditions from worsening

The two key activity types that help are:



Strength and balance exercises

These are specific exercises that will help you to stay strong and steady your feet



Aerobic exercise

This is activity that warms you up and gets you breathing slightly harder, it will help you to stay fit and well

Safety

Being active is safe for the vast majority of people and it has many benefits for your health and wellbeing.

There are some small steps you can take to reduce the chance of problems occurring when you are exercising in and around the home.

Most people can exercise without speaking to a doctor first, especially if their medical condition is under control. However, if you get any symptoms from a heart, kidney or metabolic condition you should phone your healthcare professional to check before you start.

1. Prepare your exercise space by clearing away unnecessary clutter
2. Keep something sturdy and solid nearby for support (for example a kitchen work surface)

3. Have a glass of water ready to sip as you exercise
4. Wear well-fitting, supportive shoes that are done up, and comfortable clothing
5. If you are exercising on your own, keep a telephone nearby, just in case you need it
6. Set the pace, start exercise at a level that you find easy and build up gradually
7. If you experience acute or severe pain anywhere or dizziness then stop and rest
8. It is common for muscles to feel a bit stiff for a few days after you have used them - this is a normal response and shows that your body is responding to the increased movement
9. Try not to hold your breath as you exercise, breathe normally throughout

Recap of key points



**Exercise is
safe and
helpful for
most people**



**Try to be
active every
day**



**Try to do
strength and
balance
exercises 2-3
times each
week**

Strength and balance exercises

Muscles, bones and joints like to be moved, lack of movement causes your muscles to waste away quickly and this affects your strength and your balance.

The exercises below will help you to stay strong and steady. Aim to do these exercises 2-3 times throughout the week. You can split them up and do them a few at a time throughout the day, at a time that works for you. Remember to start small and build up gradually, as the exercises begin to feel easier you can increase the repetitions to 8-10. If you want to make it harder still, you can build up to 3 sets of 8-10 repetitions for each exercise.

Strength exercises can be done in sitting or standing. If you can't stand comfortably or safely, then choose the seated option.

Seated Exercises

Always warm up before you start

Sit up straight in a supportive chair, take 2-3 deep breaths in and out to calm the mind and body in preparation for the exercises.

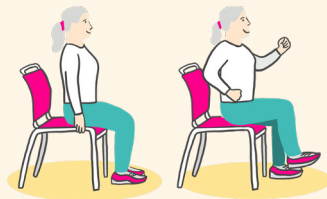
Heel lifts



Lift heels off the floor, then place them back down. Lift toes off floor then place down. Do these slowly and fully.

30 seconds

Chair marching



Lift one leg at a time, as if marching. You can add your arms in too, if comfortable.

30 seconds

By the end of the warm up you should feel warmer and be breathing a little harder.

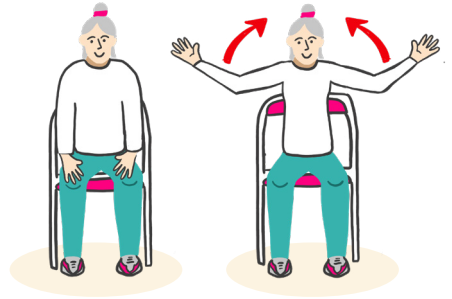
Exercises

Arm raises

Raise your arms out to the side and above your head, then slowly lower back down. Start with **3** then build up.

Make this harder by

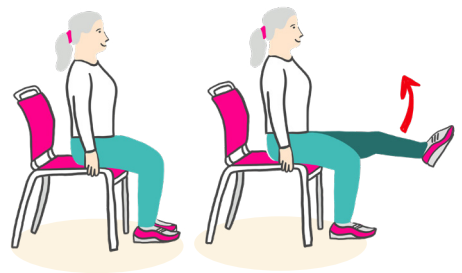
going very slowly and hold for 1 second at the top before you lower your arm down.



Alternate leg extensions

Straighten out one leg in front of you, then lower slowly back down. Start with **3 each leg** then build up.

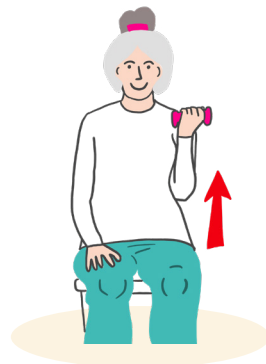
Make this harder by lifting the leg slightly off the chair as you straighten it.



Arm curls

Keep elbows into your sides, bend one arm up, then slowly lower. Alternate sides. Start with **3 repetitions on each side.**

Make this harder by holding a small weight, bottle of water or tin of food.



Cool down

Let your breathing settle and enjoy the feeling of accomplishment!



Hamstring stretch

Feel gentle stretch at back of thigh

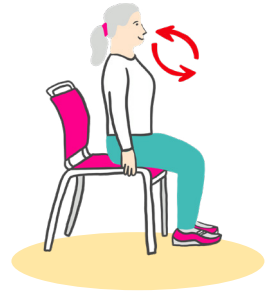
Hold for 20 seconds



Chest opening

Feel gentle stretch across your chest

Hold for 20 seconds



Breathe

3 deep breaths in and out

Standing Exercises

Always warm up before you start

Remember to have something sturdy, like a work surface, next to you. Use it to stay steady and safe.

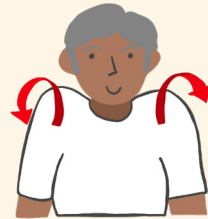
Marching



Slow march on spot, gradually lifting the knees slightly higher, or by marching a little faster and adding arms in.

30 seconds

Shoulder rolls



3 each way

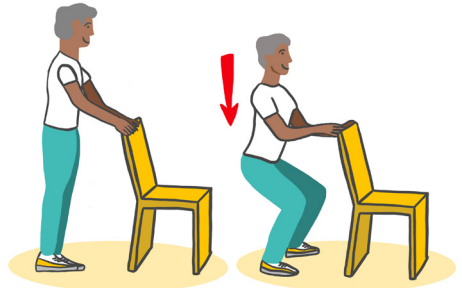
You should feel warmer and be breathing a little harder now.

Exercises

Mini squats

Stand tall, slowly bend your knees keeping your body upright. Push up and return to standing. Start with **3 repetitions** then build up.

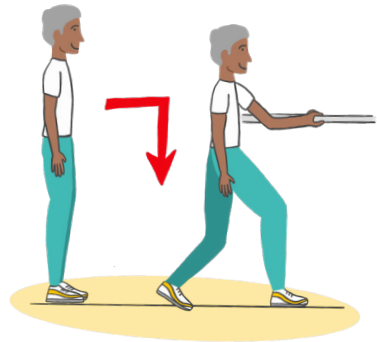
Make this harder by going a further into the squat, and holding for longer.



Small lunges

Take a small step forward and bend both knees. Push back into standing. Start with **3 repetitions** each leg and build up.

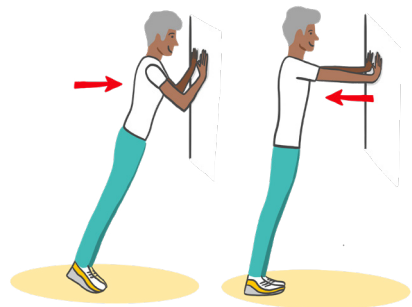
Make this harder by stepping further forward, ensuring you return from the lunge position in one steady step backwards.



Wall press up

Slowly bend both arms so that your nose moves closer to the wall. Slowly push back into standing. Start with **3 repetitions** then build up.

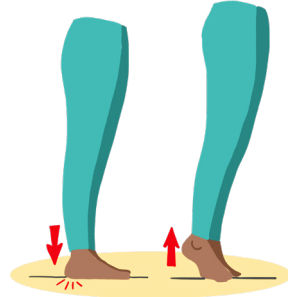
Make this harder by moving very slowly and smoothly.



Heel/toe raises

Push up onto your toes, keeping bottom in, then slowly lower back down. Do these slowly whilst maintaining good posture. Start with **3 repetitions** and build up.

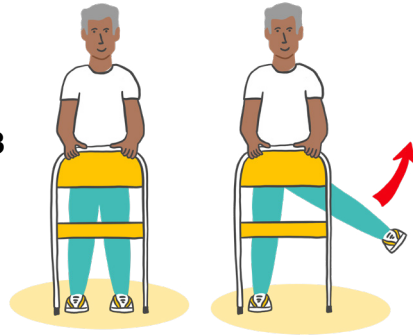
Make this harder by lowering down very slowly.



Sideways leg lift

Lift one leg slowly out to the side keeping your upper body straight. Slowly lower back down. Start with **3 repetitions** each leg then build up.

Make this harder by moving the leg very slowly.



Cool down

Let your breathing settle and enjoy the feeling of accomplishment!



Hamstring stretch

Hold for 20 seconds



Chest opening

Hold for 20 seconds



Breathe

3 deep breaths

Ways to build activity into your day

As well as doing these exercises 2-3 times a week, **try to avoid any long periods of inactivity and find ways to build movement into your day, every day.** Any movement is good, particularly if it makes you feel a little bit warm and makes you breathe a little faster.

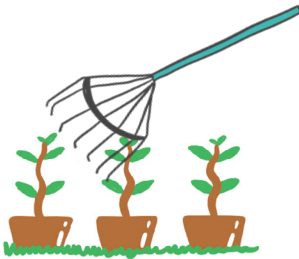
Here are some ideas of ways to stay active at home:



Cleaning



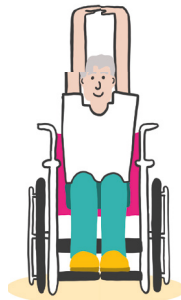
Dancing



Gardening



Going up and down stairs



Stretching regularly

Staying healthy

A few other things that will help you to stay as healthy and happy as possible during this period:



Wash your hands

using soap and hot water, for at least 20 seconds, regularly throughout the day



Stay connected

with phone calls, letters, emails, text messages or a cheery wave from the window



Limit intake

of foods and drinks that are high in fat, salt and sugar



Consider taking a Vitamin D supplement

of 10 micrograms a day for healthy muscles and bones, if you aren't often outdoors

Stick to regular mealtimes and eat a balanced diet that includes a variety of:

- fruit and vegetables (fresh, frozen, tinned, dried or juice)
- starchy foods (bread, cereals, potatoes, pasta or rice)
- beans, pulses, fish and meat
- two portions of fish per week, one of which should be oily
- dairy products (milk, yogurt, cheese)
- oils and spreads (choose unsaturated and use in moderation)

If you are struggling to eat well, switch to smaller meals and frequent snacks



Take your prescription medicine

regularly and ensure that you have at least two weeks' supply



Keep your mind active

with crosswords, puzzles and letter writing



Stay hydrated

by aiming to drink 6 - 8 glasses of water a day



Limit alcohol and don't smoke

Limit your alcohol intake to no more than (and ideally less than) 14 units in a week, and support is available to help you stop smoking too



Prioritise your sleep

going to bed and waking up at a regular time can really help and make sure you give yourself time to wind down before bed

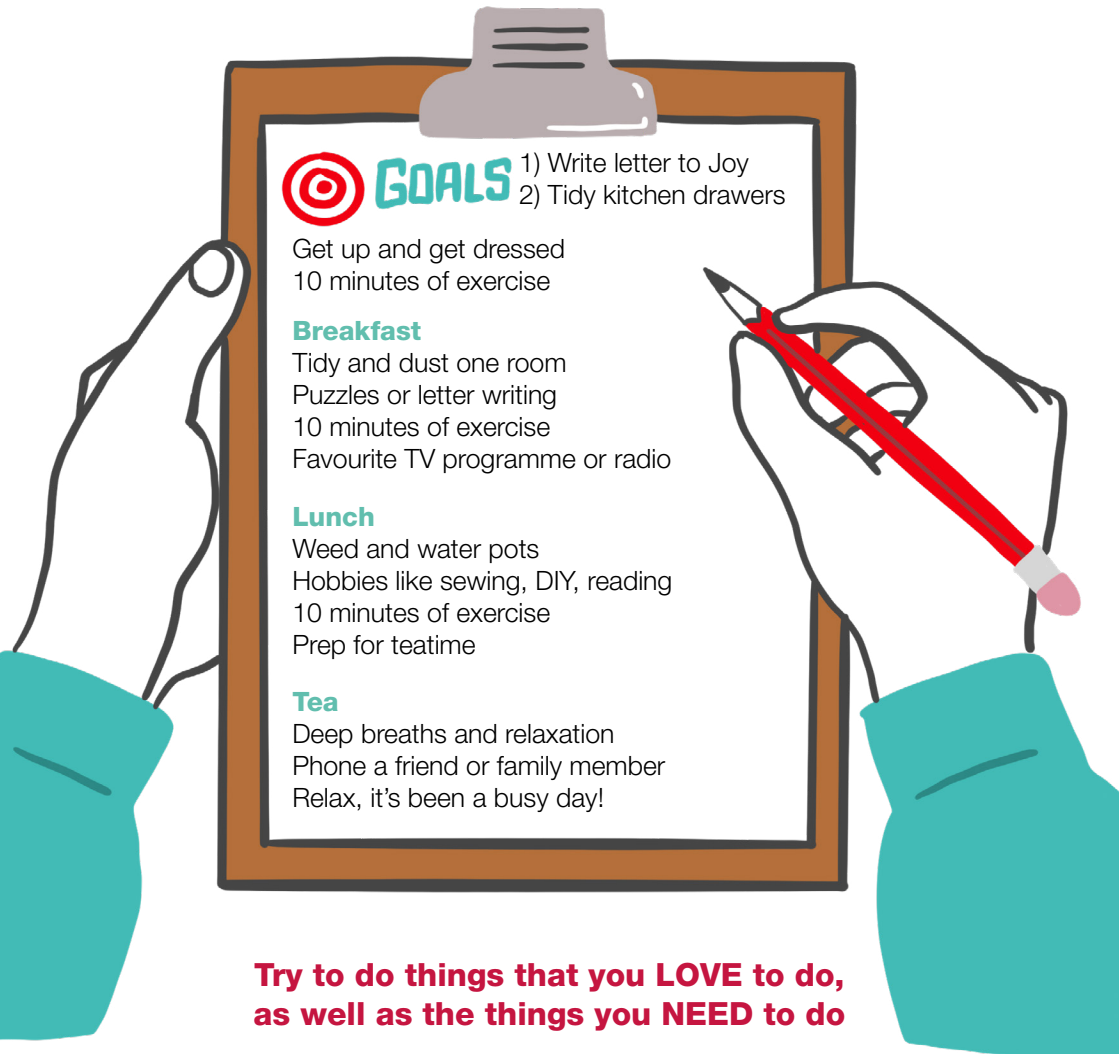
It is normal to feel worried and anxious

about yourself and your loved ones during the coronavirus outbreak. Focus on the things you can control rather than the things you can't. **This might mean focusing on getting into a routine and taking small practical steps each day to do what you need to do. Stick to trusted sources of information** and if news stories make you feel anxious, think about switching off for a while.

If you have coronavirus symptoms (new persistent cough and/or high temperature) and need help, or have been told to report symptoms, visit www.111.nhs.uk or call NHS 111

Planning your day

The days can feel very long when you are at home so much. Having a couple of goals each day and planning your day in advance can help; it will remind you to move around during the day too. Here's an example:



**Try to do things that you LOVE to do,
as well as the things you NEED to do**

Staying safe at home

Moving around less can make you less steady on your feet. Falls are common and can result in injury and frustrating periods of reduced independence.

Simple tips to make your home safer:

- use a nightlight in the bedroom, a bedside light or a torch by the bed in case you need to get up in the night
- when you first wake up, sit on the edge of the bed and do a few seconds of marching with the legs to get the blood flowing. This will reduce your chance of dizziness when you stand up
- keep stairs and steps free of clutter
- keep floors clear of trailing wires, wrinkled or fraying rugs and carpets, or anything else you might trip or slip on
- keep active – strength and balance exercises have the best effect for making you steadier on your feet
- stand up slowly if you have been sitting for a while, and count to 10 before setting off

What to do if you fall

If you do have a fall, lie still for a minute, try to stay calm and check yourself for injuries.

If you know you can't get up, or feel pain in your hip or back, then try to call for help using your phone or pendant alarm, or by

banging on radiators or walls until help arrives. Try to keep warm by covering yourself with whatever is close by, keep moving your limbs and roll from side to side if you are able to. If you need urgent medical help, you should call 111 or in an emergency 999.

If you are unhurt and think you can get up, then you should:

1. Roll onto your side, and then push up onto your elbows
2. Use your arms to push yourself onto your hands and knees
3. Crawl towards a very stable piece of furniture (a sturdy chair or bed) and hold onto it for support
4. Slide or raise the foot of your stronger leg forwards so it's flat on the floor
5. Lean forwards and push up using your arms and front leg, slowly rising to a standing position
6. Turn around and sit down. Sit for a minute or two and catch your breath.

Even if you are unhurt, make sure that you tell a healthcare professional or carer that you have fallen.

Useful contacts

NHS 111

111 or 111.nhs.uk

If you have any concerns about your health

Rethink Mental Illness advice and help line

0808 801 0440

For support with issues related to mental health and wellbeing

Citizens Advice

03444 113 111

Provides support and assistance on a wide range of issues

Age UK

0800 169 65 65

Provides advice and information for older people

Silver Line Helpline

0800 470 80 90

If you are aged 55 or over, call for a cheerful chat, day or night.

Samaritans

116 123

If you want to talk through any concerns, worries and troubles

Local information:

Useful websites

We Are Undefeatable www.weareundefeatable.co.uk

Support for those of us with health conditions to become more active

Join the Movement

www.sportengland.org/news/join-movement

Ideas for all on how to stay active during the coronavirus outbreak

10 Today <https://www.bbc.co.uk/programmes/p087wddm>

Includes short ten minute routines to get you stretching and moving

We would value your feedback on this booklet.

If you are happy to be contacted please text the word ACTIVE to 07860 033 611 by 31 August 2020.

We will then get in contact with you via your mobile phone. You can opt out at any time without giving any reason.

It is really important that we let you know that text messages to this number are charged at your standard text messaging rate. You will also still be charged if you text after the deadline. Texts sent without the keyword or where the keyword is misspelt will not reach us and will still be charged. All information will be handled in accordance with Sheffield Hallam University's information governance policy and we will never share your data with third parties



This booklet has been jointly prepared by Public Health England, Sheffield Hallam University (SHU) and the National Centre for Sport & Exercise Medicine (NCSEM) to provide useful information to support people to stay physically active during isolation. PHE, SHU & NCSEM have taken their reasonable endeavours to ensure that the content of this booklet is, to the best of their knowledge, accurate at the time of printing.

Before following any exercise or health guidelines, consult with a health professional if you: consider it necessary; have any concerns about your health; or are not sure whether the exercises are suitable.

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