



Creating Connections – supporting disability sport

West Yorkshire Sport

Programme Summary Report: April 2013 - June 2015

September 2015

Creating Connections

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Creating Connections

Programme Summary Report

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Key findings

- The combination of a bespoke '*Let's Get Moving*' physical activity recommendation scheme, market development and local inclusive sport events give the Creating Connections programme its unique nature.
- The programme has been effective at recruiting 'inactive' disabled people with 70% of participants self-reporting 0 days active on the baseline single item measure question.
- Overall, 70% of participants taking part in the intervention showed an increase in physical activity levels at the six month follow up point. Out of these participants 53% increased their physical activity levels by one day; 17% of participants increased by 2 or more days. There were no self-reported decreases in activity levels.
- Participants take longer than anticipated to reach the 'action' stage of engaging in behaviour change and activity. This is observed where a higher proportion of participants report increases in physical activity at 6 months compared to 3 months, 70% and 48% respectively.
- Use of the Sport England MOVES tool makes a clear case for Creating Connections as a cost effective programme for achieving an increase in the sport and physical activity levels of disabled people.

1. Introduction

- 1.1 The Creating Connections programme started in April 2013 as a two year Sport England Inclusive Sport funded project to design and develop a sport and physical activity pathway for disabled people across West Yorkshire. Creating Connections uses a behaviour change intervention that has been designed to provide a structured approach to identifying and encouraging disabled people to become more active.
- 1.2 The primary outcome was to encourage disabled people (aged 14+) to increase their levels of physical activity. The secondary outcomes included encouraging disabled people to get involved in community sport and physical activities while also supporting community sports clubs and providers to welcome more disabled people to their sessions.
- 1.3 The programme was developed around the principle that increasing levels of long term participation in sport and physical activity can bring a range of health and social benefits to participants. It utilises the Let's Get Moving physical activity care pathway originally designed by the Department of Health¹ and recommended by the National Institute for Health and Care Excellence (NICE) for increasing physical activity levels. West Yorkshire Sport developed its own version of the intervention and in this case the target population is people with a long term limiting illness or disability.
- 1.4 This report is intended as a basic introduction for all those with an interest in the programme and details the rationale, methodology, findings and recommendations from the first two years of delivery. It updates information from a range of previous progress reports and provides the most recent performance data to allow return on investment calculations to be made.
- 1.5 The report will inform future priorities for the on-going development of the programme which has been sustained in the short term until April 2017. It is hoped that the report can also be used to extend the debate around increasing participation levels for disabled people at a local, regional and national level.

2. Rationale

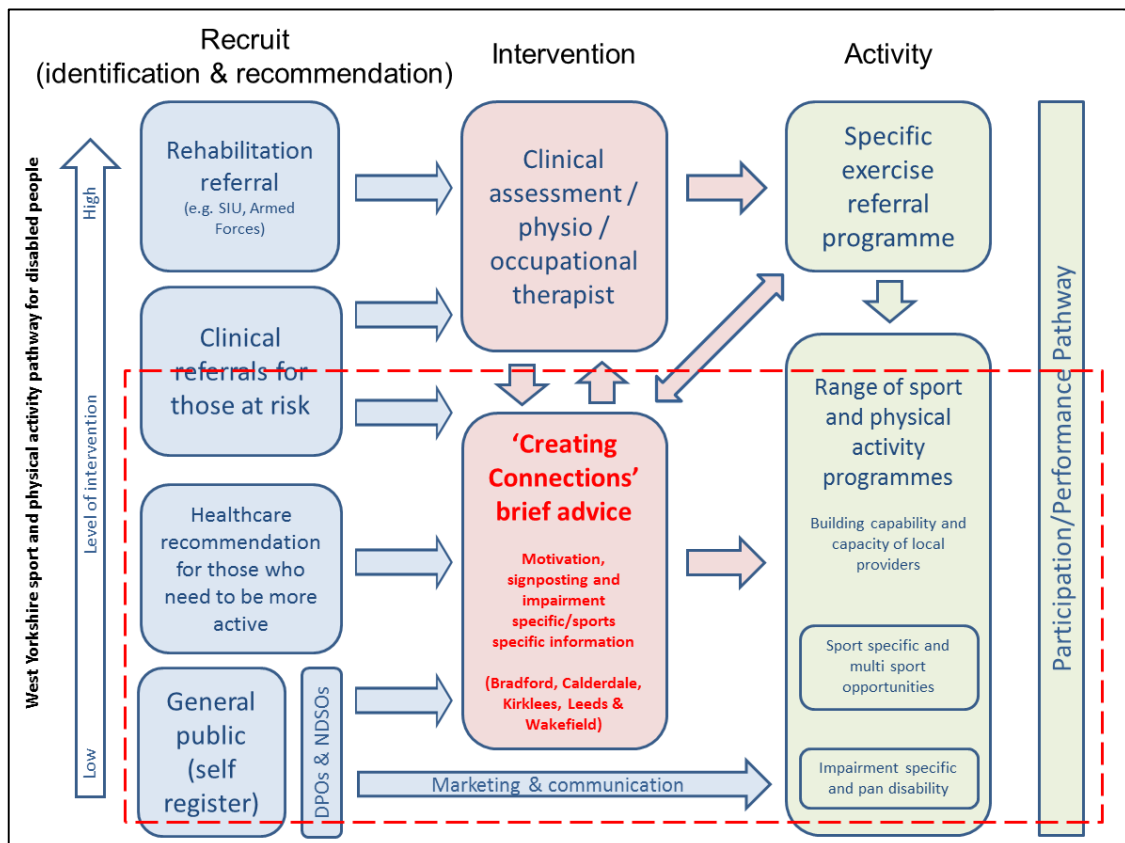
- 2.1 We know that around one in two women and a third of men in England are damaging their health through a lack of physical activity². This problem is magnified when considering people with a disability because only 18% of disabled adults in England regularly take part in sport compared to 39% of non-disabled adults and this figure drops to 16% in West Yorkshire³. Only one in four people with learning difficulties take part in physical activity each month compared to over half of those with no disability².
- 2.2 However, according to the English Federation of Disability Sport (EFDS), 70% of disabled people want to do more sport⁴. This suggests that disabled people

are not aware of local opportunities and that some of these opportunities do not meet their needs in terms of inclusivity and adaptations.

- 2.3 These issues are evidenced at a local level. A gap in recruiting and encouraging people into activity was identified through consultation with disabled people, disabled people’s organisations and local stakeholders. West Yorkshire has a wide variety of activities available and there was a need to collectively identify a better way to connect people to these opportunities in a targeted and tailored manner. The programme set out to investigate new ways to engage people rather than just providing more activities.
- 2.4 This was particularly apparent for the adult population as many existing and past projects had focused on children and young people’s participation. For the adult population, some of the traditional education and children’s services mechanisms to be able to connect with disabled people and their families are lost. This is why ‘creating connections’ to healthcare professionals, social services and disabled people’s organisations form a significant part of the programme alongside the behaviour change intervention.

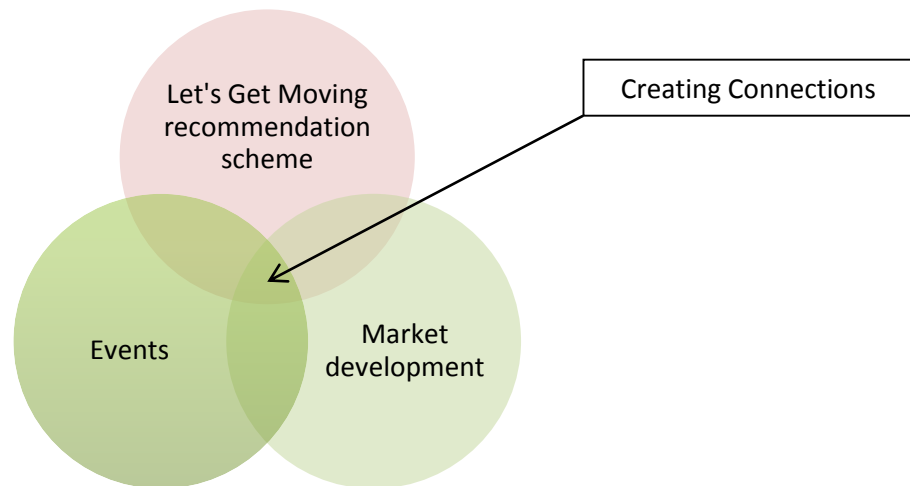
3. Overview

- 3.1 Over two years the Creating Connections programme aimed to test a new approach to increasing the sport and physical activity levels of disabled people. This included the creation of a simple pathway for disabled people to choose when, where and how to access sport and physical activity in their local area. The following pathway diagram identifies the scope of the programme.



*RED dashed area designates the scope of the Creating Connections programme

Programme delivery was made up of three connected and complementary elements:



- Let's Get Moving recommendation scheme – a participant centred physical activity behaviour change intervention utilising motivational interviewing techniques to provide advice and signposting. (Identification and Intervention)
- Market development – to increase capacity and capability across the sport and physical activity sector to ensure that appropriate provision is in place to accommodate new participants. (Activity)
- Event delivery – inclusive sport and physical activity family fun events as an introduction to local participation opportunities. (Activity)

3.2 Each of these elements could be delivered in isolation but the combination of the elements into one programme gives Creating Connections its unique nature. The three elements will now be explored in more detail.

Let's Get Moving recommendation scheme

3.3 West Yorkshire Sport utilised the guidance and principles of Let's Get Moving to embed a sport and physical activity brief intervention into the Creating Connections programme. Let's Get Moving is a physical activity care pathway originally designed by the Department for Health and recommended by NICE for increasing physical activity levels. Creating Connections intended to support inactive disabled people to set realistic and achievable personal physical activity goals using evidence based motivational interviewing techniques.

3.4 **Target population** – inactive disabled people aged 14+ from across West Yorkshire (Bradford, Calderdale, Kirklees, Leeds & Wakefield)

3.5 **Content of intervention** – the intervention provides impairment specific and inclusive sport and physical activity advice. Evidence based motivational interviewing techniques are used to set participant centred activity goals. It explores the personal barriers that people might have around getting active and supplies signposting to appropriate local provision.

- 3.6 **Delivery method** – predominantly one to one sessions by telephone. Face to face sessions have occasionally been used as have interventions through a third party. An introduction letter and support pack are also sent to participants.
- 3.7 **Deliverer** – Creating Connections project officers located within a geographical district area.
- 3.8 **Quality assurance** – service standards have been designed and used by project officers delivering the intervention. This includes introductory letters, sport and physical activity guidance packs, interview scripts and prompts, measures of physical activity behaviour and response times for the service.
- 3.9 **Method of recruitment** – participants can be recruited to the service through a number of different routes. Recruitment is available through a web based portal, paper copy forms and telephone. Participants are recruited via physical activity recommendations from healthcare professionals (such as physiotherapists, occupational therapists, eye clinic liaison officers, adult social care navigators, etc.), disabled people’s organisations and self-selecting registrations. The bespoke web based recommendation and participant management system was designed and developed in year two of the programme (June 2014) to streamline access to the service and track individuals through the pathway. Although the system still requires refinement, it allows the collection of robust data for evaluation purposes. GPs and surgeries were not targeted as recommending agents but this is a potential area for development. Many Clinical Commissioning Groups (CCGs) are considering social prescribing schemes which would provide a direct link for this service.
- 3.10 **Participant admission** – participants should be inactive, aged 14+, reside in one of the West Yorkshire districts of Bradford, Calderdale, Kirklees, Leeds or Wakefield and consider themselves to have a long term limiting illness or disability. These are the participants that have been actively targeted. However, some flexibility of the admission criteria has been allowed for participants self-reporting moderate activity levels and those under the age of 14 with parent or guardian involvement.
- 3.11 **Staff competencies** – all staff delivering the intervention are required to have excellent communication and facilitation skills. Training requirements include disability awareness training and a minimum two day motivational interviewing course. Previous experience in the sport and physical activity sector is desirable.
- 3.12 **Measure of physical activity behaviour** – a self-reported physical activity baseline measure is taken during the first contact between participant and project officer. This is done using the single-item physical activity ‘past week’ recall question (see Appendix A). The same method is used to record physical activity levels during follow up at 3, 6 and 12 months.

Market development

- 3.13 Although a wide range of activities were already available across West Yorkshire, market development was required where gaps in provision were identified by programme officers. This aims to increase capacity and capability across the sport and physical activity sector to ensure that appropriate provision is in place to accommodate new participants. Mapping provision was a key component of the role of the programme officers during the early stages of delivery.
- 3.14 Partnerships with National Governing Bodies of Sport (NGB), local authorities, leisure trusts, community sport clubs, activity providers, care providers, NHS trusts, universities and third sector organisations allows the nomination of 'focus' providers who receive additional support from programme officers to set up or extend their provision for disabled people.
- 3.15 The aim was to work with local clubs and providers to develop both mainstream inclusive sports opportunities and dedicated impairment specific opportunities. In total, 25 focus providers each year received support and a £500 grant to extend the number of opportunities available in local communities. This allowed West Yorkshire Sport to monitor the secondary outcome of more participants in local provision due to the fact that the focus providers shared their session registers and member details over a 12 month period. Providers were able to upload their data to the web based system to allow identification and tracking of individuals through the pathway.
- 3.16 However, participants who received the brief intervention described previously were not restricted to the focus provider opportunities. They were encouraged to get active outside structured sessions if this was identified as a more realistic personal goal during interviews.
- 3.17 Any change in participation and member numbers through the focus providers is not solely attributed to the brief intervention recommendations and signposting. The providers naturally evolved their offer for disabled people by being involved in the programme and attracted new participants through new marketing and communications approaches, staff, coach and volunteer training, connections to disabled people's organisations, offering inclusive provision, and extending provision for different impairment groups.

Event delivery

- 3.18 The Creating Connections programme worked in collaboration with local partners to deliver a range of inclusive sport and physical activity family fun events. The events provided an entry level introduction to sport and physical activity for disabled people, friends and families. The relaxed environments and focus away from elite competition enabled programme officers to signpost individuals from the brief intervention to these events as an initial introduction to sport and physical activity.

3.19 A high proportion of activities at the events were delivered by the focus providers in each district. This gave the attendees an introduction to the kind of activities that they could find locally. The interaction with staff, coaches and volunteer leaders also aimed to aid transitions to repeated participation at regular sessions.

4. Impact and programme performance

4.1 Over two years the Creating Connections programme has:

- engaged a total of 1597 participants;
- worked with 50 sports clubs and activity providers with a total throughput of 16,249 attendances;
- provided 271 coaches, leaders and volunteers with inclusion training and impairment specific continuous professional development;
- delivered 9 inclusive sport family fun days.

4.2 The Creating Connections programme began with a view to progressively develop the reporting and monitoring capability over the course of the Sport England funded project. This means that headline figures above can be reported for the full programme from April 2013 to June 2015 but detailed analysis and evidence of individual behaviour change can only be provided from June 2014 onwards. This coincided with the design and development of the bespoke web based recommendation management system as planned.

4.3 Therefore, the current monitoring and evaluation framework was only established in June 2014 for the second year of the programme. For this reason the following data and results cover a one year period from June 2014 to June 2015.

Quantitative outputs

Creating Connections Let’s Get Moving recommendation scheme

June 2014 – June 2015 (snapshot sample from rolling programme)		
	Method	Quantitative results
Recruitment	Restricted to healthcare professionals (not GPs), disabled people’s organisations and self-selecting registrations	
Brief intervention	Delivered by project officers following recommendation to the service	282 attended brief intervention - Age range: 14 to 95 - 62% male; 38% female

	<p>Baseline physical activity level recorded along with additional notes and actions</p> <p>Signposting – participant choice based on local opportunities, personal goals and interests</p>	<ul style="list-style-type: none"> - Impairment type <ul style="list-style-type: none"> 25% physical 8% sensory 45% learning disability 6% mental health problems 16% other - Baseline activity level: <ul style="list-style-type: none"> 70% - 0 days active 26% - 1 day active 4% - 2+ days active
Follow up 3 month	<p>Follow up with same officer as brief intervention via telephone (occasionally by email or letter where required)</p>	<p>226 attended 3 month follow up*</p> <ul style="list-style-type: none"> - 52% - no change in activity - 38% - 1 day increase - 10% - 2+ day increase - 0% - decrease activity level
Follow up 6 month	<p>Follow up with same officer as brief intervention via telephone (occasionally by email or letter where required)</p>	<p>116 attended 6 month follow up*</p> <ul style="list-style-type: none"> - 30% - no change in activity - 53% - 1 day increase - 17% - 2+ day increase - 0% - decrease activity level
<p>*follow up attendee numbers reducing due to registration date and eligibility for follow up over a rolling programme</p>		

4.4 The data shows that the programme has been effective at recruiting ‘inactive’ disabled people with 70% of participants self-reporting 0 days active in the baseline single item measure. At 6 month follow up 53% of participants increased their physical activity level by one day; 17% increased by 2 or more days. There were no self-reported no decreases.

4.5 It could be suggested that participants take longer than anticipated to reach the ‘action’ stage of engaging in behaviour change and activity. This is observed where a higher proportion of participants report increases in physical activity at 6 months compared to 3 months, 70% and 48% respectively. One explanation could be due to individuals moving through ‘contemplation’ and ‘preparation’ for activity during the first 6 months before actually becoming more active. However, caution is needed in this observation until comparable sample sizes are achieved.

4.6 At the time of writing, 8 participants have attended the 12 month follow up with 7 out of 8 increasing their activity levels. These small numbers were expected due to the time lag incurred during the first year of robust data collection. The sample size needs to increase for the 12 month follow up to be reliable and

this figure will increase as more participants become eligible following their registration date.

Creating Connections sports club and activity provider development

June 2014 – June 2015 (snapshot sample from rolling programme)						
	Bradford	Calderdale	Kirklees	Leeds	Wakefield	Total
New participants in focus clubs and activity provider sessions	80	75	150	96	50	451

Qualitative outcomes

Danielle’s story:

Danielle became a wheelchair user around a year ago after a car accident. As part of her rehabilitation she wanted to get involved in sport and physical activity. Her physiotherapist Jo (South West Yorkshire Partnership NHS Foundation Trust) completed the online recommendation form to register Danielle for the Creating Connections service.

Jo said: ‘It’s great that Danielle has managed to find an appropriate opportunity for her to get active and involved as our team don’t have the capacity to keep up to date with activities for the wide range of clients that we work with. I will certainly be using the service again in the future.’

Danielle: ‘I’ve been playing at the wheelchair sports club for about a month now, I’ve made new friends, developed my skills and confidence and now I’m looking forward to playing in some matches, and hopefully getting involved on the committee.’

Liam’s story:

Liam presented an unintentional outcome for the Creating Connections programme as it was his sister who originally used the service. Liam had never been interested in sport or any other physical activity until he started attending his local PHAB club in Leeds. Liam initially went along to support his older sister Bethany, a wheelchair user recommended through the service, and together they enjoyed a host of activities at the club such as table tennis, football and rounders.

Bethany continues at the PHAB club and it was also a stepping stone to further sport for Liam who went on to try athletics at the John Charles Centre for Sport and is a regular competing in the 100m sprint and high jump. Liam also developed the confidence to take part in school sport and plays for the school rugby league and athletics teams.



'I am pleased that we have teamed up through the creating connections project to signpost and support individuals to suitable activities. Sydney is a prime example of how this project works with officer support, advice and guidance we were able to support Sydney to make the first steps into the recommended sessions.'

Social Worker Inclusion Team



'I just wanted to comment on the Flame Celebration held at Crow Nest Park; my Grandson who is autistic went along with his parents and had the most fantastic day. It was lovely to see my Grandson's face so animated as he described all the things he had done there and to try new activities that he found he was good at. He is now taking part in archery on a regular basis at Dewsbury Sports Centre an activity he probably would never have found if it haven't have been for this event.'

Geraldine – participant's grandma



'I really enjoy rugby, it's helped me have more confidence and I feel like I have more energy'

AH - participant



'Since joining the powerchair football club I am loads more confident and have made so many new friends. We have also taken part in competitions. Before I used to stay at home all day, now I have something to look forward to.'

AM - participant



'It's great that I finally came to some sports sessions that are friendly, welcoming and help me improve. I have had bad experiences before in attending sports clubs so I am very happy now that I am making friends and playing sports.'

SS - participant

'Getting to go swimming is my favourite. I got help to show me how to get from the bus station to the Leisure Centre and how much the session is so now when I go on my own I know what to do and where to go. I have made new friends and more people from Real are coming to the club, even people who said they didn't even like sport!'

AA - participant

'The event was a great success I really enjoyed being a provider on the day and hope people enjoyed our cricket sessions. It was a great opportunity for us to be involved and hopefully we can work well together in the future as well.'

Mohammed – The Mount Cricket Club



Faiza's story:

Faiza has a form of muscular dystrophy and was finding it difficult to find opportunities which would meet her requirements. Her physiotherapist at St Luke's Hospital in Bradford recommended that she contact her local Creating Connections Officer as Faiza was unsure how to go about finding information on suitable clubs. Faiza completed an online self-recommendation form and was contacted by the team.

Faiza joined the Physical Activity Disabled (PAD) project, which is provided by Bradford Disability Sport and Leisure. The project is ideal for Faiza as it offers a mix of sports, games, social activities and also helps participants make healthy lifestyle choices. Faiza attends once a week and has now started swimming and will be joining a gym soon.

Faiza said: *'The PAD sessions are brilliant for me. Creating Connections has enabled me to finally take part in sport, something I never thought possible. It has made a huge difference to my life.'*

Calderdale Community Support Services:

The Community Support Services (CSS) team operate day service provision for adults with a disability in Calderdale. An initial recommendation for one of the day service users with a learning disability was received as they were interested in sport and physical activity.

This interest grew and following a user committee meeting, an interest was generated for football by 6 service users. Partnership work with West Riding County FA allowed this idea to develop. The team is now growing (13 players, including 3 users new to the service solely for football) and has inspired interest in further sport options.

Two of the support workers have now also started to shadow the coach in the delivery of the sessions. The centre have recently been successful in applying for 'grow the game' funding which will help them to become an affiliated club, get kit and equipment and put the support workers through level 1 and 2 coaching to keep costs down and sustain the team longer term. In this example, an individual recommendation led to wider service development and opportunities for 13 new participants.

'Yet again our participant numbers have increased – this term we had another multi sports day and a dance tutor at the club every week which proved very popular and certainly got people moving and sweaty!'

Ginny – PHAB Leeds, Club Manager

'Being involved with the Creating Connections project has really strengthened the club, particularly with the recommendations from health connections such as Gateway to Care, Mencap in Kirklees and Social Workers. We wouldn't be where we are without Creating Connections!'

Paul – Deighton Bright Stars, Head Coach

Julz's story:

Julz joined the Creating Connections programme following a recommendation from her Eye Clinic Liaison Officer. Julz was very active before losing her sight, but hadn't done any activity for 6 months. She was keen to start Pilates and Yoga but wanted to be confident that the teachers were able to accommodate her lack of vision. A local leisure facility and teacher was happy to help and Julz was a regular at their class as well as joining the gym.

Julz recently got a guide dog which changed the situation slightly and she now attends a different Pilates class at a local hall with Tess (her guide dog) guiding the way.

Julz said: 'I walk everyday with Tess to teach her new routes and attend the Pilates class. I would like to get back to the gym eventually but it's going to take me a while to teach Tess the route over the next few months. Thanks for all your help and I would be happy to help promote the project and talk to others if you need me.'

Real Employment Agency:

The Real Employment Agency is an organisation for adults with a learning disability that provides support and guidance to help individuals gain realistic employment opportunities. The organisation aims to help people become more confident and gain the required skills that will help individuals be successful in gaining employment.

Jayne, Advisor at Real Employment said: *'The Creating Connections programme has been a great addition to the Real Employment Agency as it has acted as an opportunity for many of our clients to build on their social skills. By attending a sports club in the community many of our clients have gained new friends, confidence and become interested in things that they never thought of before.'*

Amy in particular hasn't participated in sport since she left school 8 years ago, Amy showed an interest in going swimming at Huddersfield Leisure Centre so I completed the recommendation for her. Amy is now attending a session once a week and really enjoys it, she has even persuaded other clients to go and try to the session!'

Amy's recommendation was picked up by the local district officer who provided Amy and Jayne with an introduction to the newly established Get Active Session at Huddersfield Leisure Centre. Programme staff also supported Amy with information of how to get to the session, how to set up her Kirklees Passport and KALcard. Amy has now been attending the session since May 2015 and continues to participate on a weekly basis.

Return on investment – trial of Sport England Model for estimating the Outcomes and Values in the Economics of Sport (MOVES) tool

- 4.7 The MOVES tool was designed by Sport England, the University of East Anglia’s Medical School, and the Health Economics Consulting group to assist with the evaluation of sport interventions for cost effectiveness for defined sample populations. The tool was launched in June 2015.
- 4.8 MOVES is based on evidence that increased physical activity reduces the risk of a number of diseases including cardiovascular disease and diabetes. These diseases cost money to treat and reduce quality of life.
- 4.9 MOVES provides a cost utility analysis that considers the ratio between the costs of the intervention and the value of health it provides, in terms of cost per quality adjusted life years (QALYs).
- 4.10 The Creating Connections programme has trialled the use of the tool to allow for return on investment and cost benefit calculations to be made. Some caution is needed when interpreting this data due to a number of programme and MOVES tool assumptions.
- 4.11 Due to the fact that participants took part in a variety of sports and activities an average Metabolic Equivalent (MET) rate was calculated for ‘mixed sports’ using the six most popular activities. This includes leisure cycling, general conditioning exercise, wheelchair basketball, football, walking and swimming. This rate was then used for all the calculations. Further detail of the MOVES tool and the assumptions can be found in Appendix B.
- 4.12 Data has been used from June 2014 – June 2015 and includes the number of participants who have shown an increase in activity levels at 3 month follow up and those that have attended as new participants in community activities. The results over a 5, 10 and 20 year time horizon can be seen below.

Outcomes & Measures	Time horizon		
	5 Years	10 Years	20 Years
Quality Adjusted Life Years (QALYs) gained	11	26	57
Saved treatment costs available for redeployment in the NHS	£32,333	£79,582	£177,955
Net cost per QALY gained (NICE guidance is £30,000 threshold for ICER calculations)	£8,522	£1,683	-£951

Return on investment (combined cost savings and benefits for each £1 invested)	£1.85	£5.97	£14.30
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- 4.13 The data and ROI modelling suggest that Creating Connections achieved a significant return, with a range of £1.85 to £14.30 of benefits to health for each £1 invested. These figures only include health costs and not social care costs which would also be applicable to a number of participants through the programme.
- 4.14 The MOVES tool indicates that the intervention is cost effective using the Incremental Cost Effectiveness Ratio (ICER). The ICER is the ratio of the change in costs to the increase in benefits from the intervention. The change in cost includes a) the cost of delivering the physical activity programme minus b) the savings made from the reduction in treatment costs. The benefits are measured in terms of the Quality Adjusted Life Years that are gained as a result of people being more healthy thanks to exercise.
- 4.15 It can take many years before the health benefits of physical activity interventions begin to show an impact, although costs are incurred up front. This is why the value for money and return on investment figures increase over the medium to long term time horizons.
- 4.16 The report therefore makes a clear case for Creating Connections as a cost effective programme for achieving an increase in the sport and physical activity levels of disabled people. It was clear at the outset that the initial two year project would create more questions than answers. However, the findings show that these approaches can contribute effectively to improving both health and social outcomes for disabled people. These additional outcomes should always be considered alongside the financial health benefits.
- 4.17 To add further meaning to the results it would be useful to be able to compare the data with other sport and physical activity programmes and those from a wider public health perspective.
- 4.18 The value of the programme also lies in the learning which has taken place. The report will conclude with some future considerations and recommendations to extend the debate around increasing participation levels for disabled people in sport and physical activity.

5. Future considerations and recommendations

- 5.1 The Creating Connections programme has proven to be a successful legacy of the Sport England Inclusive Sport Fund following the staging of the Paralympic Games in London 2012. The following points aim to aid the future implementation of the programme and act as discussion points for stakeholders designing similar interventions.

Delivery

- 5.2 The engagement of healthcare professionals (outside the traditional GP route), disabled people’s organisations and third sector organisations to act as recommending agents is very time consuming. This requires significant consideration at the project planning stage with targeted approaches where possible to build trust and confidence in the service. The programme still mostly relies on ad hoc recommendations from healthcare staff and self-registrations rather than being an established service with regular throughput. This could be improved by basing programme staff directly within targeted healthcare environments such as eye clinics, social care day services, physiotherapist outpatient clinics, etc. Additional training modules to increase the priority placed on sport and physical activity for potential recommending agents could also help this process.
- 5.3 Although seemingly simple, defining ‘disability’ proved challenging when working with the health and social care sector. Creating Connections has been most successful where clear participant admission criteria has been discussed and agreed at an early stage with recommending agents and stakeholders. This has not always been applied consistently across the programme due to the variance in definition and understanding of ‘disability’ amongst stakeholders. In the future, programmes developed to encourage disabled people into sport and physical activity should make clear who their specific target audiences are within the ‘long term illness, disability and infirmity’ definition used by Sport England alongside definitions and terminology used in the health and social care sector. As can be seen from the data, the programme does not currently recruit well from sensory impairment groups and those with mental health problems.
- 5.4 On-going analysis and refinement of the recommendation service is necessary due to the adaptations required for some service users. The introduction of the centralised web based recommendation and management system reduced administration time significantly in the second year of delivery and provided consistency for data entry at a local district level. Although there are limitations to what the system can do, its bespoke design and development allows for improvements to be made specifically for the needs of the programme.

Supporting structures

- 5.5 Creating Connections relies on and encourages personal ownership and resilience of participants following the signposting stage. However, on numerous occasions, participants engaged in the service have requested the use of a peer mentor or befriending scheme. Whilst there are some examples of external schemes available in local communities, this is not the case in all areas and can be restricted to certain impairment groups. Therefore, future programmes should consider the development and/or links to such schemes from the outset to improve outcomes for individuals when required.

- 5.6 Parallel to the development of the Creating Connections programme, a number of local social prescribing schemes have been tested through CCGs and GP practices. It is essential to engage with these schemes as they emerge across the region to share learning and to provide sport and physical activity expertise as a preventative measure and as a non-medical solution for those with more complex health and social care needs. The social prescribing schemes should also assist with the recruitment of participants into the Creating Connections service as the local hubs will receive direct referrals from GPs. This has proven to be effective over the previous year with service links to the Better in Kirklees pilot scheme.
- 5.7 In conclusion, based on the evidence provided, Creating Connections appears to be an appropriate programme to change the behaviours of the target population and has been successful as a local sport and physical activity intervention. However, further gathering of longer term physical activity outcome data and independent analysis is required along with establishing the recommendation pathway in the health and social care sector.

6 Acknowledgements

This report has been produced on behalf of West Yorkshire Sport and the Creating Connections programme partners.

The programme team would like to extend their thanks to Sport England for funding the original project and all those they have worked with during the design, implementation and review of the programme.

Bradford Metropolitan District Council, Calderdale Council, Kirklees Council, Leeds City Council, Wakefield Council, Kirklees Active Leisure, Bradford Disability Sport & Leisure.

Please contact West Yorkshire Sport for a list of all local activity providers and recommending agents that have been involved in the programme to date.

References

- ¹ Department of Health (2012) [*Resources for commissioning Let's Get Moving interventions*](#), London: DH
- ² Public Health England (2014) [*Everybody active, every day: a framework to embed physical activity into daily life*](#), London: PHE
- ³ Sport England (2015) Active People Survey 9, [*Active People Interactive*](#), London: Oxford Computer Consultants
- ⁴ English Federation of Disability Sport (2013) *Disabled People's Lifestyle Survey*, Loughborough: EFDS

APPENDIX A:

Single item measure for physical activity

The single-item physical activity 'past week' recall question is as follows:

"In the past week, on how many days have you done a total of 30 min or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job."

An open-response scale is used, with valid responses ranging from 0 to 7 days for the past-week version.

Further information on the single item measure for physical activity can be obtained from the British Heart Foundation National Centre for Physical Activity.

Milton K, Bull FC, Bauman A, et al. (2010) **Reliability and validity of a single-item physical activity measure**, British Journal of Sports Medicine, published online May 19 2010.

APPENDIX B:

Sport England MOVES tool

MOVES is based on evidence that increased physical activity reduces the risk of a number of diseases including cardiovascular disease and diabetes. These diseases cost money to treat and reduce quality of life.

MOVES provides a cost utility analysis that considers the ratio between the costs of the intervention and the value of health it provides, in terms of cost per quality adjusted life years (QALYs).

QALY: takes into account both the quantity (in years) and quality of life (utility measure) generated by healthcare interventions as one unit. This is usually expressed as the sum of all QALYs obtained from an intervention e.g. 1.5 QALYs could be equal to 5 years at 0.3 QALYs. The tool considers the QALYs that are gained as a result of people being more healthy thanks to exercise.

At the heart of MOVES is an 'epidemiological engine' containing UK data regarding the population, age, gender and related disease rates for conditions amenable to change through improved physical activity e.g. Heart disease, Diabetes etc. MOVES compares groups or populations of participants engaging in a programme with the same group as if they had not taken part in this programme.

The user selects the activity of interest and a relevant intensity level; a proposed level of engagement in that activity (e.g. social or competitive in some cases); the expected frequency of the activity; typical age group/s involved; and overall duration of the programme etc.

MOVES statistically adjusts usual rates of chronic illness found in the population to take account of the impact of activity chosen by changing risks and comparative rates of diseases. The model assesses the financial (health care savings) and health impacts (diseases, treatments and QALYs) of increases in physical activity for seven common diseases:

- Type 2 Diabetes
- Ischaemic Heart Disease
- Cardiovascular Disease (Stroke)
- Dementia
- Depression
- Breast Cancer
- Colon Cancer

MOVES uses METs (Metabolic Equivalents) to equate the diverse range of sports activities that may be required.

The model runs each population cohort a 1000 times for better statistical accuracy. This effectively means that it takes 1000 people and follows them through the process as though they had no intervention and then follows them through as having received the intervention. The charts section of the tool enables you to see the

distribution of the simulation that has been completed and is explained in more detail in section 6 of this user guide.

By comparing the cost of the intervention with the different types of benefits accrued, an economic assessment of cost effectiveness or return on investment is given. This provides details of the amount of money saved and QALYS gained from being involved in the intervention.

The assumptions and principles used within the model are summarised in the table below.

Programme specific assumptions:

Demographics	Sex	Mixed	68% male
	Age Group	16-30	
	*Starting Activity Level	Inactive	
Activity	Type	Mixed sports	
	Intensity	Moderate (METs 5.00)	
	Duration	1	hours
	Frequency	1	days per week
	Length of Programme	322	days
Scale	Total number of Sessions	46	
	Time Horizon	5	years
	Begins with	955	participants
	Ends with	558	participants
	Drop-outs rate	8.6	per week
Costs	Total Cost	£123,556	per year
	Average Cost	£129	per participant

*Click on the desired Starting Activity Level to see the full description
<https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-outputs>

Inactive
Moderately inactive
Moderately active
Active

The assumptions and principles used within the MOVES model:

MOVES utilises the following principles	MOVES does not incorporate
<ul style="list-style-type: none"> • Uses the MET minutes for intensity and type of sport • Results of the model are sensitive to the time horizon chosen due to nature of the chronic conditions. • Assumes that participants, stimulated by the programmes will continue with a higher level of participation. • The bigger the population of participants the more accurate the model will be • Direct costs to the NHS relate to 1 year of treatment. • Discounting is applied at 3.5% (Standard practice) • The model runs each population cohort a 1000 times for better statistical accuracy 	<ul style="list-style-type: none"> • The model is not designed to take into account the health profile of specific patient groups, geographical areas or populations. • The cost of injuries due to sport or physical activity are not included in MOVES. • Social Care costs are not included in the current model

For more information on the MOVES tool please contact Sport England directly on get.healthy@sportengland.org