STEPS WALKING FOR HEALTH PILOT

Much has been achieved in the last 3 months in the way of networking and background work but unfortunately the outbreak of Foot and Mouth Disease has hampered the development of the scheme to it's full potential and subsequently it has been impossible to reach all the targets set.

During the latter part of December and early January much of my time was spent finding out about what was already available in the area and beginning the process of recruiting Volunteer Walk Leaders. This involved liaison with CVS, local Rambling Clubs and other groups such as Wildlife Groups. There is actually little in the way of walking schemes in the South Derbyshire area with local people having to join Walking clubs from across the County border. There is no provision for walking to be offered by GPs as part of the Exercise on Prescription Scheme and discussions with local Mental Health Care providers revealed that there is no opportunity for their service users to take part in walking or outdoor / conservation activities as part of their programme. All that can be suggested at present is to join an established Walking Club, a prospect which they find daunting and which doesn't provide Health Walks.

January and early February were spent networking with other agencies as follows:

- BTCV. Initial meetings were somewhat unfruitful as it took time to establish who the relevant officer to deal with the development of a Green Gym should be, this was partly because of the problem caused by County borders. Finally contact was made with Alan Leather, who is part of the National Steering Committee for Green Gyms and has been instrumental in the development of the Green Health Project in Shipley.
- BANKHOUSE/ BANKGATE. Subsequent meetings with staff from Bankgate Resource Centre (SDMHT)and Bankhouse (SDMHA) Swadlincote, the Forestry Commission and BTCV resulted in 2 dates being set for Conservation 'taster' days, to take place at Rosliston on May 18th and 21st. Eighteen service users will take part in environmental activities supervised by staff from The Green Health Project, Shipley. This has involved working closely with the

- BTCV and the Forestry Commission who provided a list of possible activities.
- CVS. Contact has been made with both their Activities Officer and their Volunteer Recruitment Officer. They are keen to promote the scheme once dates can be set for regular walks. One volunteer walk leader was recruited this way but unfortunately only came forward after the training had taken place, she is however keen to be involved in the project where possible.
- PCG. At a meeting of local Practice Managers I was given the opportunity to promote and distribute information about the scheme. Those not present at the meeting, were sent the information through the post. At least one practice has contacted me since the meeting and is interested in establishing a Walking Scheme in their area once Foot & Mouth restrictions are lifted.
- COMMUNITY HEALTH. Following discussions with the newly appointed Parenting Development Officer a bid was submitted to the DERBYSHIRE RURAL COMMUNITY COUNCIL for a series of Activity Days for single parents to be held at Rosliston. These will include a 'Pushchair Walk' around the All Abilities Trail and a 'healthy eating' lunch. DRCC have granted 40% of the overall costs, fundraising for the remainder continues.
- CARDIAC LIAISON NURSE. I met with Karen Detoy, the Cardiac Liaison Nurse at Queens Hospital, Burton, in April. As one of our target groups is Cardiac Rehabilitation I felt that in order to develop a relevant scheme it was important to involve Karen in the planning of the project from the outset. It was agreed that the scheme should be carefully planned and monitored an Karen was keen to involve the Consultant in the process. Initial discussions suggest that there would be a programme of walks, starting at 15 minutes and building up over a period of time. Although walk leaders receive basic 'Heart Start' training we felt that further input from Karen would be invaluable. I would also be keen to update my own knowledge of Cardiac Rehab. Programmes and what they entail, Karen was happy to provide me with that information and give me the opportunity to attend some clinics.
- GREENBANK LEISURE CENTRE. As the present providers of the Exercise on Prescription Scheme this is an important partnership. As the existing scheme is very successful and has a waiting list, they are very keen to develop other activities.

The end of February saw 11 Volunteer Walk Leaders undergoing training and the Scheme being subsequently insured. Plans to pre-walk and plan walks have been thwarted by Foot and Mouth restrictions. We have however developed walks around Swadlincote for service users of Bankgate and Bankhouse and walks have been held every week since March with, on average 5 people taking part. Two walks have been held at Rosliston, these were held for service users from Bank House and have involved them using public transport to get to Rosliston and Community Transport to return to Swadlincote, an achievement in itself for some of the participants.

A further 'drop in' walk is to take place at Rosliston every Monday, with plans for a similar walk around Swadlincote Woodlands.

Once restrictions are lifted then the Walk Leaders are keen to get started and have come up with an extensive range of walks throughout the area. The draft leaflet has been approved and once walks are set then it can go to print and promotion of the Scheme can begin in earnest.

The Stage 1 bid for New Opportunities Funding has been approved and details of the Stage 2 application are contained in the next section.



ANNEXE 2

STEPS WALKING FOR HEALTH SCHEME

The bid for New Opportunities Funding is for a 3 year project, employing / contracting a 4 day-a- week co-ordinator's post.

The main aim of the project is:

TO INCREASE LEVELS OF AWARENESS, WITHIN SOUTH DERBYSHIRE AND THE NATIONAL FOREST, OF THE HEALTH & SOCIAL BENEFITS OF WAKLING AND OUTDOOR ACTIVITY BY PROVIDING INCREASED OPPORTUNITIES TO ITS RESIDENTS. Its' objectives are:

• TO DEVELOP A PLANNED. MONITORED PROGRAMME OF WALKS AS PART OF CARDIAC REHABILITATION.

In line with the Health Improvement Plan (HImP) this would provide a local based rehabilitation programme and increase physical activity. Referral would come from the Cardiac Unit at Queen's Hospital and the scheme and its' participant's progress would be closely monitored by their staff. Additional surgery based schemes could be set up in targeted area suffering from high instances of Coronary Heart Disease. The scheme would involve a programme of walks e.g. one per week for six weeks, there would also be an information pack produced for walkers and relevant additional training for walk leaders.

TARGET: AUG 2001 - APRIL 2002 : 30 PARTICIPANTS

• TO ENCOURAGE PEOPLE SUFFERING FROM MENTAL ILL HEALTH TO PARTICIPATE IN LED WALKS.

This would enable the existing walks from Bankgate and Bank House to develop. It would be supporting a local community project likely to promote mental health (HImP) an would have the potential of extending to other similar Centres. Referral would come from Occupational Therapists and other health professionals.

TARGET: AUG 2001 - APRIL 2002 : 180 PARTICIPANTS

• TO ESTABLISH HEALTH WALKS AS PART OF THE EXERCISE ON PRESCRIPTION SCHEME.

As the existing scheme is over - subscribed, walking provides a low cost complimentary addition. As it is the aim for every practice to have access to an E on P scheme, walking makes this attainable. It is easily implemented and can be carried out locally with trained local leaders. GPs could be provided with leaflets, outlining the benefits of walking and details of led walks in the area, for distribution.

TARGET: AUG 2001 - APRIL 2002: 200 PARTICIPANTS

• TO PROVIDE LOCAL RESIDENTS SUBJECT TO SOCIAL EXCLUSION WITH THE OPPORTUNITY OF PARTICIPATING IN A LED WALK.

This group would include groups such as the old, the young, single parents and the disabled. Liaison with community groups, sheltered housing, school nurses, Parenting Development Worker and other health professionals would ensure that disadvantaged groups were reached. The potential of this group is immense, with possibilities such as 'Walking buses', 'Pushchair/Wheelchair Walks', 'Hawk Walks' and 'Sensory Walks' as examples. This would also actively encourage the use of public and community transport, as accessibility can often be a major problem for the socially excluded.

TARGET: AUG 2001 - APRIL 2002: 100 PARTICIPANTS

• TO ENCOURAGE LOCAL RESIDENTS TO WALK INDEPENDENTLY WITHIN THE NATIONAL FOREST AND TO PROMOTE WALKING AS A MEANS OF IMPROVING HEALTH AND WELL BEING.

With The National Forest Company as one of the major funders we would work with them to adapt their existing walk leaflets to contain information on the benefits of walking and other relevant health information. Other walk leaflets could be introduced as the number of walks increases.

A promotional plan would be drawn up to highlight the benefits of health walking alongside 'lifestyle' tips. This could be carried out in conjunction with local pedestrian strategies and could include lobbying for waymarked paths and improved footpaths.

TARGET: AUG 2001 - APRIL 2002: 3,000 LEAFLETS

Community Ownership of the project is essential so local people would be trained as walk leaders. The management of the Scheme would be maintained through a Steering Group made up of representatives from the interested parties, including local community groups (e.g. Friends of Swadlincote/ Rosliston Wood), health professionals and funders. As part of the Walking the Way to Health Scheme, application for the quality mark would be made and would ensure stringent evaluation. Regular reports would be submitted to the Steering group would be made by the Co-ordinator

The scheme has great potential and with the strong partnership base is destined to succeed. It falls in line with the aims of the Health Improvement Plan and tackles the main problems identified in the recent Health Survey carried out in South Derbyshire. Walking is an excellent, valid form of exercise, is available to all and is a cost effective as both part of a rehabilitation programme or as a preventative measure and as such can not be overlooked.

Debbie Chesterman. May 2001

