



# **Active – the ISPAL Health and Physical Activity Recognition Programme**

## **Guidance Pack**

A simple and effective programme to assist improvement and recognise organisations that use physical activity to improve the health of their local communities.

Issue Three: April 2008



[www.ispal.org.uk](http://www.ispal.org.uk)

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# **SECTION ONE**

## **The ISPAL Active Programme**

# ISPAL ACTIVE PROGRAMME

## 1.1 INTRODUCTION

This initiative from ISPAL has been running successfully since 2004. The overriding aim of the programme is to acknowledge, reward and help improve organisations that contribute to improving the health of their community, employees or other stakeholders through physical activity interventions. It has remained an overriding priority for ISPAL to ensure that the Programme is easy for organisations to participate in, whether they plan to go for external assessment or simply wish to follow the self assessment route. The programme will recognise good practice in:

- Active partnerships with other organisations to promote healthy living
- A commitment to the promotion of healthy living by underpinning local health priorities and targets
- A service programme which promotes a safe and diverse range of physical activity options with equitable access for all
- A healthy workplace for staff
- Employee development, enabling employees to participate in recognised developments in the health agenda
- Physical activity programmes

## 1.2 Key objectives of the Active Programme

The programme aims to help organisations:

- Celebrate success and provide a mechanism for recognition of good practice.
- Contribute to improving the health of the local community by the use of physical activity.
- Get involved in effective outcome-based community planning partnerships.
- Utilise the programme as a continuous improvement tool.

## 1.3 Who is the Programme for?

The programme is designed to help those who are engaged in the delivery of any type of physical activity programme to become more health promoting in their practices. It helps at strategic and operational level, so entire corporations or 'stand alone' providers will benefit equally from being involved in the programme. Examples of organisations that are currently involved as physical activity providers include:

- Primary Care Trusts
- Healthy Living Centres.
- Further and Higher Education.
- Local authorities (sport and leisure facilities, parks and open spaces)
- Community and voluntary groups and charities.
- Leisure trusts.
- Community forests
- Green gyms
- Private companies
- Local health partnerships

## 1.4 Feedback

The programme is much more about helping and guiding organisations, rather than inspecting organisations.

Typical comments received to date include:

“thanks for making what could have been quite an arduous day ....enjoyable”  
Green Gym Manager

“The difference the scheme has made to our Service has been phenomenal ....it has proven to be a key part of successful grant applications and provided welcome added impetus to our work in this area.”

Leisure Services Manager

“We understand the need to be at the cutting edge of our rapidly changing industry. By wholly embracing the scheme we can facilitate Local Authorities in fulfilling their role in increasing physical activity and improved health in their communities.”

Director of Private Sector Operator

“Both the Trust and the Local Authority found the exercise valuable. It provided us with a sound appreciation of our strengths and weaknesses and recognised the good work that we are doing in our local communities.”

PCT Health Specialist

## 1.5 What does the assessment involve?

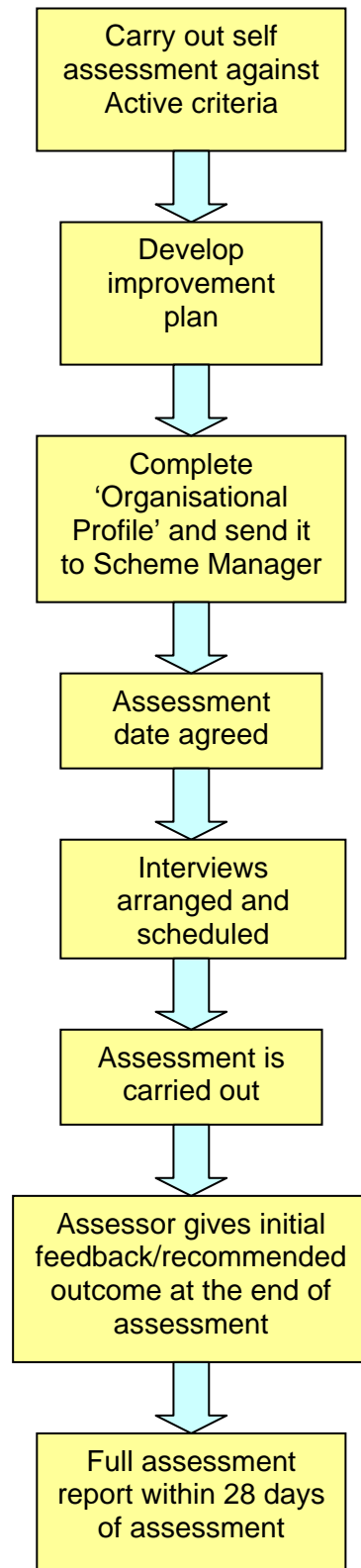
The assessment will be a robust review of the degree of compliance to the Active Programme criteria that are relevant to the applying organisation. It is not intended to assess each element of the criteria at each business/service area, but to review all the criteria across the agreed scope of assessment by a process of random sampling.

The assessor will collect evidence primarily through discussions with staff and stakeholders, and examination of documentation. The assessment will be a positive exercise and the obligation is on the organisation to demonstrate how it complies with the programme criteria. The assessment process will not require extensive documented evidence to be provided. It is important that there is a balance between the paperwork and demonstration of good practice; extensive discussions with personnel within the organisation will be an important part of the assessment process.

The entire assessment process will not be an onerous task and will not make excessive demands on time and resources.

In each of the programme's criteria the assessor will judge whether the arrangements are either 'role model', 'strong', 'satisfactory', 'have minor areas for improvement' or 'have major areas for improvement'.

## 1.6 The assessment process



## 1.7 The four simple steps

### Step One:

Using the Active Programme self-assessment checklist, carry out an assessment of your organisation. We recommend that if possible you do this as a team and not limit this to just one individual. If you are considering obtaining external verification and recognition for your organisation, complete the Organisational Profile send to the Scheme Manager.

### Step Two:

Following the results of your self-assessment, create a list of key strengths and areas for improvement. Analyse the strengths and see if they can be used to make improvements in other areas. Areas for improvement should be documented on an improvement plan that will include responsibilities for team members and time-scales for completion.

### Step Three:

Start making the identified improvements. If you are not fully compliant or have many areas for improvement, don't worry! Your organisation can still be assessed and recognised, as we believe that seeing the real impact of your physical activity programme is often a long-term process. We will recognise organisations that are genuinely pursuing improvements.

### Step Four:

If you wish to pursue full assessment, we will fix an assessment date that is appropriate to you and allocate you an assessor.

Please see the appendices section for the self-assessment checklist, marking sheets and assessment quotation form.

At the external assessment, three grades of result are possible:

1. Certification following no major areas for improvement being identified.
2. Certification after submission of an acceptable action plan to address identified major areas for improvement.
3. Non-certification and a further limited or full assessment is required. In this case a further fee would be chargeable.

The assessor will give verbal feedback at conclusion of the assessment, which will be provided in typed format within 28 days of the assessment.

Should certification be achieved, i.e. either Grade One or Grade Two, then no further fees are payable until re-assessment is due in two years time.

## 1.8 What benefits will the programme give you?

It will help you to:

- **Take action** to improve health through the use of physical activity.
- Prioritise health improvement.
- Plan for health improvement.
- Strengthen partnership working.
- Build capacity and resources for health improvement.

- Integrate improving health activity across all functions/services.
- Celebrate success and be recognised for good practice.

**Through the provision of:**

- A performance measurement relating to health improvement issues.
- A robust assessment by external specialists, identifying strengths and often identifying opportunities for further improvement.

By using the programme you will be able to demonstrate the pursuit of key health improvement priorities and targets. For example:

Partners and staff working within your organisation will be familiar with the range of health and social policy developments over recent years, which have provided the impetus for driving forward the health improvement agenda and the basis for the development of community health improvement partnerships. Key publications have included:

- Trust, assurance and safety – the regulation of health professionals
- Our health, our care, our say: a direction for community services
- Choosing Health: making healthier choices easier
- The NHS Improvement Plan: Putting people at the heart of public services

Where this is not demonstrated the programme will identify areas for improvement.



# **SECTION TWO**

## **The ISPAL Active Guidance Pack**

## 2.1 Organisation Guidance Pack

This pack has been developed to assist organisations in the implementation of this programme. The organisation will need to work towards the relevant criteria contained within six key statements and the assessors will then assess whether the organisation is meeting these criteria. Within this pack you will see there are examples of good practice that are there purely as a guide. They should not be taken as an unequivocal and definitive measure of what an assessor would be looking for. The assessor will form a judgement based on how applicable or relevant each criteria area is to your organisation. For instance, your organisation does not necessarily need to provide food or drinks to meet the criteria contained within Key Statement Three. What would be required is that you are actively promoting the use of healthy food through either advertising, consultation or forming links with health food retailers.

### **Key Statement One:**

Developing active partnerships with a range of other agencies/organisations to promote healthy living through physical activity and healthy lifestyles.

### **Key Statement Two:**

Policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.

### **Key Statement Three:**

The activities are delivered in a professional and responsible manner.

### **Key Statement Four:**

The activity programme reflects a diverse range of physical activity options which are widely available to the community.

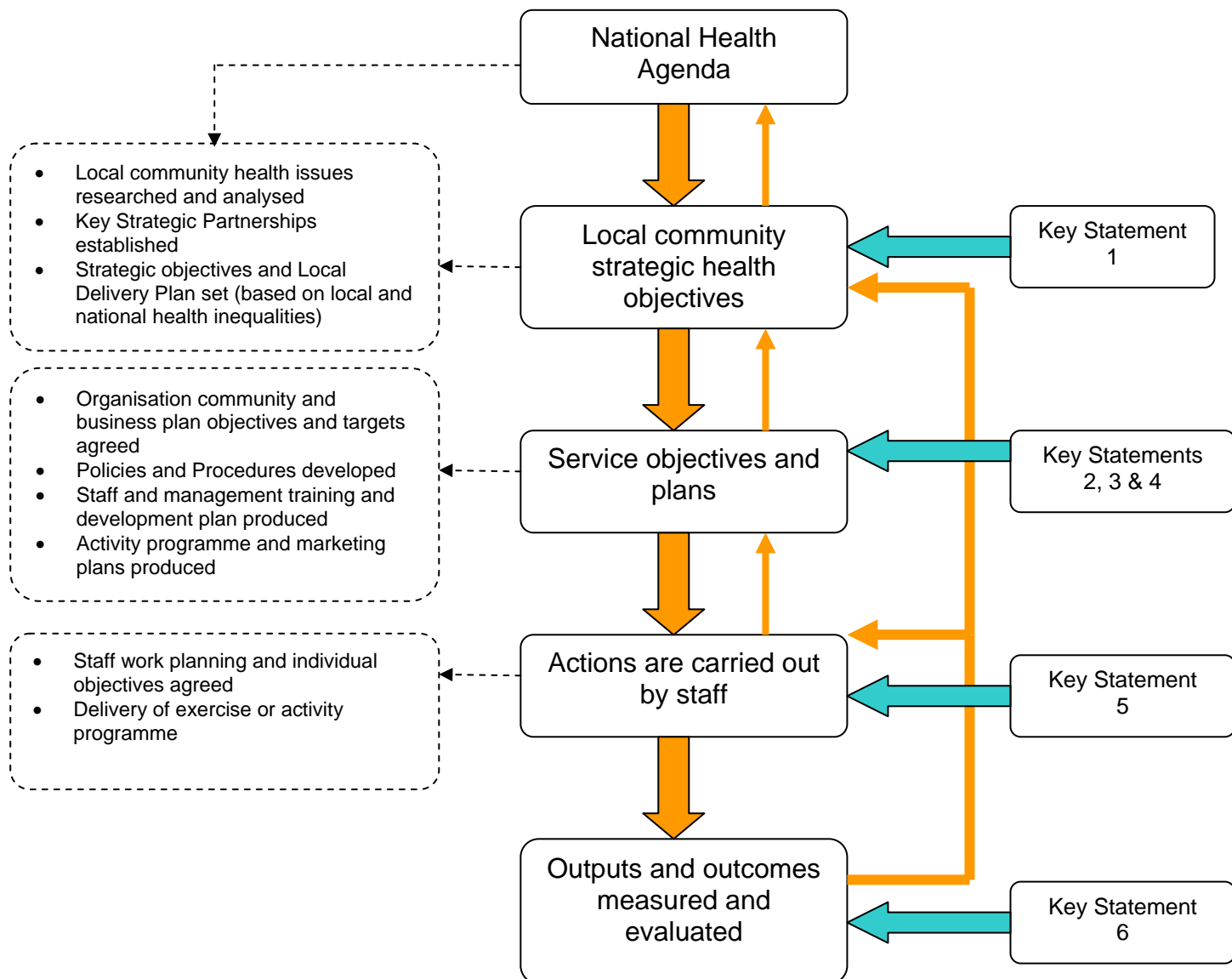
### **Key Statement Five:**

Facilitate staff in maintaining a healthy lifestyle and develops them to increase their capacity to deliver effective interventions.

### **Key Statement Six:**

There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.

## 2.2 Active Programme Model





# **SECTION THREE**

## **Key Statements**

## KEY STATEMENTS

**Key Statement One:**

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**Key Statement Six:**

There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.

### **3.1 Key Statement One:**

**Developing active partnerships with a range of other agencies/organisations to promote healthy living through physical activity and healthy lifestyles.**

#### **3.1.1 The Criteria (what the assessor is looking for):**

- The organisation has spread its health agenda into the local community in varied and effective ways
- Actively promoting innovative and imaginative partnership working
- Partnerships working with different agencies/organisations (must include work with local health professionals)
- Developing links with PCTs to address health inequalities
- Map the opportunities available for partnership working at informal levels, strategic levels and in different types of organisations and services as appropriate

#### **3.1.2 Good Practice Guide:**

Local Community Health Promotion

Physical activity promotion, in terms of known characteristics of effective interventions, should be a key part of the services. The organisation should be aware of and take into account key documents and publications, e.g.:

- the Health Development Agency's Physical Activity Evidence into Practice briefing
- the Department of Health/British Association of Sport and Exercise Sciences'

There should be a commitment to promote the benefits of physical activity which ideally goes above simply promoting facilities and/or services.

#### **Working in Partnership**

Each PCT produces a Local Delivery Plan (LDP) that is overseen by its regional Strategic Health Authority. The plan sets out the strategic framework for improving health, reducing inequalities and delivering faster, more responsive services of a consistently high standard.

The Government requires that each LDP be underpinned by a comprehensive three-year action plan to improve local health, signed up to by all participant service providers.

The establishment of key strategic partnerships is crucial to addressing local community health inequalities. Thus service providers will need to demonstrate the link between themselves and a variety of health and service providers.

For example, local authorities that have been awarded Neighbourhood Renewal Funding have a statutory responsibility to develop Local Strategic Partnerships (England) or Health, Social Care and Well-being Partnerships (Wales). These partnerships work closely with the local PCT and the local authority and are generally made up of representatives of: the regional Strategic Health Authority, Health Action Zone (if applicable), Primary Care Trusts (PCT), private industry, youth and/or community groups, green gyms, education (university or college – who may be involved in supplying statistical data on local demographics) and the local authority. These LSP's are also responsible setting the strategic framework for

tackling health inequalities in their most deprived areas through the Local Area Agreements (LAA).

The voluntary sector often plays an important role in delivering a wide range of services to communities. The opportunity for building effective relationships with this sector should be explored. It might span a number of different organisations including local sporting clubs, religious organisations and National Charities.

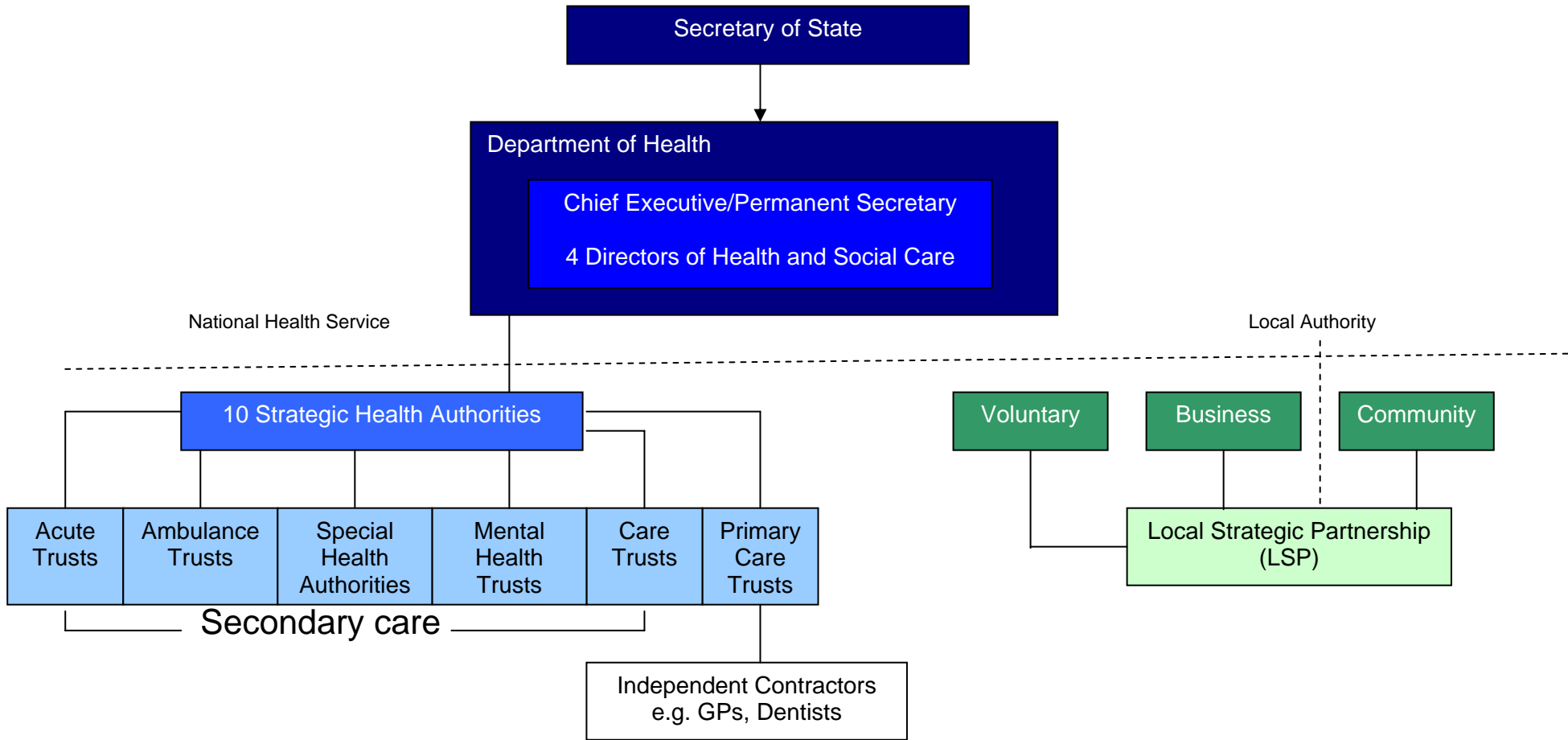
Organisations will need to demonstrate how they link into such partnerships and how they are supporting its health improvement and social inclusion objectives and initiatives. The role of the organisation must be clearly defined (e.g. a delivery, facilitation or supporting role). Support could be through funding or the provision of support staff.

In addition, the key strategic partnerships should set a framework for overseeing the development of its objectives for addressing and improving health within the local community. This may be in the form of a programme of regular chaired meetings, which should be attended by representatives of the organisation with notes of the meetings, key actions and debated issues, all documented.

The strategic objectives and targets of all the partnerships should be considered and combined to enable an appropriate and realistic health improvement plan to be produced and a process for regular review and evaluation should be established. This should also include community objectives and targets. There will need to be a focus on results even though the final benefits may not be realised for some years. The key should be for the partnerships to establish common or complementary outcomes, which they themselves should oversee and evaluate. The organisation should show how and where they contribute to the strategic objectives and targets.

The organisation should be aware of the local health inequality issues and have access to data on the relevant local demographic and socio-economic make up of the community including any associated health issues. The organisation should establish a dialogue with health and social care agencies about which vulnerable groups will most benefit from the activities; this should be reflected in the activity programmes and marketing plans. For instance, some strategic health authorities have accumulated comprehensive epidemiological data on a range of local health indicators such as coronary heart disease mortality rates and compared them to those in the wider region. This has provided the basis of how targets have been set and how programmes have been developed to tackle health inequality issues.

**Structure of the healthcare system in England including the NHS and its links to local authority/local strategic partnership**  
 (Source: www.nhs.uk – October 2007)



The above is an example of the English healthcare system. However, the relevant national framework should be utilised for the assessment process.

## **3.2 Key Statement Two:**

**Policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.**

### **3.2.1 The Criteria (what the assessor is looking for):**

- Management are fully aware of national agenda and relevant legislation. This is communicated appropriately through the organisation
- The activity programme is backed up by a comprehensive business plan that takes into account both financial and social objectives (including the health agenda)
- National Strategy Framework and the Local Delivery Plan – the organisation puts in place programmes to meeting local targets on areas such as prevention and reduction of CHD, smoking, diabetes, obesity, etc
- There is a responsible and pro-active attitude towards environmental issues.

### **3.2.3 Good Practice Guide:**

#### **National and Local Health Awareness**

The organisation must be able to demonstrate a sound awareness and understanding of the national health agenda at appropriate levels throughout the organisation.

Local health improvement targets should be communicated across the board. This may be through meetings, workshops, roadshows or publicity material.

By increasing knowledge of the benefits of health and moderate physical activity, and by developing innovative programmes to reduce the barriers to physical activities, organisations can increase their funding opportunities.

#### **Effective Financial and Social Business Planning**

The organisation should ensure that within the various strategies and service plans there is a strong focus on improving the health of the local community and/or other stakeholders based on the strategic partnership objectives and targets. This focus should include increasing the number of people in the community taking part in physical activity and increasing the frequency of participation. This will involve a commitment to tackling the barriers to participation in the various parts of the community/organisation, eg price, nature of facilities or activities, social issues, peer pressure, perception of activities, poor services, nature of staff, communication of services.

Adequate resources should be made available to support the implementation of the plans. The resources may be time, people or financial. Critically, the resources should ensure the sustainability of the programmes being delivered. Assessors will look for 'golden threads' linking policy to resourcing.

The organisation should look for ways to generate funds and show how these funds are used to make further improvements to the health of the local community. As an example, some organisations are working with local authorities and PCTs to develop a physical activity public service agreement that makes commitments to achieve health improvement

targets linked to the Government's national health agenda. Having achieved these targets, funds to be invested in the physical activity programme are supplied by the Government.

It is important that business plan targets and the subsequent activity programmes are appropriate to the community/stakeholder requirements and are realistic in relation to the resources available. They should also reflect the Organisation's strategic aims and objectives.

Good management practice is based upon reviewing performance. In order to facilitate in the effective management of programmes, the effectiveness of actions should be monitored with results influencing future decisions.

## **Health Improvement**

There should be an agreed work programme that relates to the local health profile. Data may be available through annual public health report, as well as through audits of general practice patients lists which could identify particular disease management issues in certain areas. For example, there may be a greater number of overweight type II diabetics in a particular practice/area of the PCT. This may suggest that efforts should be focused in that location, which may be away from where the service is located.

Some partnerships have developed activity programmes to reduce smoking by launching tobacco control initiatives and smoking cessation services, ensuring they are widely available throughout their local communities. Smoking cessation clinics and individual counselling should ideally be provided in areas of highest social need.

## **Environment**

Organisations will need to show they have and operate an effective environmental policy that is evaluated and reviewed.

A good Environmental policy should take a systematic approach to minimising the organisations negative impact on the environment and surrounding community, including:

- Conserving global non-renewable resources, including within the supply chain.
- Reducing and recycling waste.
- Optimising utility consumption and promoting good housekeeping to prevent, for example, lights being on unnecessarily.
- Reducing material and noise pollution.
- Promoting fair trade through the supply chain.

Good organisations have developed their own environmental management system to meet the criteria contained within ISO 14001:1996 or EMAS

### **3.3 Key Statement Three:**

**The activities are delivered in a professional and responsible manner.**

#### **3.3.1 The Criteria (examples of what the assessor is looking for):**

- Management are aware of the connection between physical activity and healthy eating. Steps are taken to link the two topics through policy and practice.
- Effective health and safety management
- Physical access – equity audits
- Develop proactive plans for offering opportunities to people with disabilities
- Consideration of the implications and requirements of the Disability Discrimination Act
- Programmes are monitored for effectiveness

#### **3.3.2 Good Practice Guide:**

##### **Healthy Eating**

The organisation is encouraged to demonstrate that they have either adopted or are actively promoting healthier catering practices that allow stakeholders to choose meals that contribute towards an overall healthy, balanced diet. Currently in the UK most people eat food containing higher fat, sugar and salt intake and a lower fibre intake than the recommended levels.

Examples of healthy foods are:

- Wholegrain breads
- Cereals
- Potatoes (not fried)
- Fibre in the form of pulses, beans, etc
- All fruits and berries in their natural raw form (avoid prepared fruits with increased sugar levels)
- Vegetables prepared in a variety of ways, preferably raw or cooked in a way that minimises the introduction of non-healthy products (eg frying or non-saturated oils)
- Clear and appropriate food labelling is provided

##### **Health and Safety Management**

A good approach to managing health and safety is always important when developing activity programmes. Organisations will need to show that they have assessed the risk all activities carefully so that that activities and services are delivered safely. Any physical activity should always be delivered by appropriately trained staff; a first aid qualification is desirable. In addition, when venues are utilised that are not in the direct control of the organisation an understanding of the need to ensure that the venue is suitably managed must be demonstrated.

Where other health facilities such as spas, saunas and steam rooms are provided, management controls should be in place to prevent any persons with contra indications from participating. The management of all health facilities should ensure that they are well maintained and managed to minimise risk to users.

Where fitness facilities are operated it should be done in a diligent manner in line with industry expectations and standards. All potential users should have completed a Physical Activity Readiness Questionnaire (PARQ) as well as have their readiness for physical activity assessed, safe use of the equipment explained and a programme of use issued.

### **Disability Discrimination Act (DDA)**

The organisation should have a clear policy of inclusiveness and appropriate staff training to ensure that all customers/participants are treated fairly and in a non-discriminatory way irrespective of age, ethnic origin or disability; there should be a clear understanding of the requirements of the DDA.

Organisations need to be able to show that they have the appropriate measures to ensure all users/participants are treated the same and are able to enjoy equal access to their services. A key element of ensuring equal access is by raising staff awareness to the DDA and addressing the social and attitudinal barriers faced by many persons with disabilities.

This can be achieved through effective training and awareness workshops. Many of these workshops are led by trainers who themselves may be disabled. Good DDA training programmes go further and look at how staff can engage disabled groups in order to encourage integrated participation within the mainstream activity programme. Projects include physical activity buddy schemes where a fitness instructor or a volunteer user is paired with the disabled user to exercise safely.

### **Equity Audits (Diversity Awareness)**

Equity audits are good practice and when deployed should ensure that the service is fully inclusive and accessible to all users.

However, we recognise this approach is not viable for all services but as a minimum we would expect the service would be able to demonstrate a reasonably good knowledge of the socio-economic and ethnic make-up of the local community and would consider this in the development of the activity programme.

### **3.4 Key Statement Four:**

**The activity programme reflects a diverse range of physical activity options which are widely available to the community.**

#### **3.4.1 The Criteria (what the assessor is looking for):**

- Diversity of programme
- Discount and reward schemes
- Involvement in relevant national health and or physical activity initiatives
- Outreach work into the local community
- Social inclusion
- An understanding of barriers to participation.
- Special events to encourage targeted users
- Development and implementation of family-friendly policies
- A wider range of exercise and physical activity than just gym-based

#### **3.4.2 Good Practice Guide:**

##### **Range of Activities**

Service providers with concessionary pricing bands to encourage low-income users and families can benefit from increased participation levels. Swimming sessions free at the point of access may also be considered as good practice to encourage use among children and other targeted users. Other service providers have aligned their opening times to meet the needs of the local community.

Furthermore, innovative programming can be used to encourage user groups whose participation levels are low. For example, a key target group such as 16-19 year olds could be given the scope to develop their own activity programmes based around health improvement. This could be supported by education and awareness initiatives on safe sexual health and alcohol and drug abuse.

There are many opportunities for organisations to provide fitness-related activities beyond formal indoor or outdoor facilities (e.g. walking schemes). Excellent opportunities can be created for young people to express their creativity and imagination while engaging in valuable physical activity through outdoor, informal and unstructured activities (e.g. BMX, skateboarding)

Other good examples of extra steps being taken by organisations to engage with their local community/stakeholders include:

- staff going out into the community to do lifestyle assessments/programming coaching and mentoring young people to improve their lifestyles
- staff organising activities that suit the cultural identity of communities (e.g. organised skateboarding, street hockey, street soccer, martial art tasters or urban dance)
- transport organised for isolated parts of the community for specific activity sessions (e.g. bus services to swimming pools for children during the school holidays)
- working with schools to educate young people about the importance of physical activity and using school as a base to attract children into other activities (speaking at school

lessons about opportunities, organising playground activities during lunch breaks, helping to run after school clubs, etc)

- creating integrated sport development pathways (e.g. working to create one swimming development programme regardless of who the providers are)
- Use of non sporting physical activity opportunities e.g. allotments and environmental projects
- Offering cascade training to members of the community to become qualified session leaders to ensure the long term sustainability of sessions and programmes.

The organisation should have a programme to help maintain the motivation and integration of all customers.

Green gyms are a growing phenomenon among users who find facility-based gyms and leisure centres unappealing. Green gym groups can be found managing local woodlands or improving footpaths, creating community gardens or enhancing schools. People of any age, fitness or ability can join a green gym and most groups meet regularly. Many health practitioners are now recommending green gyms to their patients because of their proven ability in improving fitness, relieving stress and increasing feelings of well-being.

The delivery of these types of exercise sessions and impact they have on the health and well being of participants should be measured and documented.

Other examples are those organisations that have recruited lifestyle consultants to provide advice and guidance on a variety of ways to improve health. By conducting 'lifestyle assessments' advice can be given on nutrition, sleep, stress, work/life balance, social activities, increased walking and other health improvement initiatives.

### **3.5 Key Statement Five:**

**Facilitate staff in maintaining a healthy lifestyle and develops them to increase their capacity to deliver effective interventions.**

#### **3.5.1 The Criteria (what the assessor is looking for):**

- Trained/qualified staff and coaches
- Staff involvement in workplace initiatives
- Health promoting incentives for staff
- Effective management of working hours
- A healthy working environment
- The organisation provides opportunities for the continuing professional development of staff
- Ensure the concept of lifelong learning is part of staff's perception of their role
- Involve staff in business planning, appraisal and personal development
- Identify any skills gaps and put programmes in place to address any gaps
- Staff involved in the planning and delivery of improved health through physical activity should be able to offer informed advice

#### **3.5.2 Good Practice Guide:**

##### **Healthy Working Environment**

The environment in which employees work should comply with the Health and Safety Workplace Regulations 1992. This includes a smoke-free and temperature-regulated environment.

Work activities should be assessed to minimise the risk of injuries through, for example, poor ergonomics, manual handling or use of display screen equipment.

The impact of hazardous substances on employees should be assessed and controlled. This would include the use of chemicals and the potential presence of hazardous substances such as asbestos. The employer should have an effective programme in place to promote and facilitate healthy eating.

Good employers recognise the need to provide a balanced approach to work and lifestyle, reflecting this through their policies, objectives and plans. An example of good practice is making a commitment not to reduce staff terms and conditions in the name of efficiency savings.

##### **Promoting Good Health to Staff**

Good employers promote and facilitate physical activity among their workforce. This may include physical provisions such as showers and changing space or provision of flexible management arrangements, e.g. working hours. Good employers may also run specific activities and programmes to improve participation in physical activity.

Employers may conduct medical screening and provide positive advice on the use of activity for employees to reduce obesity or stress.

The effects of the working environment and work routines on employees and the potential impact of stress should be assessed and managed.

The health of the employees should be considered as part of the company health and safety policy, which should be supported by demonstrated commitment from senior managers/board member. The effectiveness of employee health programmes should be measured at a senior level in the organisation.

Other good examples include enabling staff to attend lifestyle workshops and receive confidential assessments on lifestyle issues or seek consultation or advice on nutrition, drug or alcohol abuse.

Many organisations encourage their staff to stay healthy by encouraging and promoting use of leisure facilities. In the case of leisure centre operators, this is achieved by allowing discounted or free use of the facilities. Other organisations have purchased group membership at their local leisure centres for the benefit of their staff. There are a number of alternative activities that promote health and well-being.

## **Stress**

Stress is identified as one of the major causes of occupational ill health currently in the UK. Organisations should recognise stress as a significant and real issue in the workplace. The use of physical activity to reduce stress and the impact of stress should be a part of the organisation's employee health promotion programme.

You may also wish to conduct a stress risk assessment / stress audit and produce an annual action plan to tackle any issues.

## **Staff Development/Improvement**

More and more organisations are recognising the need to develop staff not only through training but also through effective work and personal development planning. This enables employers to evaluate the development of individuals and over a period of time and measure how staff are contributing to the health agenda objectives.

It is beneficial if staff are appraised at least annually. Good appraisal systems are employee-led and are designed to identify the employee's key strengths and areas for development, as well as recognise individual achievements.

Organisations should encourage professional development programmes for all staff. This should not just centre on functional training courses, but look at balanced human development skills such as time management, stress management and personal and team communication skills.

Staff should be involved and consulted on the best and most effective ways to improve the delivery of the physical activity programme to the participants. One way this can be achieved is through process-mapping workshops, which involve staff at all levels to improve productivity by focusing on the key working activities and removing the non-value adding activities.

Some organisations have introduced buddy schemes, work shadowing, coaching, mentoring and knowledge champions as part of their development processes.

Staff should be encouraged to be creative and to engage users to establish user needs as part of the marketing approach. This is particularly significant if time is allocated for staff to develop links with targeted or disadvantaged user groups. They should be able to provide two-way feedback with management through formal feedback mechanisms, which are then considered as part of programming and service reviews.

Good employers will conduct staff satisfaction surveys that respect staff confidentiality. The results of these should be analysed and used to make tangible improvements.

The result of employee development programmes should be that they make an increased contribution to the local health agenda.

Those staff that are involved in delivering health improving regimes to the customers should be given the opportunity to use their skills and experience to promote the health and wellbeing of the workforce.

### **Trained Staff**

It is important to ensure that services are delivered by suitably qualified/trained and/or experienced staff. These can be directly employed, sub contracted, seconded or voluntary staff.

### **3.6 Key Statement Six:**

**There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.**

#### **3.6.1 The Criteria (what the assessor is looking for):**

- An established Quality Assurance system that ensures the service has established procedures and systems of work.
- A monitoring and evaluation framework that measures the outputs and outcomes of the service.
- Outputs and outcomes are clearly aligned to the local community health improvement objectives.
- Compliance with NQAF principles and practice (where the organisation operates an Exercise Referral Scheme)

#### **3.6.2 Good Practice Guide:**

##### **Quality Assurance Framework**

The monitoring and evaluation of the service is an essential and integral part of any good service development plan. Good service providers take this fully into consideration and ensure that they develop a suitable Quality Assurance Framework that ensures the service has in place a set of operating procedures that are known and understood at the service delivery level and are regularly measured for compliance. In addition, the key outputs and outcomes are identified and set as performance targets and a system for measuring and evaluating the success of the service is in place. Central to this should be the mechanisms in place for measuring improvements to the health and physiological condition of its intended users.

Quality systems do not necessary need to be complicated or particularly comprehensive and should reflect the size and scale of the organisation.

Service evaluation could include qualitative as well as quantitative performance data to measure the effectiveness of the service and should also be seen as a key driver for the continuous improvement process. Good service providers have a demonstrable culture of continuous improvement that is endemic throughout the organisation.

##### **Exercise Referral Schemes (where applicable)**

Providers of exercise referral schemes should ensure that the scheme is suitably resourced and implemented using the NHS Exercise Referral System National Quality Assurance Framework (NQAF) as either the operating system or the template for the systems being implemented.

It is important that the organisation is able to measure improvements to the health/physical condition of referral users. This can be achieved by ensuring records are retained for all referral users for at least a twelve-month period. Objectives for running the scheme should be established. These could include ensuring referral users become mainstream users of the service or, in the case of a leisure facility offering membership, the aim may be to

convert the user into a regular member so that usage and assessment of health and fitness levels can be maintained.

Staff who conduct physical activity readiness checks, instructing on the safe use of equipment or demonstrating exercises must have received appropriate training embracing the National Occupational Standards and should be members of the Register of Exercise Professionals. Staff should be appropriately qualified, experienced and competent to prescribe exercise and supervise exercise activities for all categories and abilities of participants.

Staff should be able to demonstrate professional competence gained through training that is seen as acceptable by both the leisure industry and the public at large.

Organisations will need to consider whether supervision levels of exercise areas are appropriate for the type of activity and nature of the participants.

Exercise programmes should be regularly assessed and any changes that are made should properly reflect the ability and aspirations of the participant(s) and are appropriate and effective in their outcome.

The organisation should have a defined policy for providing exercise prescription for people of all ages and abilities, backgrounds, ethnic origins in a way that is non-discriminatory.

Staff should properly advise in a helpful and knowledgeable way on the integration of all the products and services available to assist customers to choose preferred ways to exercise.



# **SECTION FOUR**

## **Appendices**

## 4.1 Self-assessment Questionnaire

In order to assess compliance with the criteria, you may want to carry out a self-assessment. This will enable you to identify your key strengths and areas for improvement. It may be possible to draw from your strengths and apply some of them to areas that need improving. Using the self-assessment checklist and marking system below, you can use self-assessment as a continuous improvement tool in a manner that is simple and not time-consuming.

It is recommended that as many key members of the team as possible are involved in the self-assessment to ensure that it provides as accurate an appraisal as possible, which in turn will provide you with a more objective and valuable action plan for improvement.

Each of the criteria should be marked against the following guide:

- a) **'Role Model'** – the organisation has developed clear PLANS relating to each aspect of the criteria, DOES what it says it is going to do (most of the time), regularly CHECKS the plans to see if they work and ACTS to improve the plans based on recognised best practice
- b) **'Strong'** – the organisation has developed clear PLANS relating to each aspect of the criteria, DOES what it says it is going to do (most of the time) and CHECKS the plans to see if they work
- c) **'Satisfactory'** – the organisation has developed PLANS relating to each aspect of the criteria and DOES what it says it is going to do (most of the time)
- d) **'Minor area for improvement'** – the organisation has developed PLANS relating to each aspect of the criteria; however, it does not currently DO what it says it is going to do throughout the organisation
- e) **'Major area for improvement'** – the organisation does not currently DO anything to meet one or more aspects of the criteria

**KEY STATEMENT ONE:**

*The Organisation develops active partnerships with a range of other agencies/organisations to promote healthy living through physical activity and healthy lifestyles.*

| <u>No</u> | Question   |
|-----------|--|
| 1.1       | We actively promote innovative and imaginative partnership working.  |
| 1.2       | We work in partnership with different agencies/organisations, including local health professionals, the private sector, the voluntary sector and public sector agencies. |
| 1.3       | We are committed to tackling health inequalities in its community.   |
| 1.4       | We monitor opportunities for partnership working including seeking appropriate grants.   |

**Key Strengths:****Areas For Improvement:**

**KEY STATEMENT TWO:**

*Organisational policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.*

| <i>No</i> | Question  |
|-----------|---|
| 2.1       | We are fully aware of the national health agenda and relevant legislation. It is communicated appropriately throughout the organisation.      |
| 2.2       | The service is backed up by a comprehensive and sustainable business plan that supports the delivery of the organisational health objectives. |
| 2.3       | We are contributing towards the achievement of the local health improvement agenda.   |
| 2.4       | We take a responsible attitude towards environmental issues.  |

**Key Strengths:****Areas For Improvement:**

**KEY STATEMENT THREE:**

*Operational activities are delivered in a professional and responsible manner.*

|     |  |
|-----|--|
| 3.1 | We take a responsible approach to the provision of food and beverages offering consumer choices for healthier options. |
| 3.2 | We have effective Health and Safety management systems and procedures that are evaluated and reviewed periodically.    |
| 3.3 | We are fully committed to ensuring equitable access to the services.   |
| 3.4 | We are effectively monitoring the success of the programmes being delivered and responding accordingly.                |

**Key Strengths:**

**Areas For Improvement:**

**KEY STATEMENT FOUR:**

*The activity programme reflects a diverse range of physical activity options which are widely available to the community.*

| <i>No</i> | Question  |
|-----------|---|
| 4.1       | We offer a diverse activity programme designed to improve health and wellbeing.                         |
| 4.2       | Fees and charges encourage participation by all sections of the community in a sustainable way.         |
| 4.3       | In order to address health inequalities, mechanisms exist to reduce pricing barriers where appropriate. |
| 4.4       | We actively promote the health improvement benefits of the activities that are being delivered.         |

**Key Strengths:****Areas For Improvement:**

**KEY STATEMENT FIVE:**

*The Organisation facilitates staff in maintaining a healthy lifestyle and develops them to increase their capacity to delivery effective interventions.*

| <u>No</u> | Question   |
|-----------|--|
| 5.1       | We offer health promoting incentives to its staff.   |
| 5.2       | We use suitably trained and experienced staff and provide opportunities for continuous professional development. |
| 5.3       | We involve our staff in planning and developing the service at appropriate levels.                               |
| 5.4       | We have a process for identifying skills gaps and providing training in areas to address identified gaps.        |

**Key Strengths:****Areas For Improvement:**

**KEY STATEMENT SIX:**

*There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.*

| <i>No</i> | Question   |
|-----------|--|
| 6.1       | We have a Quality Assurance system that ensures the service has an established set of procedures and systems of work that are regularly measured for compliance. |
| 6.2       | A monitoring and evaluation framework that measures the outputs and outcomes of the service.   |
| 6.3       | Outputs and outcomes are clearly aligned to the local community health improvement objectives.   |

**Key Strengths:**

**Areas For Improvement:**

# 4.2 Improvement Plan

Organisation: \_\_\_\_\_

| Improvement Projects and Action | Start Date | Team Leader/Members | Target Deadline | Achievements |
|---------------------------------|------------|---------------------|-----------------|--------------|
|                                 |            |                     |                 |              |
|                                 |            |                     |                 |              |
|                                 |            |                     |                 |              |

Signed by \_\_\_\_\_

Date \_\_\_\_\_

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## The ISPAL Health and Physical Activity Recognition Programme

### 4.3 Assessment Information Request

The cost of an assessment is very much dependent on the size and scope of the organisation being assessed, therefore please complete the details below and return to The Scheme Manager. We will then provide a no-obligation quotation based upon the scope of your organisation to be covered by the assessment.

### ORGANISATIONAL PROFILE

|   |  |             |  |
|---|--|-------------|--|
| <b>Name of the organisation:</b>                                      |  |             |  |
| <b>Contact Name:</b>  |  |             |  |
| <b>Position:</b>  |  |             |  |
| <b>Address:</b>   |  |             |  |
| <b>Postcode:</b>  |  |             |  |
| <b>Telephone:</b>   |  | <b>Fax:</b> |  |
| <b>E-mail:</b>  |  |             |  |
| <b>Type of organisation:</b>  |  |             |  |
| <b>Organisational structure:</b><br>(use separate sheet if necessary) |  |             |  |
| <b>Key partners – internal and external:</b>                          |  |             |  |
| <b>Annual Expenditure:</b>  |  |             |  |
| <b>Scope of assessment:</b>   |  |             |  |
| <b>External funding streams:</b>                                      |  |             |  |
| <b>Required Assessment Date:</b>                                      |  |             |  |
| <b>Signature:</b>   |  |             |  |

**Please return to:**

Active – the ISPAL Health and Physical Activity Recognition Programme,  
QLM Ltd, Scheme Manager, The Old Bakery, The Green, Northleach,  
CHELTENHAM, Gloucestershire GL54 3EX

Tel: 01451 861084    Fax: 01451 861085    E-mail: [info@qlmconsulting.co.uk](mailto:info@qlmconsulting.co.uk)

**Training and Support**

Should you choose to use the scheme as a continuous improvement tool to develop your services, we can offer training and consultancy to help you maximise the benefits from the scheme.

Our team of trained assessors are able to assist you in implementing the principles of the scheme through in-house training courses that can be tailored to suit the needs of your service. In addition, we can provide telephone support and advice. If you require any further information please contact The Scheme Manager at the address above.