



A Rapid Health Impact Assessment of the Warm Water Modality Pilot Scheme, Conwy

November 2011



Acknowledgements

Conwy County Borough Council is grateful for support and assistance from Liz Green, Wales Health Impact Assessment Support Unit and Bob Baines, Public Health Wales.

We are also very grateful to the stakeholders who gave their time to attend and contribute to the participatory stakeholder workshop

Contents

	Page
Executive Summary	3
Policy Context	4
National Exercise Referral Scheme	5
Warm Water Modality Pilot Scheme	5
What is Health Impact Assessment?	6
Partners Involved	6
Conwy County Borough Council	6
Public Health Wales	7
Wales Health Impact Assessment Support Unit	7
Betsi Cadwallader University Health Board	8
The Stakeholder Workshop	8
Identifying potentially affected vulnerable and/or disadvantaged groups table	9
Evidence	10
Participatory Stakeholder Workshop	11
Attendees	11
Programme	11
Inequity and Vulnerable Groups	12
Appraisal	13
Health and Wellbeing Determinants Checklist	13
Summary of Impacts	14
Summary of Questionnaire Data	20
Summary of Recommendations	21
Producing the report	22
Conclusion	23
References	24
Appendices	25

Executive Summary

In July 2011, a health impact Assessment (HIA) was conducted by the Wales Health Impact Assessment Support Unit (WHIASU) (1) and Public Health Wales (PHW) on the Warm Water Modality Pilot Scheme initiated by Conwy County Borough Council (CCBC) and Betsi Cadwallader University Health Board (BCUHB). This Scheme took place during May and June 2010.

This work follows on from that started in September 2007, when WHIASU was approached to support a HIA on the proposal for a Health Precinct in Eirias Park Leisure Centre, Colwyn Bay. It was felt that the project would benefit enormously from a HIA - by both Conwy County Borough Council, who were leading on the project and Conwy Voluntary Services Council. It would do this by assessing the Health Precinct's potential impacts on health and wellbeing and identify any gaps in its provision that may affect its delivery to the local population. Importantly, it could reveal any health inequalities within it and help to address those identified. It would also 'add value' to the proposal by actively engaging with local stakeholders - community and voluntary groups, local authority representatives, local public health practitioners and elected members - in a participatory workshop. This HIA took place in January 2008. A report was produced (www.whiasu.wales.nhs.uk) and recommendations were implemented when the Health Precinct was established. It has been in operation at the Centre and other sites since its launch in late 2008.

In 2010, WHIASU was again approached by the Local Health Board to build on this work and support the proposal for a small exercise referral Pilot Scheme based on warm water hydrotherapy and aimed at local people who suffer from chronic musculoskeletal conditions, currently managed by self care and who were not actively under the care of a Physiotherapist or Consultant. This 'Warm Water Modality' (WWM) pilot was to be a part of the National Exercise Referral Scheme (NERS) - a core element of the Health Precinct service delivery that was assessed in 2008. This Pilot Scheme emerged from a BCUHB Stakeholder Event held on the 28th of July 2010 which was around the Llandudno Hospital Project and why a hydrotherapy unit was not being considered as part of the project. The Therapy and Clinical Support Services Clinical Programme Group took this work forward and suggested that integrated service planning with Conwy Leisure Services may allow an alternative provision to be pursued within existing local pool resources and jointly created the Pilot as an extension of the work that it was doing in collaboration with CCBC's Active and Creative Services in the Health Precinct.

The Warm Water Modality Pilot was to be delivered through an 8 week course of sessions at a local pool and conclude with a HIA workshop in order to assess any impacts, review the service users' outcomes and support any plan to take the Pilot forward. 11 started the Pilot Scheme and 9 completed it (2 had to drop out due to genuine medical reasons). The HIA was also conducted in order to support the decision making process, evaluate the pilot and assess any potential positive and negative health and wellbeing impacts - both physical and mental - and identify any potential gaps in the service provision. It was an inclusive process that involved all the key stakeholders including service users. The Participatory HIA workshop took place on 27th July 2011 at Eirias Park Leisure Centre, Colwyn Bay.

The outcomes from the HIA were extremely positive and included:

- Pilot participants reporting a decrease in pain and levels of medication
- Pilot participants reporting an increase in their physical and mental health using MYMOP (Measure Yourself Medical Outcome Profile) indicators
- All Pilot participants agreeing that they reaped increased social and family benefits from taking the classes and the social support formed from these
- 80% of Pilot participants continuing to take physical activity through self-management
- 50% of Pilot participants continuing to exercise through warm water therapy methods
- Enhanced partnership working and successful co-existence and co-location of clinical and leisure facilities and services

There were some detrimental factors identified but these were mainly limited to:

- Environmental issues eg facilities/parking
- Management of expectations and provision of an exit strategy
- Unknown future provision of a Scheme

The recommendations included:

- Managing expectations
- Providing a cohesive exit strategy and self management programme
- Assessing the future course provision
- Liaising with planning and other organisations
- Addressing environmental and site factors

Effective implementation of these will maximise the positive aspects, should mitigate for any gaps or negative impacts and can support and enhance any future delivery of the Scheme.

This HIA has highlighted how the Pilot Scheme has had an enormous impact in a short space of time and the enormous potential of further commissioning. It can be used to inform future policy decisions and planning commitments and highlights the benefits of partnership and cross-sectoral working. It highlights positive outcomes not just to the mental and physical health of individuals but also provides a snapshot of potential cost benefits that can be gained from such a Scheme to health service providers - another stream of work that can be built on. Finally, the successful integrated service provision can be promoted going forward as a new sustainable model of working.

Policy Context

As a devolved nation, Wales is responsible for its own health policy. Welsh Government has made a long term commitment to improving health and wellbeing and reducing health inequalities that exist in a nation with a legacy of ill-health derived from its industrial and agricultural heritage. Documents such as 'Wales: A Better Country' (2) and subsequent publications (3,4) have focussed on how to achieve this.

The pilot scheme was held as a component of the Health Precinct within Colwyn Bay Leisure Centre which was an action in response to the Assembly's 'Climbing Higher' (3) strategy for increasing physical activity by promoting physical fitness to improve health and wellbeing. This strategy aims to encourage the most sedentary groups of society to

become more active by building moderate physical activity into their daily lives and there is a particular focus on vulnerable groups who may be suffering from ill health and chronic conditions. The precinct concept and the Warm Water Modality Scheme uphold some of the principles of the 'Rural Health Plan for Wales: Improving integrated service delivery across Wales' (4) which aims to ensure that the future needs of rural communities are met in a way that reflects the characteristics of the country, improve access to health services and supports closer service integration and community engagement as a key element of service planning.

According to data (5) a third of adults in Conwy report having at least one chronic condition, two thirds of over 65 year olds, three quarters of over 85 year olds report having at least one chronic condition and one third having multiple chronic conditions. These are priority areas within the Conwy Health Social Care and WellBeing (HSCWB) Strategy (6) published in summer 2008 and were identified in the Health Needs Assessment conducted to support this. With these statistics, it is likely there will be an increased burden on health and social care services, on the individuals and carer's of individuals affected unless the issues are addressed.

The Health Precinct is just one part of an integrated response to these issues that are pressing within not just Colwyn Bay but countywide too. As the population with long-term conditions will steadily increase, the prevention and management of chronic conditions has become one of Conwy's most important challenges alongside improving the levels of health and wellbeing in the general population and vulnerable groups as a whole.

The National Exercise Referral Scheme (NERS)

The National Exercise Referral Scheme (NERS) is a Welsh Government (WG) funded scheme which has been developed over the last 3 years to standardise exercise referral opportunities across all Local Authorities and Local Health Boards in Wales. The Scheme targets clients who have a chronic disease or are at risk of developing chronic disease. The Warm Water Modality Pilot Scheme is an action conceived as a part of this scheme.

The principal aims of the Scheme are:

- To offer a high quality National Exercise Referral Scheme across Wales.
- To increase the long term adherence in physical activity of clients.
- To improve physical and mental health of clients.
- To determine the effectiveness of the intervention in increasing activity levels and improving health.

All exercise professionals operating the Scheme are trained to NVQ level 3 and have a qualification that meets occupational standard D449 working with referred patients. All protocols went through ethical approval, and the British Medical Association in Wales was consulted as part of the development of the Scheme. (7) The scheme was evaluated in 2007-8 and the results were very favourable (8).

Warm Water Modality Pilot Scheme

In 2011, 7-8% of referrals to Ysbyty Glan Clwyd Hospital from Therapy Services are specifically for hydrotherapy. However, this can vary as individual therapists may also

recommend hydrotherapy following assessment (9). This Pilot project was drafted and initiated by the Local Health Board and Conwy County Borough Council to test ‘a Model of Care to provide a sustainable long term continuum of care by providing Hydrotherapy based exercise classes in Local Authority Leisure Facilities’ (10) and a health impact assessment was agreed at the outset as a highly useful way to identify impacts from or gaps in the scheme. The Pilot scheme was advertised (Appendix One) and those who applied and complied with the criteria were invited to attend the scheme which ran over an 8 week period.

What is Health Impact Assessment?

Health Impact Assessment is a process which supports organisations to assess the potential consequences of their decisions on people’s health and well-being. The Welsh Assembly Government is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.


Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people’s health. Health impact assessment works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales. The systematic approach uses the wider or social determinants of health as a framework for appraisal and leads to realistic recommendations. The Wales Health Impact Assessment Support Unit was established to support the process in Wales and provide advice and guidance for those who wish to undertake HIA’s.

Partners Involved

Conwy County Borough Council (CCBC)

Conwy County Borough Council/Conwy Local Health Board’s Health and Well Being Strategy 2008 - 2011 has identified 3 Priority Areas:

1. Bringing the Right Services Closer to the Community
2. Helping People remain independent for longer
3. The prevention and management of chronic conditions

The Health Precinct team, comprising health professionals, exercise physiologists and appropriately qualified exercise professionals, will be dedicated to exploring how physical activity can be applied to each of those priorities. 

The team will make use of a range of community resources, including walking trails, community halls, parks, outdoor facilities, swimming pools and leisure centres to develop sustainable and motivational programmes.

For more information please contact:

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Public Health Wales (PHW)

Public Health Wales is an NHS organisation providing professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales.

Public Health Wales has four statutory functions:

- To provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable diseases;
- To develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters;
- To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival; and prevalence of congenital anomalies; and
- To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters

North Wales has a Regional Public Health Team which works in collaboration with a number of diverse partners and disciplines across north Wales. Contact details: Bob Baines, Senior Public Health Practitioner, RPHT. E-mail: bob.baines@wales.nhs.uk

Wales Health Impact Assessment Support Unit (WHIASU)

www.whiasu.wales.nhs.uk

Wales Health Impact Assessment Support Unit

WHIASU is based in the Cardiff Institute of Society, Health and Ethics which is part of Cardiff University's School of Social Sciences. It is funded by the Welsh Government, through Public Health Wales and is resourced to cover both North and South Wales. The key roles of WHIASU are:

- To support the development and effective use of the health impact assessment approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those who are in the process of conducting health impact assessments.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

For more information:

North and Mid Wales: Liz Green, Principal HIA Development Officer, Wales Health Impact Assessment Support Unit, Croesnewydd Hall, Wrexham Technology Park, WREXHAM LL13 7YP Tel: 01978 313664 or Email: liz.green@wales.nhs.uk

South Wales: Dr Eva Elliott, Wales Health Impact Assessment Support Unit, Cardiff Institute of Society, Health and Ethics, School of Social Sciences, 53, Park Place, CARDIFF CF10 3AT Tel: 029 2087 9609 or Email: elliott@cardiff.ac.uk



THERAPIES AND CLINICAL SUPPORT CPG

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 676,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham) as well as some parts of mid Wales, Cheshire and Shropshire.

Following the establishment of the Health Board in October 2009 the **Therapies and Clinical Support CPG** developed a list of planning principles on which its 5 year plan for the services within the clinical programmes' group remit is based upon. These principles were based on the need to:

- ensure patient safety was at the forefront of service delivery
- achieve financial balance
- achieve compliance with access targets
- deliver local and national strategies
- further develop appropriate partnership arrangements e.g. with leisure services and local authorities etc.
- maximise efficiency and productivity
- provide equity of service

Therapy Services are instrumental in the shift of care from secondary acute sites to more locally based community services and into peoples' homes. Given the burgeoning need to care for people with chronic conditions living longer, and the stresses being placed on the provision of emergency care, an integrated service model across all areas and sites for health care puts us in the best position to achieve these goals.

Annual Quality Framework the key messages

The key aims for NHS Wales over the next five years will be to:

- do more to protect and improve health for all:
- create integrated services:
- modernise what the NHS does so that it has systems that delivers and sustains excellent services to meet the needs of patients and maximises clinical outcomes

Welsh NHS Values

1. Putting quality and safety above all else:
2. Integrating improvement into everyday working
3. Focusing on prevention, health improvement and inequality
4. Working in true partnership with partner organisations and with staff;
5. Investing in our staff

Iain Mitchell, Clinical Director of Therapy Services
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
Email: iain.mitchell@wales.nhs.uk

The Stakeholder Workshop

A small Steering Group was established including representatives from PHW, WHIASU, CCBC, Betsi Cadwallader University Health Board (BCUHB) including the Clinical Director of Therapy Services and Chris Sweetnam from the North Wales Arthritis Musculoskeletal Alliance (ARMA) Group. A commitment had already been made at the proposal stage to

conduct a HIA. A scoping meeting took place to discuss the logistics of the HIA and identify those stakeholders who would be affected and draw up a list of invitees. It was agreed to focus on the main stakeholder groups affected by the Pilot scheme - those with chronic musculoskeletal conditions referred by their GP's, the Pilot attendees and representatives from Physiotherapy services.

HIAs can be categorised in two ways. Firstly, "in-depth" HIAs, which are conducted over a matter of weeks or months, and secondly "rapid" HIAs, which are completed in hours or days. A key element of rapid HIA is usually a participatory stakeholder workshop in which those affected stakeholders are brought together to examine the proposal. This approach was considered very suitable for the Warm Water Modality Pilot Scheme - the shortness of the session could accommodate any needs that the participants had with regard to their conditions, a smaller group can be more informal and informative and tends to be resource efficient.

The HIA was planned to take place on Wednesday 27th July at Colwyn Bay Leisure Centre, Eirias Park, Colwyn Bay. The Steering Group met to identify vulnerable and/or disadvantaged groups who may be affected by the Pilot Scheme. The following list of possible stakeholders taken from "Improving Health and Reducing Inequalities. A Practical Guide to health impact assessment" (11) was considered.

Vulnerable and/or disadvantaged population groups

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

1. Age related groups*

- Children and young people
- Older people

2. Income related groups

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

3. Groups who suffer discrimination or other social disadvantage

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups**
- Religious groups**

4. Geographical issues

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

* Could specify age range or target different age groups for special consideration.

** May need to specify

Evidence was discussed and it was agreed to send out a questionnaire to the Pilot participants 4 weeks after the scheme had concluded and 4 weeks before the HIA in order to gather basic statistical evidence to complement the qualitative evidence of the workshop and inform decision makers.

Invitations were sent out to a small number of key individuals and the Steering Group wished to include all the relevant stakeholders who had been involved in the pilot and this included policy and decision makers, Health Board and Public Health practitioners who had shaped it and importantly a number of the participants and clients from the 8 week scheme. It was agreed a short report would be produced and disseminated afterwards.

A week before the event, participants were sent the background information to the project and some information on what a Health Impact Assessment is. They were asked to read the information before coming to the workshop. Although they would be given the information again by Paul Francis, Exercise Referral Coordinator for Conwy County Borough Council, it was felt that it would be preferable to send it beforehand in order to participate in a more meaningful way. They were also asked to bring with them any evidence to support the workshop and their comments. This could be either quantitative or qualitative lay knowledge.

Evidence

In putting together the proposal for the Warm Water Modality Pilot Scheme, the local authority had consulted with local public health and wellbeing partners, Health Board and healthcare professionals and used the available evidence base to inform the direction of the service provision. The principle of the WWM Pilot Scheme ties in with national and local strategies as discussed above (3,4,6)

This evidence included community health information data from the Conwy Health Needs Assessments and Local Health Board. There is extensive evidence that indicates that increased physical activity has a beneficial impact on health and wellbeing in general (12,13,14,15) and in a warm water and hydrotherapeutic environment (16,17,18,19) too. There is supporting evidence that this is particularly true for those with musculoskeletal conditions (20,21,22,23). The WWM Pilot Scheme wanted to build on services and provision that were already available locally and integrate them in a cohesive and beneficial way.

The Principal HIA Development Officer searched for previous similar schemes that had been subject to an HIA via HIA networks (1, 24,25) and Google Scholar using the key words - health impact assessment; hydrotherapy, physical exercise and chronic conditions - but none had been undertaken. There was, however, in one HIA found, a small reference to the impact of a proposed hydrotherapy pool (26).

As this clinical and public health evidence on the health impacts had been considered already and used to support the initiation of the WWM Pilot, the aim of this workshop was primarily to gather qualitative knowledge and evidence, identifying impacts of the WWM Pilot Scheme and the experiences of services users. All comments were transcribed and documented at the participatory workshop and the comments within this report are those from the session. Participants at the workshop agreed to anonymous direct quotes being used within this HIA report.

Participatory stakeholder workshop

There were 11 participants, with representatives from variety of backgrounds - including patient groups, the Regional Health Board, the Local Authority Public Health Wales and the Pilot's service users. Some key stakeholders could not attend because of other commitments that day. They are listed below:

ATTENDEES	
Chris Sweetnam	Chairperson/co-convenor, North Wales Arthritis, Muscoskeletal Alliance (NWARMA) Local Network Group/Backcare Charity Member
Debbie Duffy	Head of Physiotherapy (Central) Betsi Cadwaladr University Health Board (BCUHB)
Hilary Roderick	Senior Physiotherapist, BCUHB
Paul Francis	Conwy Exercise Referral CoOrdinator
Susan Fordham	Exercise Referral Professional
Kay Godfrey	Transcriber and member of staff, Eirias Park Leisure Centre, Colwyn Bay
Caroline Thomas	Participant in Pilot
Mark Bailey	Participant in Pilot
Charmaine Scott	Participant in Pilot
Annitta Carter-Hall	Participant in Pilot
Bob Baines	Public Health Practitioner, Public Health Wales (PHW)
Liz Green	Wales Health Impact Assessment Support Unit (WHIASU)
APOLOGIES	
Iain Mitchell	Clinical Director of Therapies, Betsi Cadwallader Health Board (BCUHB)
John Hardy	Head of Active and Creative Activities Directorate
Owain Davies	Manager, Llanrwst Leisure Centre

The programme for the participatory workshop was as follows:

Programme for the Health Impact Assessment Workshop for the Conwy Warm Water Modality Pilot. July 27th 2011

10.00	Registration (Tea/ Coffee available)
10:15	Introductions & Welcome

	Paul Francis
10:25	An outline of the Warm Water Modality Pilot. Paul Francis and Debbie Duffy
10:35	Outline of Health Impact Assessment and the morning. Bob Baines, Public Health Wales and Liz Green, Wales Health Impact Assessment Support Unit
10:45	Introduction to Appraisal Tool. Bob Baines, Public Health Wales
10:50	Screening session - using appraisal tool to identify key health impacts of the proposal. Bob Baines, Public Health Wales
11:30	Tea/ Coffee break
11:45	Screening session - continued
12:15	Feedback or recommendations
12:30	Finish and Evaluation Lunch

The session was led by Bob Baines (PHW) and Liz Green (WHIASU). Bob Baines facilitated the appraisal session which was transcribed by Liz Green and Kay Godfrey (CCBC).

Inequity and vulnerable groups affected

After introductions and an overview of the Pilot Scheme, an open discussion took place using the WHIASU guide to 'Vulnerable and Disadvantaged groups', to decide who could be affected by the Pilot scheme and if there were any health inequalities that needed to be addressed.

It was agreed by the group that it was focussed on those with chronic musculoskeletal conditions and acknowledged that musculoskeletal conditions can affect individuals of all ages and as such could affect anyone within the populations listed.

Geographical issues were also identified as limiting ability to access the scheme - with some of the participants having to drive 30 minutes to the session and then 30 minutes back which can be tiring.

This Pilot was part of the National Exercise Referral Scheme (NERS) and as such had strict criteria (for example age range, GP referral) which needed to be met and therefore it had a limited framework to work within. These criteria meant that there were some groups and individuals who could not access the scheme and it was limited to those who had a GP in Conwy.

Appraisal

Participants used the Health and Well-Being Determinants Checklist (taken from 'Improving Health and Reducing Inequalities; A Practical Guide to health impact Assessment') in order to assist them in focusing their thoughts, and help them to make a judgement as to the likely impacts of the proposed strategy upon the different health determinants. This checklist was systematically worked through.

HEALTH AND WELLBEING DETERMINANTS CHECKLIST (please note that this list is a guide and is not exhaustive)

1. Lifestyles	<ul style="list-style-type: none"> • Diet • Physical exercise • Use of alcohol, cigarettes, non-prescribed drugs • Sexual activity • Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none"> • Family organisation and roles • Citizen power and influence • Social support and social networks • Neighbourliness • Sense of belonging • Local pride • Divisions in community • Social isolation • Peer pressure • Community identity • Cultural and spiritual ethos • Racism • Other social exclusion
3. Living/ environmental conditions affecting health	<ul style="list-style-type: none"> • Built environment • Neighbourhood design • Housing • Indoor environment • Noise • Air and water quality • Attractiveness of area • Community safety • Smell/odour • Waste disposal • Road hazards • Injury hazards • Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none"> • Unemployment • Income • Economic inactivity • Type of employment • Workplace conditions

5. Access and quality of services	<ul style="list-style-type: none"> • Medical services • Other caring services • Careers advice • Shops and commercial services • Public amenities • Transport • Education and training • Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> • Government policies • Gross Domestic Product • Economic development • Biological diversity • Climate

Source:

Improving Health and Reducing Inequalities: A practical guide to health impact assessment. Welsh Assembly Government. September 2004 (11)

Summary of impacts

The following table describes the potential impacts of elements of the proposed Conwy Health Precinct, the adverse effects, the positive impacts, any gaps identified and the recommendations which emerged from the discussions of the issues.

1.Lifestyles	
Positive/Opportunities (+ve)	Negative/Issues (-ve)
<ul style="list-style-type: none"> • Physical activity becomes much easier after doing the scheme - can do things with joints in the water and more easily out of it • Instructor is highly beneficial - exercises are done in a considered sequence to maximise the benefits of the exercise. Also, the instructor can indicate which exercises may NOT be good for you. • Improved quality of life immensely when on the scheme. • Pleased that there was a break between the end of the Pilot scheme and the HIA - this made participants realise that the changes were HUGE • They have had time to reflect and notice the differences and how the benefits are diminishing 	<ul style="list-style-type: none"> • Realisation that are able to move joints less painfully raise expectations and then when the scheme finishes and joints go back to how they were its more frustrating. Feeling that would rather hadn't had the scheme at all that raise and dash expectations. Can make an individual 'stiffer' than when attending the scheme sessions • This can have a negative impact emotionally on former participants • Once scheme finished current exit strategy is that you are expected to 'do it yourself' without an instructor. Some can continue by themselves but others cannot. This makes it very hard and frustrating for those that can't

<p>as time passes since the course ended.</p> <ul style="list-style-type: none"> • One younger participant personally thanked the Conwy Exercise Referral Coordinator for 'nagging me to go to the pilot'. She can now walk without the aid of her stick and she believes that this is because of the scheme and the fact that she has continued to do some of the exercises each week. 	<p>because a person knows what they can do now and what was previously 'the norm' doesn't have to be that way</p> <ul style="list-style-type: none"> • Without the same results and motivation people just 'drift away' • Using general pool is difficult - it's not heated the same and it is the heat that makes the difference • Individuals feel 'foolish' doing the exercises in the general pool • Scheme benefits need to be sustainable • Lack of exit strategy and support an issue - would like more
<p>Lifestyle-Gaps:</p> <ul style="list-style-type: none"> • No exit strategy or support once finished the scheme 	

<p>Lifestyle- Recommendations:</p> <ul style="list-style-type: none"> • Manage expectations - participants know that the scheme will finish and what it can and cannot provide. • Assess the possibility of continuing the scheme on a 6 week on, 6 week off basis • Devise a coherent and realistic exit strategy • Provide individually tailored physical activity plans for participants for them to follow when the scheme finishes. • How to overcome feeling of foolishness of exercising on own

2 Community and Social Influences	
Positive/Opportunities (+ve)	Negative (-ve)
<ul style="list-style-type: none"> • Social Aspects - HUGE. Not so isolated and others in the group know exactly how they feel and what they mean when they describe how they feel. • It provided an opportunity to share with other like minded people and be able to talk to people who understand - people who are not family or doctors. Don't feel able to talk to or burden family. It was 'invaluable' in that sense and one participant said that being able to talk to the others provided an outlet because he 	<ul style="list-style-type: none"> • The youngest participant felt that everyone else was 'older' and this could create a barrier and a generation gap. Needs a better mix of ages. People need to understand that musculoskeletal problems can affect 'anyone at any age'. • Fear that not continuing with the scheme or having any support once it has finished will lead to going back to having a negative impact on family and frustration at not being able to participate in family/familial activities

hides it from his family and this leads to him being bad tempered and having a negative impact on the family environment

- Excellent support group formed by them and they share 'top tips' to make life easier ie tools for opening jars and taking off the lids
- Emotionally felt much better for doing the scheme - being physically in less pain helped this
- Socially was very good - creates friends and promotes interaction.
- Can be much more interactive at home and with the family because when attending the scheme sessions an individual can become more flexible and do more things and share interests ie with husband fishing
- Contributed to increased confidence from having no pain and freedom in the water.
- One participant said that he 'felt young again' and 'feels that good about myself' that it has given him the confidence to do a computer course. Previously, he (and some of the others) had suffered depression
- Now he takes his grandson with him and they can both enjoy the water.
- Can do more physically and don't have to rely on others so much - ie hoovering, the garden.
- One participant had 'even steamed the carpets!' - leads to greater self esteem and greater sense of achievement
- Take less tablets on the scheme - positive impact because some of them can make participants drowsy.

Gaps:

- None Identified

Recommendations:

- Assess feasibility of a follow up scheme for participants
-

3 Environmental and Living Conditions

Positive/Opportunities (+ve)	Negative (-ve)
<ul style="list-style-type: none"> • Abergele site has warm changing rooms • Llanrwst site provides an excellent environment - warm and quiet pool • Pool available for use - but only during school holidays 	<ul style="list-style-type: none"> • Llanrwst has very cold changing rooms and no hairdryers. This can undo any benefits felt after being in the pool • Session at Abergele was held at the same time as the 'water babies' group. This meant that the pool was very noisy, participants of the scheme couldn't hear or concentrate • Speed bumps at Llanrwst and Abergele sites are huge and not good for those with chronic back pain and associated issues. Can put people off attending sessions • Humidity level in the pool can affect the way the participants benefit or not. If the outside temperature is too hot then it can make the pool feel cold • After 14th September pool not available to participants because of the local schools using it
Gaps: <ul style="list-style-type: none"> • Possibility of using the pool straight after other warm water sessions ie parent and baby class or pilot scheme class explored 	

Recommendations:

- Provide another open session for previous participants straight after the next pilot one at the pool whilst the water is still warm.
- Promote to planners/architects the importance of designing facilities to accommodate all needs including warm water modality therapy in the long term

4 Economic/Operational

Positive/Opportunities (+ve)	Negative (-ve)
<ul style="list-style-type: none"> • Take less tablets - therefore less burden on health care services and don't need so 	<ul style="list-style-type: none"> • Economically may not be viable to continue with sessions for previous participants

<p>many prescriptions</p> <ul style="list-style-type: none"> • Economically, the course cost £538 in total for 8 weeks. This included an instructor for 3 hours per session, travel expenses for the instructor and hire of the pool. • To continue to use the pool would prove no obstacle to those who wanted to - the time and day of the Pilot sessions is still free. • To increase the pool temperature by 1 degree had no financial or operational implications - the staffing levels would remain the same pool side or at any alternative time. • Llanrwst pool may be possible to continue the courses if the Pilot is shown to be successful 	<ul style="list-style-type: none"> • LA may not have the money or the facilities to facilitate separate session time in pools in the area at the appropriate temperature • Whilst financially not too expensive for the Pilot long term this may not be feasible at a time when LA budgets and resources are diminishing • The feasibility of using other sites for the scheme was discussed. Llandudno was ruled out - heating the pool up long term is not sustainable and financially too costly. • The sessions last for 45 minutes but it actually needs 3 hours of staff time to be taken out of a shift because of the time it takes to drive back and to to Llanrwst pool.
<p>Economic -Gaps:</p> <ul style="list-style-type: none"> • None Identified 	

<p>Economic- Recommendations:</p> <ul style="list-style-type: none"> • Assess financial implications of continuing the scheme or some kind of session for those who have attended the Pilot and subsequent schemes

5 Access to Services	
Positive/Opportunities (+ve)	Negative (-ve)
<ul style="list-style-type: none"> • Physical activity and exercise needs to be tied with other services ie mental health team, pain management team in an integrated way • Lots of parking available at Llanrwst 	<ul style="list-style-type: none"> • Using local bus services were not an option - restricted access to the sites and cannot walk too far from the bus stops • Timings with the bus services were hard to match - had to rush if used them • Additional problem of being barged on the bus - difficulty • Most people went to the sessions in their own car or paid for taxis to and from the sessions - financial impacts • Participants hampered by inappropriate use of disabled parking bays by others.

	<ul style="list-style-type: none"> • Parking poor at Abergele and spaces are so small to get in and out of • Speed bumps on sites are very painful to go over for those with muscoskeletal and back conditions
Access to Services -Gaps: <ul style="list-style-type: none"> • None identified 	

Access to Services- Recommendations: <ul style="list-style-type: none"> • Parking issues including the inappropriate use of parking bays and general awareness of this and other site issues to be addressed by Conwy Exercise Referral Coordinator and discussed with Management of Centres.

6 Macro	
Positive/Opportunities (+ve)	Negative (-ve)
<ul style="list-style-type: none"> • Benefits to NHS and Wales as a whole from schemes such as the Warm Water Modality one - reduction in expensive medication ie high end pain relief • Welsh Government needs to be aware of this • WWM Pilot Scheme ties in with other strategies such as 'Our Healthy Future' (WAG, 2009) and public health policies • Physical Activity strategies - 'Climbing Higher' • Supports integrated partnership working and co-location and co-existence of services 	
Macro-Gaps: <ul style="list-style-type: none"> • None Identified 	

Macro- Recommendations: <ul style="list-style-type: none"> • Disseminate findings from the Pilot Scheme and the HIA to decision makers and influence Welsh Government and local policy through sharing practice and knowledge gained from the Pilot Scheme. • Assess the potential cost/benefits of this type of scheme on NHS and local service resources

At the end of the appraisal session the Conwy Exercise Referral Co-ordinator gave feedback from the end of Pilot questionnaire that the participants had completed and returned 4 weeks after the the end of the scheme.

Summary of Questionnaire Data

After each weekly session the participants were asked to complete an assessment form for it. As referred to above, those who attended the pilot were asked to evaluate the whole course and if they would be willing to be included in the health impact assessment of the pilot in order to review and evaluate it. This final questionnaire was sent out one month after the Pilot ended so that participants could judge any impacts which were not immediate. This evidence was then collated and disseminated at the end of the HIA workshop. It was based on a small sample and its transferability to other areas could be an issue but in essence the Pilot scheme was found to be highly beneficial to all those who attended the classes. 11 started the Pilot Scheme and 9 completed it. Statistics gathered were as follows:

The average attendance was 8.5 out of 11 participants or 77.3%. This was skewed by the fact that 2 of the participants had to withdraw after the initial sessions because of genuine medical reasons. In reality, there were 9 attendees, so the attendance was 8.5 out of 9 across all 8 weeks. The overall retention rate for all the sessions was 94.4% - reflecting the benefits that this type of evercise can bring.

Other statistics: (1 = very poor through to 5= very good)

- Venue Facilities were rated: 4/5
- Car Parking was rated: 3.9/5
- Location was rated 3.7/5
- Instructors were rated: 4.9/5
- Exercise Programme was rated 4.9/5

3 have continued to exercise in water since the completion of the Pilot with 1 stating that they would be attending Aquatherapy classes again soon using Abergele Leisure Centre. 3 other respondants said that they have not been able to exercise because of health issues. By the time of completing this report (November) 2 more have started taking physical activity once more.

Attendees were also asked to rate their symptoms of pain using MYMOP indicators (Measure Yourself Medical Outcome Profile, in which 1 = ok through to 10 = bad) each week.

In week one, average score for 'bothersomeness' of their condition was 4.83 but by week eight this was reduced to 3.5. A breakdown of symptoms and other impacts are listed below:

Average Scores for (1 = as good as it could be through to 6= as bad as it could be):

- | | Week 1 | Week 8 |
|--|--------|--------|
|--|--------|--------|

- Wellbeing 3.27 2.44

This improvement reflects the feedback given during the session and that of the clinical evidence base which supports the beneficial nature of exercising in a warm water environment. This has been equally weighted with the qualitative evidence.

Summary of Recommendations

Having identified the potential impacts upon the health and wellbeing of the affected groups, the following section focuses on opportunities to maximise the potential improvements to peoples' health and wellbeing and to minimise any potential detrimental effects, which could arise from the Warm Water Modality Scheme, if it is rolled out in Conwy and transferred into other geographical areas.

From the appraisal session, it became clear that there were several key themes emerging and issues to consider. These included:

1 Management of expectations and capacity

The Pilot scheme had been so successful in its aims of improving the participants' quality of life and physical health that it had raised expectations which could not be continued once the sessions had concluded.

Recommendation: A clear exit strategy to be developed to combat this including how to take responsibility for one's own treatment and lifelong wellbeing.

2 Accessibility post Pilot

All of the participants believed that they would have benefitted enormously from being given a written Individual Tailored Programme at the end of the course.

They could then follow this safely on their own, at their own pace. Also, some of the participants commented that they felt 'silly' doing any exercises in an 'open' session at the local pools - addressing this needs to be thought through collaboratively if a formal session cannot be set aside in the pools timetable.

Recommendation: Develop a template for a written Individual exercise programme to follow after courses end. Include: diagrams, 'how to do' the specific exercises and other tips. Explore an 'expert patient' approach to support and offer advice

3 Provision of further courses

It was suggested that the LA could offer a series of courses with Exercise Referral Instructors with time gaps between them.

Recommendation: These could be for individuals that would benefit from this type of exercise - not just those with musculoskeletal and chronic conditions. Another option was to facilitate or allocate free time in the pools after similar heated water classes - ie Parent and baby sessions.

4 Location

Ensure that the environment is totally conducive to supporting participants

Recommendation: Conduct an assessment on the locations to be used, access to them and the service provision before the course. Addressing and mitigating for any detrimental impacts if possible.

5 Dissemination

Ensure that the impacts of the scheme are widely disseminated to decision makers in Wales at a local, regional and national level.

Recommendation: Exercise Referral Coordinator to distribute locally and to funding streams, BCU to highlight the work at a local, regional and national level if possible and Principal HIA Officer agreed to distribute the final report via Public Health Wales website, PHW newsletter and WHIASU website in order to highlight the work done.

6 Parking, use of disabled parking bays and public transport

Address parking and road issues at Centres as raised by participants

Recommendation: To be discussed by the Exercise Referral Coordinator with the management of the Pools and the Local Authority

7 Financial and operational implications

Warm Water exercise provision is a major issue and was raised as one of the key factors to participation for this group (and was the basis for the project). The future availability of staff, pool time and money an issue to be assessed. There are also wider financial implications for the NHS and service providers in terms of self care, co-location of services and the reported decrease in medication associated with a scheme such as the WWM.

Recommendation: Conwy Exercise Referral Coordinator to assess the feasibility of future courses, pool time and staffing and feed back to the group on any developments. Potential for a former scheme member to support a new group. Potential for future cost benefit analysis work to be conducted.

Producing the report

Liz Green (WHIASU) used the material gathered at the workshop and other evidence to compile this report of the identified health and wellbeing impacts of the Warm Water Modality Pilot Scheme and and potential impacts of its implementation by the local authority. Recommendations as to how adverse effects could be minimised and beneficial effects maximised are listed to support the decision making process.

The report was reviewed by the Steering Group and shared with the individuals present at the stakeholder workshop for comment before being finalised and submitted to Conwy County Borough Council and Local Health Board to consider.

Conclusion

The aim of this rapid Health Impact Assessment was to identify the potential health and wellbeing impacts of the Warm Water Modality Pilot Scheme and make recommendations on how project delivery could be modified and enhanced in order to remove or minimise any negative health and wellbeing impacts and maximise the positive or beneficial effects.

The feedback from the Pilot scheme was very positive with many benefits being highlighted - for example less pain and better movement - and not just to the participants' physical health but also to their mental and emotional wellbeing and that of those in close relationships with them.

One participant said that they: 'were glad we had the meeting some time after the course as I realise that the changes were very small whilst on the course but once the course finished, I realised just how much the course has done' whilst another said that the course has: 'given me confidence'.

Many agreed that they were taking less medication since the scheme concluded and continuing to try and exercise in the way that they were taught. This is reflected in the questionnaire outcomes.

The HIA process and workshop was found to be a highly useful and informative way of discussing the nature of the scheme and liaising with other partners and stakeholders to hear their views and perspectives. Evaluation comments were received from 9 of the attendees and are included in Appendix Two.

This HIA and Pilot Scheme may also provide lessons to be learnt by policy makers and service commissioners. Although the sample is very small, it could be used as a basis for further work - particularly in terms of examining the health economics to be gained from Schemes of this kind and the associated benefits to public health, social services and the National Health Service (NHS). It has demonstrated that effective co-location, collaboration and integrated service planning can be successfully achieved and be the basis of new, more sustainable models of working to enhance health and wellbeing and provide services appropriate for local needs.

Once the report is submitted to Conwy County Borough Council and Betsi Cadwallader University Health Board it would be particularly helpful to have feedback on any commissioning of a Warm Water Modality Scheme in the local authority or Local Health Board area and which of the recommendations have been implemented and which haven't. The Health Precinct HIA was included as one of 5 case studies in a research project by WHIASU on 'Public Involvement in Health Impact Assessment in Wales' which was published in 2009. It is available on the WHIASU website (1) and this HIA may be suitable for a similar case study for the future too.

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Appendix One

Information on the Warm Water Modality Scheme

Warm Water Modality Pilot Study

The pilot will consist of eight consecutive weeks of exercise classes held at Llanrwst Swimming Pool. Each class will take place on Wednesdays at 14:00 and will last for one hour. The first class will be 4th May 2011.

A qualified Exercise Referral Professional and Aqua Instructor will run the classes. The cost of the pilot study is £1.50 per class.

Referral Criteria:

Individuals who wish to be considered to take part in this pilot study must fulfil the following criteria:

- Must be registered with a Conwy based GP
- Suffer from a chronic musculoskeletal condition, which is currently managed by self care. Presently not actively under the care of a Physiotherapist or Consultant
- Be able and willing to commit to attending the full eight weeks
- Be ambulant, able to dress and undress themselves, and enter the pool with minimal or no assistance
- Must have a National Exercise Referral Scheme referral form completed by their GP and with their GP approval
- Inform the Instructor of any changes to health status
- Must complete a Hydrotherapy suitability questionnaire prior to commencing the pilot
- Must complete a questionnaire prior to commencing, and upon completing the pilot



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

The Referral Process

If you are interested and you fulfil the criteria overleaf you must take this flyer to your GP

↓
GP fills out a National Exercise Referral Scheme referral form and sends it to Paul Francis at Colwyn Leisure Centre, along with this flyer

↓
The first ten clients that fulfil the criteria will be selected for the pilot study. Individuals are selected on a first come first served basis, subject to medical and physical suitability.

↓
The successful clients will be contacted to arrange an assessment date. Unsuccessful clients will receive a letter.

↓
Assessments will be held at Colwyn Leisure Centre. A Chartered Physiotherapist and Exercise Referral Professional will complete the assessments. You will be asked to complete the Hydrotherapy Checklist and questionnaire at this point

A Health Impact Assessment (HIA) will be completed by the end of the pilot. The HIA is a process that considers the wider effects of any projects or initiatives, and how they, in turn, may affect people's health.

If you require any further information please contact Paul Francis. Address: Colwyn Leisure Centre, Eirias Park, Colwyn Bay, Conwy, LL29 7SP.
Tel: 01492 577911 / 577900 Email: paul.francis@conwy.gov.uk



Appendix Two

Evaluation of Warm Water Modality Pilot Scheme, Conwy

Date: 27th July 2011

Venue: Colwyn Bay Leisure Centre, Eirias Park, Colwyn Bay

1. What did you learn during the workshop?

- Positive attitude from variety of folk towards water exercises. Also, inclusion criteria from a health and wellbeing point of view.
- How much pain people were in
- HIA's are very informal (can be) and relaxed, making them an ideal method of extracting relevant information
- A range of views and experiences from participants enabling an opportunity for a wider long term vital activity for people with musculoskeletal conditions
- Learnt about the tool to measure the effectiveness of this type of study - warm water modality.
- Positive meeting and feel from the information shared that this scheme could be received and rolled out nationally!
- That the Pilot study had had a positive outcome and that the majority of those who attended had benefitted from the course.
- Very good. Everyone was open.

2. What do you feel were the positive outcomes resulting from this workshop?

- Knowing that the pilot study (warm water modality) was successful, people improved from physical and mental wellbeing point of view
- The positive outcome for me is that more help will be offered in future
- People were saying how beneficial the warm water course was and how people didn't need so much pain relief.
- Participant feedback and advice regarding exit strategy after pilot. Lots of relevant info
- Open far ranging discussion

- That so many benefits to wellbeing in terms of social/physical and mental health has been impacted from just 8 weeks of being part of aqua therapy
- That there is possibility of future courses being available and that all the various people involved in decision making desire to see a positive outcome
- The individual need and pain and the good results

3. What do you think worked and what didn't?

- Delivery of information and results were succinct
- I think all the points that were brought up, worked
- Worked because people were honest
- Workshop flowed and everyone had chance to contribute
- A well organized event with relevant participants from service users to professionals involved in planning delivery and HIA
- Great to have everyone around the table - including participants/instructor/health board/leisure/exercise referral. All having opportunity to speak/would have been nice if we were all asked about it.
- The only criticism would be that some peoples editorializing (sic) took too much time and possibly prevented others input
- I believe the freedom to speak out and share experiences contributed to a full and varied discussion. I don't think there was anything negative
- I think everything they introduced had some results.

4. What were your expectations prior to the session? Did the session meet them? (Please rate from 1-10 where 1=not at all, 10=very much met them).

- I was eager to hear participants' thoughts on the pilot. Yes. 10
- I did not have any expectations but I learnt a lot
- Thought it was very interesting learning about what people with chronic pain needed 8/10
- Gain participant experiences = 10. Exit route advice = 10
- 10
- 10

- My expectations were that we would truly be listened to with a view of implementing the scheme on a larger front
- My expectations were not very high. The session exceeded all what I could have imagined. Very well done
- I did not know what to expect, but was very pleased. 10

5. Any other comments you wish to make

- Well done let's hope that this project can be carried forward and create results in the community
- Thanks to everyone for making it happen
- If I can help - Ask! You need people PASSIONATE to drive change. Passionate about water exercise (the teachers and the participants and even let's see those who are in suits get in the water!)
- I think that there should be regular programmes for service users who can then move on to 'A' next step
- Thanks you for giving us the opportunity to have this discussion in a relaxed and pleasant way.
- I would like it to continue. Many thanks