

# All Move in Erewash - The Story So Far

## Introduction

Through All Move in Erewash (AMiE), the aim is to develop a collective understanding of how to create a fairer experience of, and access to, moving every day for all our residents with a limiting illness, long-term condition or disability that live independently.

There's a need to improve health and wellbeing and reduce inequalities. We know that people with a disability or long-term health condition are twice as likely to be inactive as those without. In Erewash, 27,000 adults experience being inactive and almost 10,000 of these people have a limiting illness, long-term condition and/or disability.

We recognise that everyone is different and we'd like to explore what helps and hinders people with a limiting illness, long-term condition and/or disability to be active.

This document aims to capture, share and generate conversations based on our shared learning, and enable change. **A summary of discussions at stakeholder meetings to date can be found below:**

**April 2022** - influences of physical activity behaviour

**August 2022** - the experiences of individuals living with long-term health conditions

**November 2022** - opportunities for collective action

**December 2023** - future priorities for the work

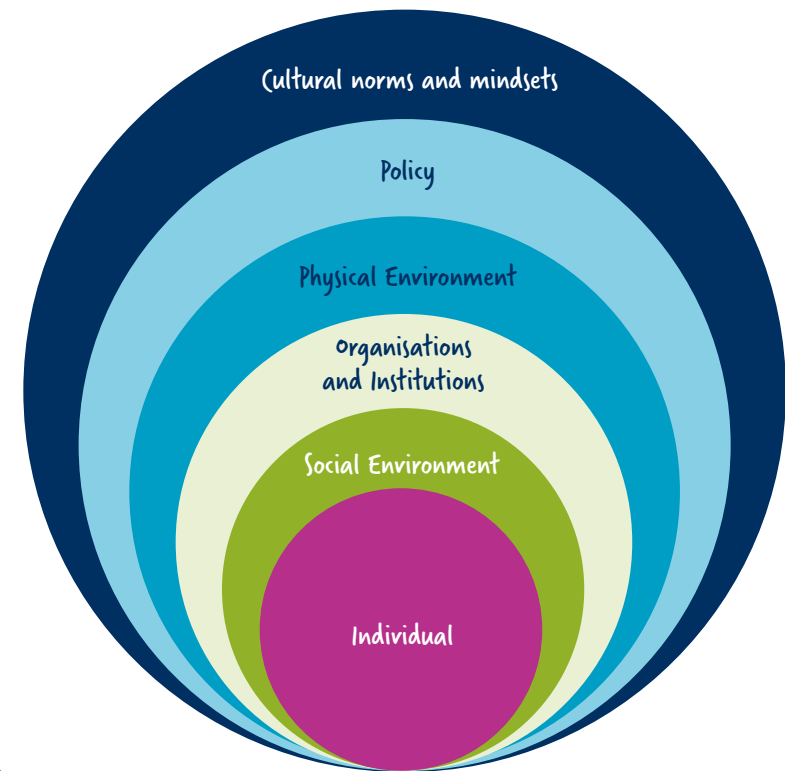
**January 2025** - what we are seeing and hearing

**May 2025** - stakeholder feedback and key findings from survey and focus groups'

**September 2025** - Progress and reflections on the past 12 months

**December 2025** - Initiatives, reports and next steps

To help develop our understanding, we have used the onion diagram below to explore different influences of physical activity behaviour. A summary of these discussions can be found on the following pages:



Please share this document with colleagues and individuals so that we can continue to grow the conversation. If you would like to get involved or receive updates about the work [click here](#)



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## Cultural norms and mindsets

- **The views of society** - on illness amongst the elderly, inclusivity and promoting quality of life
- **Perceived 'personal' mindsets** – misunderstanding of people with a long-term condition, limiting condition and/or disability
- **Understanding and inclusiveness comes from being around individuals with differing needs**
- **The need to educate more of the workforce around supportive assistance** – for example, leisure staff understanding different conditions and how to support and interact with people who have them
- **A greater need to see people “like me”** in promotional materials, groups and clubs to help acceptance and normalise inclusivity
- **People always hear what they can't do following a diagnosis from clinicians; not what they can do** – how can we reframe these conversations
- **Medical system is designed around the 'solution' to the problem being medication** – this doesn't help encourage people to be active

## Policy

- **Access to leisure** – Support for carers to access provision (for free or at a lower rate), and services designed for different impairments
- **People's disposable income** to spend on their own health
- **Cost of opportunities** e.g. clubs, gym, football and associated travel
- **Workplace policies and practice not encouraging active behaviour** e.g. helping people find the time to be active in/around work
- **Fitness to work** – disincentive to be healthier as may pose risk to benefits
- **Free groups available but often penalises working people** as they are during the day
- Need for **better education around communicating with individuals** with different impairments e.g. sight/hearing
- **Service design** – short term interventions e.g. 12-weeks but then what?

## Physical Environment

- **The need for the right environment** for different conditions/disabilities
- There's **geographical inequality** in provision. Need for more local facilities and things to do
- **Sensory factors** – smells, noise, lights, crowds etc. that may limit access to certain venues or the ability to use public transport
- **Perceptions as to what is “safe”** – in terms of local area and provision
- Lack of **knowledge of what is available and suitable** to the individual's needs
- **Negative perceptions of what's on offer locally** e.g. potentially embarrassing to be in the gym
- **Access to transport and potential associated costs** if don't have their own means
- **Access to buildings and green spaces**



April 2022



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## Organisations and Institutions

- **Reliance on services for social connections** – fragile if services change
- **Buddies to help support access**
- **Social prescribing** – can help to introduce to new situations
- **There's still greater need to tailor support and opportunities** – inclusivity, understanding limitations, programming at the right time of day, understanding the individual not just the condition
- **In-person support / reassurance / intervention is important** – from the healthcare system
- There's a need for more staff / patient conversation. A Moving conversation
  - to prevent pressure sores
  - health coaches awareness
  - part of session
- **Reduced services** – a challenge to find additional services that meet people's needs – costs, transport, lack of support etc



April 2022

## Social Environment

- **Family/carer dependency.** If there is no support this limits what can be accessed
- **Lack of understanding of the impact of the condition** among family/friends
- **The perceptions of others**
- Where there is **little family support, it leads to isolation**
- Impact of caring upon the **mental wellbeing of the carer**
- **Fear of not being well enough to care,** and not enough time or energy left
- **Shrinking social circle** - growing isolation
- **The pandemic has reduced confidence** leading to reduced attendance of groups



## Individual

- **Condition can be so unpredictable** in how it limits – “Good hours, bad hours. Good days, bad days”
- Boredom from **isolation**
- **Anxiety** about starting something new
- **Lacking confidence** to start something new
- The **impact of the condition on mental wellbeing...**
- **Fear of causing pain by** moving more
- Fear of making things worse **and losing benefits**
- **Low motivation**
- **The impact of the medications** – on drowsiness, body shape, weight, motivation etc



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# How do we have 10,000 conversations?

We talked about building understanding through conversations with those who are inactive and are living with a limiting illness, long-term condition and/or disability. These were ideas that came through:

## Support health practitioners to change the language around moving more to a more consistent and simple message:

- E.g. "When it comes to moving more, doing something is better than nothing, doing more is better still" to help bridge the gap between knowledge and behaviour
- Support practitioners to understand the Chief Medical Officer's recommendation around minutes and intensity
- Encourage practitioners to pledge to have the conversation
- Make appropriate training available and promote

## Consider how best to enable more in depth conversations with those that need it:

- Making every conversation count – quality conversations
- Use of social prescribers/health coaches
- Integrated approach across health and social care

## Getting out there to get the message out:

- Stalls in public places where there's high footfall ... make it local
- Liaise with practices & promote (i.e. diabetes clinics, 'Recovery Groups' covers many areas inc. physical activity (part of assessment))
- Promotion to public of what's already available e.g. Live Life Better > and not reliant on social media
- Taster sessions
- Local press – TV, Radio, Social media
- Tech buddy – show how to use technology
- Podcasts

**Establish a directory of Local activities e.g. walking/football/cricket/netball etc.** Promote alongside the key messages

## Continue to map and understand the network that can reach people with long term conditions, illness and/or disability:

- Identify who's having these conversations and who are they speaking to
- Think about the diversity of this part of our population and how they can be reached

## Continue to build the stakeholders network to maintain partnership working

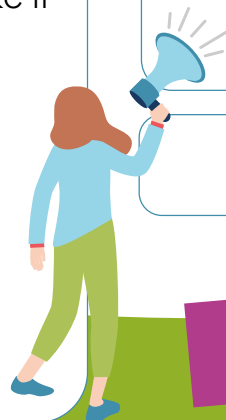
Helping partners to understand each other's roles and potential for collaboration. Support this with regular information sharing e.g. network newsletters

## Consider what can be done to enable better education of children and parents around moving more:

- Enabling people to start moving early
- Learn from what is done in school

**Bring in more people with lived experience into the network and make it an equal partnership between clinicians, stakeholders and individuals**

**Explore the potential of using 'system one'/GP systems to help identify people that we'd like to reach**



April 2022

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# What should we focus on depending on how much resource we have?

We asked what we should focus on, depending on how much resource we have. These are the ideas that came through:

## Without any extra resource

- ✓ Develop a **simple script** for all network members to use **to spread the word** within their teams. **Framing messaging towards 'moving more'** that can be weaved into **everyday conversations**
- ✓ Look at how we can **share positive messages via social media** across the network
- ✓ Use existing contact with individuals to **collect more information on individual behaviour**. Explain why we're doing this and ask what support they need to move more
- ✓ Look at **how referrals and assessments can be removed** to access support services as they can often be barriers
- ✓ Use the network to **share information about what's available locally** – needs to be kept up to date
- ✓ Continue to **support and grow the network** to enable partnership working – open up to 'non professionals', residents and connect with other networks
- ✓ **Make more of** the existing Health literacy training and other **resources that can support the work**

## With a little extra resource

- ✓ Develop a **'movement campaign'** using a range of tactics from traditional media to social media to community engagement
- ✓ Develop an up-to-date directory or place to look for **suitable opportunities**. Including relevant support services that are already available
- ✓ Work with schools and other stakeholders to support the **education of parents around the need to move more** to prevent future health conditions
- ✓ Support 'Staff lifestyle' to **help teams to move more themselves** e.g. 'practice what you preach'
- ✓ Invest in developing a **supportive network of stakeholders** that are able to support this work

## With a lot more extra resource

- ✓ Develop **more tailored, accessible and suitable activities** for different conditions and recruit and support more volunteers to support this
- ✓ Provide funding/investment to **support people who experience transport barriers**
- ✓ Establish an **'integrated approach'** between health, social care and community that:
  - Provides "1 patient record"
  - Supports integrated network / team meetings
  - Commissions services - Medical and social model
  - Prescribes activity
- ✓ Establish a pro-active / screening process. Develop **more direct links** between individual, GP and social prescriber
- ✓ Invest in a **'Buddying' service** for moving more and accessing groups / classes that helps to provide personal 'movement mentors'
- ✓ Work with community providers to **create better disability access** = enabling environments
- ✓ **More capacity into support services** like social prescription, health coaches etc

## What does success look like?

- ✓ Everyone having the same conversation
- ✓ Change in language
- ✓ More people at the next network event
- ✓ Shorter waiting lists
- ✓ Less than 10,000 people inactive
- ✓ More accessible activities/ environments
- ✓ More accessible resources / activities
- ✓ More varied activities - not just gym
- ✓ Service capacity increasing
- ✓ Better public understanding
- ✓ More resources to refer on to
- ✓ Referral process made easier

April 2022

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## Context of the session:

During the session in August we heard from individuals about their personal experiences of living with different long-term health conditions, and how this can affect their ability to move more.

These stories further highlight the complexities in how we take a collective approach to support individuals to adapt their behaviour and reaffirmed the need to enable a person-centered approach.

- If this was you, consider how you might motivate yourself to become physically active. What support might you need to enable these changes?

- Have you heard similar things before? As a professional/ volunteer/carer what support might you be able to provide? What would help you to provide this?

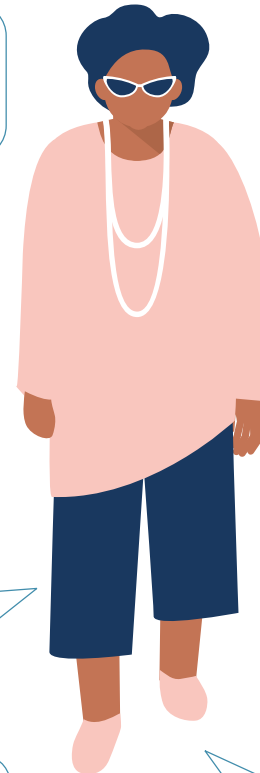
## Mental Health - personal challenges

Groups solely aimed at those with mental health not always appropriate

Sometimes hard to get to activities / feel able to / want to but fear

Multiple chemical syndrome – sensitivity to specific smells -> anxiety

Short engagement with support / services



How to reach those struggling and not in services

Lengthy waiting times

Supporting trauma

Still a stigma with mental health

August 2022

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# Fibromyalgia - personal challenges

At the session in August there was a number of people with Fibromyalgia in the room, and so below reflects the experiences of multiple people

Cognitive difficulties

Fatigue

Condition-led support group, which means everyone has their limits

Don't want to exercise due to fear of losing benefits - look okay on the outside

Can be a lack of understanding from health professionals such as doctors and dentists

Mind still works, need to do something

Heightened sensitivity for pain

Have to learn how to pace activities and stay within own limitations - some people's limitations are can't breathe, can't get out of bed. Some can hold down a job

Mental health entwined. More stress = symptoms exacerbated

Lose cognitive function, last thing want to do is fill in forms

Quality sleep needed to keep muscles going and your brain functioning

Lots of people won't go to group sessions due to anxiety or set themselves unachievable targets

Treatment becoming more holistic, offering tai chi etc.

People isolated in their homes, in a negative bubble, home is their safe place that they don't want to get out of

August 2022

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## Rheumatoid Arthritis - personal challenges

Pain affects sleep

Hot Sweats

Felt 'drugged' from medication

Affected ability to drive

Small movements hurt -  
couldn't dress self/clean teeth

Bed laid for three months, had  
to use crutches in home

Can only walk limited distance

Pain - everything ached

Swelling across body

Felt stabbed/beaten

Limited understanding and  
support network (husband)

Started to drive less, which affected confidence

Multiple referrals – takes time to find a solution

Condition up and down

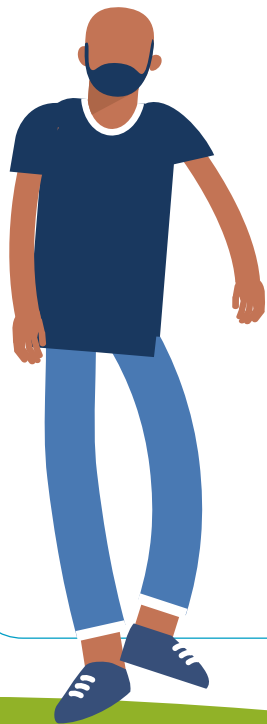


August 2022

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# Fibromyalgia

## Steps to Choosing Physical Activity



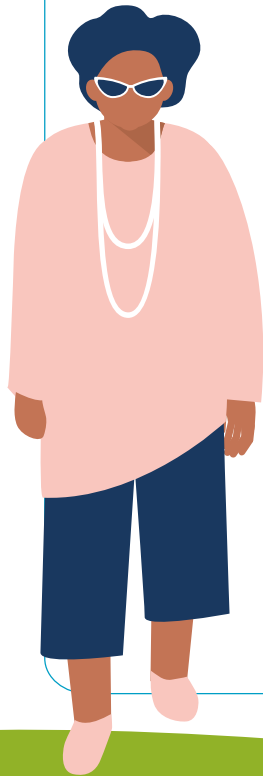
- ↓ Symptoms – condition took away “everything loved”
- ↓ Impacted job, never went back to work due to flare
- ↓ Fighting support system – PIP
- ↓ Brain still active, desire to do something
- ↓ Friend played role in enabling - suggested setting up a support group
- ↓ Use condition and voluntary experience to set things up
- ↓ Fibro Active launched
- ↓ National Institute for Health and Care Excellence (NICE) guidance changes
- ↓ Influences GP recommendations – now wellbeing focussed
- ↓ More holistic, offering tai chi etc.
- ↓ Need to manage energy limitations (different for different people)
- ↓ Fibro Active – suffered led group; can’t always sustain

August 2022

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## Rheumatoid Arthritis

### Steps to Choosing Physical Activity



- ↓ Found about benefits PA
- ↓ New diet / Took self off pain killers (part of flare ups and very restrictive)
- ↓ (Referral) Hydro therapy (limited availability) = sleep afterwards
- ↓ PAIN affects sleep
- ↓ Referred to physio and gym (London Road)
  - Left to use equipment
  - Wasn't acknowledged by staff when walked in
- ↓ Big first step
- ↓ Included some tai chi (limited availability) - rushed session
- ↓ Can only walk limited distance  
Started to drive less so affected confidence
- ↓ Started Fibro after seeing advert
  - Also caring for Mum
  - Condition up and down
  - Has treadmill @ home and walk with husband
  - Attends multiple sessions – doesn't feel like exercise – takes mind off
- ↓ Now volunteers for group -> Feels that it helps and doesn't want to let group down “do anything for Julie”
- ↓ Now learning to be an instructor

August 2022

What next?: How do we continue to develop our understanding and hear from others about their experiences? How do we continue to develop collective action?

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# The areas for action below were explored together at the November session

Based on what we've heard so far, the following framework sets out opportunities for collective action.

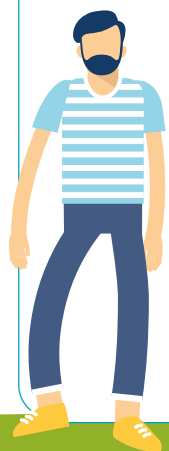
Areas for action	Including	Opportunity Statement	What change are we trying to create?	What action has already started?
<p>Deep dive into specific conditions</p>	<p>Understanding experiences, care and its complexities through the eyes of stakeholders, carers and residents</p> <p>Identify opportunities for local focussed engagement</p> <p>Contribution/experiences of peer support groups</p>	<p>To build trust with the community so they feel more empowered to share lived experience and perspectives, so that this can inform decisions and priorities locally</p>	<p>Building a better understanding of the needs of people that experience different health conditions, to inform decision-making around services, investments and infrastructure</p> <p>Empower communities to build resilience and sustainability within the community</p>	<p>Conversations to look at how best to engage with people with fibromyalgia</p> <p>Getting further data on prevalent long-term conditions in Erewash</p> <p>Community survey evidence around what should be seen as a health priority in 2022</p> <p>Deaf mental health awareness event and recommendations</p>
<p>Social Prescribing – bridging links between need and supply</p>	<p>Learn from Couch to 5X model in Amber Valley</p> <p>Enhancing links to Live Life Better Derbyshire</p>	<p>To ensure a clear pathway of support is available to those that require it – and identify where it doesn't exist (to help inform the need for future support)</p>	<p>Residents know how to access support and have the confidence to move more – however best works for them</p> <p>There are clear and consistent 'bridges' between people needing support and those that can offer/provide it</p>	<p>Introduced a new Social Prescriber into the Erewash Team that builds on the learning so far</p>



November 2022

All Move in Erewash

Areas for action	Including	Opportunity Statement	What change are we trying to create?	What action has already started?
<p><b>Workforce</b></p>	<p>Reducing stigma by reframing the conversations</p> <p>Developing person-centred conversations and greater connectivity amongst the local workforce through Quality Conversations</p> <p>Developing a model of peer support / buddies and understanding the value it creates for people involved</p> <p>Establishing an approach to encouraging an active workforce</p>	<p>The workforce has the knowledge and skills to treat everyone appropriately, with respect and encouragement to move more</p> <p>More efficient and effective use of the 'workforce' (employed, volunteers, family &amp; friends)</p>	<p>Everyone with a limiting illness, long-term condition or disability experiences appropriate, person-centred, and compassionate conversations with services and stakeholders that support them to make choices to move more</p> <p>More of a voice and choice for everyone with a limiting illness, long-term condition or disability</p>	<p>Work has started on working with the 11 practices around the Active Practice Charter</p> <p>Conversations with Team Up supporting residents that are housebound</p> <p>Conversations are happening about how we get referrals at the right time for the individual rather than just collecting numbers of referrals</p>
<p><b>Language &amp; Communications</b></p>	<p>A simple script around language. Including the Moving Medicines Consensus Statement - to enable this to be central to local practice</p> <p>Open data to aggregate and communicate opportunities to be active in Erewash</p> <p>Use of Quality Conversations framework</p> <p>Information is shared in a way that meets the needs of individuals i.e. adapting for different impairment groups</p>	<p>To spread the word about the value of moving more every day for everyone</p> <p>To create one place where all appropriate opportunities to be active can be shared</p> <p>Empowering the community to understand and communicate the value of moving more to others</p>	<p>A simple, consistent, and inclusive way of explaining the benefits of moving more for everyone</p> <p>Greater understanding of the choices that are available to people and the gaps that may exist</p> <p>Build resilience and sustainability into the community</p>	<p>Secured support from Active Derbyshire marketing and comms team</p> <p>Influencing conversations nationally around Open data through "OpenActive" and "Open Referral UK"</p>



Areas for action	Including	Opportunity Statement	What change are we trying to create?	What action has already started?
<b>Network</b>	<p>Building the network to help stakeholders and residents stay connected and have capacity to facilitate and connect</p> <p>Connecting to the place-based community wellness networks</p> <p>Using the network to create and listen to 10,000 conversations – supporting stakeholders to share lived experience into the network</p>	<p>To connect as many organisations/ services/stakeholders to each other so that we can support people to find common ground and work together to create change/build resilience and sustainability</p> <p>The network understands where to share key messages within the system to effectively enable change</p>	<p>More of the system is visible and connected to itself leading to more collaborative work</p> <p>A system-based approach to enable people to move more in a way that works for them, influencing policy and practice</p>	<p>The All Move in Erewash network is continuing and we're trying to connect more people and stakeholders into it</p> <p>Sharing data and lived experience between those involved in the network to reduce the need to have the same conversation multiple times with different parts of the system through "All Move In Erewash – the Story So Far"</p>
<b>Active Environments</b>	<p>The need for the right environment for different conditions/disabilities</p> <p>Improved access to buildings and green spaces; the need for more local facilities and things to do</p> <p>Considering sensory factors that may limit access to certain venues or the ability to use public transport</p>	<p>We collectively develop a greater understanding of how the local environment influences being active. This insight is used to shape future policy, design and practice</p>	<p>Inclusion and movement is considered and built into the design of spaces and places</p> <p>Local people are engaged in the co-design of their local places</p> <p>Activities and places are walkable and connected</p>	<p>Walk Derbyshire developments in Erewash</p>



Ahead of the appointment of a new All Move in Erewash Physical Activity Inclusion officer, priorities for the work were discussed at the December session.

The following is a summary:



**Q. What *range of conditions* should AMiE focus on in the immediate future? A few specific conditions or everything and why?**

All conditions

Don't forget about older people

ALL! Nobody should be excluded.

Focus on those that can be reached.

Work as locally as possible as people can't afford to travel.

Should be a focus on mental health and wellbeing for younger people

Could it be that Health Professionals will limit people and they need to be convinced to be more inclusive.

Find the organisation which supports the target group and then work with them e.g. Deafinitely Women

Don't need to go via Health Professionals... direct access.

**Q. We've heard of Social and Green Prescription ...so is *Activity Prescription* a thing? And how can we encourage more Health Professionals to be confident and embrace it?**

Is prescription the right word?

May sound too 'Health'(NHS)

Perhaps 'Activity By Referral'

Need to get buy in from people but also Health Professionals



All Move in Erewash

December 2023

**Q. Which is the biggest barrier to accessing opportunities... *Confidence or Cost?* And how can we overcome them?**

Feel vulnerable

Both major barriers to accessing opportunities

Available finances... not always a priority

Limited family/friends to support

Need for concessions for some groups

**Q. To what extent is *social isolation* as much a danger to health as not moving and to what extent should this feature as a benefit of AMiE.**

As much a danger to health if not more than physical exercise

Common interest can help form friendships

Helps support physical exercise as more likely to go the gym together

Virtuous circle...health - friendship - health

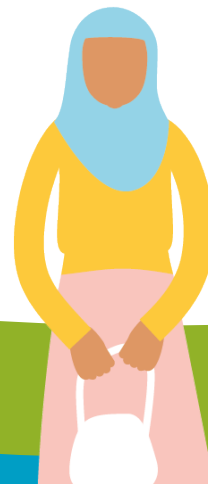
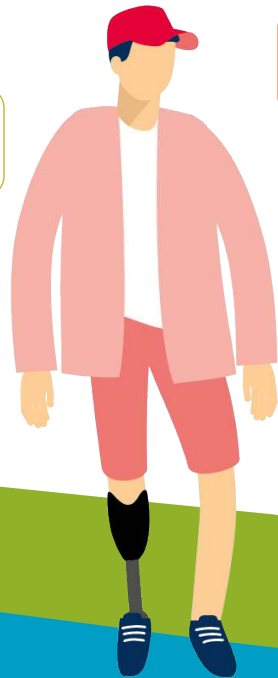
**Q. How will we know when AMIE has made a difference, and how can we use any evidence to support the continuation of the NEW Physical Activity Inclusion Officer?**

Could be medical... Blood sugar, Blood pressure, Weight (but not BMI)... done through medical reviews

People could measure themselves e.g. self-confidence, happiness, energy levels

Need to start from Day 1

Measure all sorts of benefits/impacts not just the obvious ones



December 2023

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**Q. Take a look at the AMiE Physical Activity Inclusion Officer Job Description and list at least two priorities/outcomes.**

1. Need to map Physical Activity providers which support people with disabilities/long term conditions. Note some due diligence on the support groups is needed.
2. Identify gaps in provision.
3. Secure insight from audiences that need support and understand barriers plus support requirements.
4. Understand issues of physical access barriers and how to mitigate them.
5. Have sincere conversations.
6. Involve service users.
7. Secure more funding to support greater system capacity.
8. Secure more funding to keep costs as low as possible @ leisure centres.
9. Devise and develop marketing campaign in accessible language and other ways to reach people (braille and ASL)
10. Organise groups and peer support/engagement ops for people with same condition.
11. Communication key...people need to know about opportunities.
12. Don't rely on social media or the internet. Think about how people can be reached ....library, supermarkets etc.
13. May be that some staff within physical activity providers will need additional training to understand user needs. E.g. Training from user led groups on disabilities and conditions ....deaf awareness.
14. Could there be opportunities to encourage peer/volunteer support?

*other considerations*....must secure sustainable ongoing funding for the role.



An All Move in Erewash (AMiE) Physical Activity Inclusion Officer was appointed in September 2024. A stakeholder group session was held in January 2025, attended by many people who work with people living with long-term conditions or disabilities – either in a strategic role, or supporting individuals. Some of those attending also have their own lived experience. **Below is a summary of the group discussions:**

## What do you understand by the terms movement and physical activity?

The term 'movement' is preferred to 'sport' and 'exercise' or even 'physical activity'. Movement can incorporate many things, it is not always organised activity, it can include everyday tasks at home.

- Examples – swimming, chair exercise, walking, sport, getting outside
- Exercise to heal, get fit, raise heart rate
- Embed movement into daily activity
- Any movement is better than none
- Expectations – don't try to be superhuman
- 'sport' can be a barrier – use terms active and movement
- Activities – e.g. cleaning, going up/downstairs
- Alternative ways to move i.e. not just gym & cardio



January 2025

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# What themes arise when talking to residents with a long term condition or disability?

The barriers that people with long-term conditions face in being active were discussed. The most common barriers identified were accessibility, pain, lack of energy, lack of motivation, lack of information, cost and fear of losing benefits.

- Accessibility/ transport
- Empowering people to choose to move more e.g. travelling further away
- More social groups needed for men in 20s (possible focus group)
- Pain, lack of energy, lack of motivation
- Identity – “I’m not an active person” “It’s not for me” “I won’t fit in”
- Protective parents/ carers
- Lack of information
- Weather
- Feeling unsafe at night
- Lack of funds (transport/kit)
- Stigma of disability
- Fear of losing benefits
- Comparison to pre-LTC
- Body conscious
- Environmental factors
- Fear of worsening condition
- Not always trusting of professionals
- Short term support provision – difficult to sustain
- Social support is really important



January 2025

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Another stakeholder group session was held in May 2025, attended by many people who work with people living with long-term conditions or disabilities – either in a strategic role, or supporting individuals. Some of those attending also have their own lived experience. Group discussions focused on three themes – progress since the last meeting, feedback on the Erewash signposting resource, and findings from the AMiE survey and focus groups.

Below is a summary of those discussions:

### Progress and actions taken since last meeting

- Direct health & wellbeing support within the community
- Collaborative working - including place based (Kirk Hallam) and wider across Derbyshire
- Increased awareness through conversations, sharing information and signposting
- Workforce development

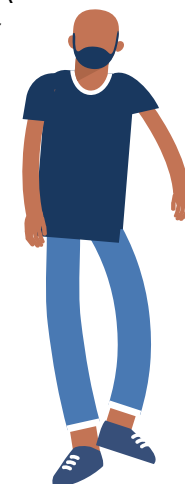
## Accessibility Review – Feedback on Erewash signposting resource

The resource seems to be most helpful for professionals in person-facing roles. A challenge is remembering to use it. It's good to have resources, particularly for those in coaching roles. As a professional, support is needed to raise awareness and clarity of the message.

All agreed that the resource needs updating, it would be helpful to have more local services on there (instead of specialist). It would be useful to have a link to the community mental health map.

Other suggestions included listing services by postcode, spelling out the website on page 1, including a link to one main resource.

There was further discussion around how the resource could be evolved into a copy aimed at residents. Paper copies would be useful for those who are not online. Using accessible language is important. Some residents would find it helpful to have their own laminated cards.



### AMiE survey and focus groups

All Move in Erewash (AMiE) Physical Activity Inclusion Officer Sarah presented the key findings from the AMiE survey and focus groups:

**172** people filled in the survey. **162 (94%)** live in Erewash and **48%** from Ilkeston/Long Eaton.  
**66%** female, **67%** aged 50+. **33%** are inactive <30mins, and **79%** do <90 mins per week.

The most common long-term conditions were: arthritis, heart condition and mental health. The biggest barriers to physical activity were: pain, tiredness and breathlessness.

The most common responses to support needed were: a low cost/ free group, better facilities in the area and reassurance from a healthcare professional.

Focus group summary: attendees shared their thoughts around wanting peer and community support, trustworthy healthcare professionals, inclusive spaces.



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## How can we overcome the barriers identified from the AMiE survey?

**(pain, tiredness, breathlessness, anxiety, fear of falling)**

Education and messaging around perception of physical activity, small steps to increase movement, health conditions, pain management, and aftercare.

A flexible, holistic approach. Medication reviews to ensure people are not solely reliant.

Enablement/ empowerment to overcome pain and become a success story.

Expand on focus groups, create a monthly or quarterly co-design group.

Making sure the right facilities are accessible to ALL.

Encourage people to participate and have benches for those with physical and mental disabilities.

Digital opportunities, search through open active.

A friendly face at groups. How can we provide the support the survey has identified (low cost/ free group, better facilities, reassurance from a health care professional, guidance on getting motivated, having a buddy)?

**The themes discussed include: social, professional support and key elements to include in provision.**

### Social

- Become involved in activities with the person to begin with
- Ensure peer support element is incorporated into physical activity groups (new & existing)
- Create social circles for people
- Physical activity champions lived experience / role model.
- AMiE Timeswap buddies
- Let's move well with pain (add-on to Let's live well with pain)

### Professional support

- Health and Wellbeing coaching
- Support with building confidence
- Encouragement - focus on what people can do
- Attitude of health professionals around physical activity
- Physical activity workforce inclusion support
- More options given of safe activities
- Promote activities so residents are more aware of what's on offer
- More funding to cover costs of transport and attending

### Key elements to include in provision

- Variety, flexibility, adaption, relatable, inclusive, gender specific
- Better facilities – Inclusion review of leisure centres, neighbourhood scans
- Recognise that some people don't want the support

### Incentives for people

- How can we provide and promote more inclusive opportunities for residents in Erewash?
- Social media. More advertising for services
- Making activities interactive and open to all
- Partner inclusion sites to have initial tour of facilities
- Embed strategic approach
- Closer links between physical activity and nature connection
- We Are Undefeatable Erewash campaign
- Support sessions aimed at specific disabilities
- Keep turning up both professionally and personally
- Exercise by Referral review/ extension/ pilot – self-referral, Exercise by Referral forms too long

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# September Meeting Summary

## Since the last network meeting:

- An AMiE monthly newsletter has launched
- Workforce development has supported professionals to have quality conversations around physical activity
- AMiE champions are sharing their positive stories about being active with a long term condition or disability
- AMiE was presented at a **Derbyshire Dialogue** session

AMiE has made huge progress over the last 12 months – crucial connections have been made with key stakeholders, partners and residents, as well as taking small steps to influence movement through many conversations, sharing of information and resources.



There was valuable discussion amongst network members about the AMiE work.

**Many barriers** were discussed around what stops people from taking part in physical activity opportunities that are already available within Erewash.

This highlights the complexity of the situation and the **importance of working together as a system** to navigate these challenges.

## Key points raised:

- A 'warm welcome' is crucial to support people to 'step through the door' – capacity/ volunteer shortage can make this difficult
- Short term programmes prevent people from maintaining positive changes – more emphasis on exit routes is needed
- It's important to spread the word about AMiE
- Buddy programmes, meet and greets and taster sessions may encourage new joiners
- More outreach could potentially be done by activity providers
- Health and Wellbeing drop in hubs can help people find out more about services



## Reflections shared about network meetings

**The next six months of AMiE will be important for shaping the legacy of the work. The network were asked what they find helpful about having these meetings.**

The network felt that the meetings are useful for connecting with each other. They serve as a reminder about what's going on around physical activity regarding people with long term health conditions and disabilities.

Partners felt that having protected space dedicated to thinking about the AMiE work allowed them to move forward with key areas that are applicable to their role.

They agreed that meeting up in person helps to strengthen connections and provides better insight into what's happening as well as maintaining focus and attention of everyone in the room.

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# December Meeting Summary

## Clinician Insights

- The AMiE lead has gathered further insight from clinicians about supporting patient conversations around movement.
- Clinicians highlighted challenges such as: Physical activity conversations are sensitive, lack of training on specific conditions, patients expect “fixes”, and short appointment times limit ability to build trust and understand the person.



## Local initiatives

Erewash PCN is developing and expanding non-medical provision through the social prescribing team, called **WE: Flourish**. Pilots of WE: Flourish including local roadshows, single point of access, and co-location of social prescribers in GP surgeries will be tested from January 2026.

**Aim:** To ensure non-medical needs are met through a systematic, coherent and personalised pathway.

**The Ilkeston track walk**, which started in August 2025, continues to support people with pain and long-term conditions to increase movement. Improvements have been noted in confidence, number of laps completed, and social connections.

## AMiE Partner Survey

Survey responses from October 2025 show AMiE's positive influence on partners and organisations. Examples include **improved understanding of place-based working, positive effects on teams and clients, and evidence enabling successful funding bids.**

One example of how AMiE data and insights have had a positive impact is from **The Elephant Rooms**. The staff there secured funding from Mind to deliver 6 x six-week physical activity courses in 2026, including free therapeutic support and café vouchers.

## Next Steps

An impact report of the insight, learning and recommendations through AMiE will be made available in February/March. This will include a video case study demonstrating the impact of AMiE. Key recommendations will fall under the following themes:

1. Deliver clear, consistent messaging
2. Workforce development
3. Connecting the system
4. Creating accessible and inclusive spaces
5. Embedding cycles of learning and action

*Partners in the room discussed what success would look like when implementing these recommendations.*

- **More support that enables people to move more**
- **Improved signposting, greater uptake and sustained interest in AMiE**
- **More practice and services are influenced by test and learn**



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