



Physical Activity for People
with Chronic Conditions

PACC Process Evaluation 2021-2022

EVALUATION REPORT

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PACC CORE STAKEHOLDER GROUP

Physical Activity for People with Chronic Conditions (PACC) is an initiative under the leadership of Carlow, Waterford and Westmeath Local Sports Partnerships, funded by the Dormant Accounts Innovation Fund via Sport Ireland.



PACC's primary aim is to increase physical activity opportunities for individuals living with chronic conditions. The project is a collaboration involving the following additional core partners:



Carlow & Waterford

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ABBREVIATIONS

PACC	Physical Activity for People with Chronic Conditions
LSP	Local Sports Partnership
HSE	Health Service Executive
SI	Sport Ireland
SETU	South Eastern Technological University
TÚS	Technological University of the Shannon Midlands Midwest
GP	General Practitioner
ICGP	Irish College of General Practitioners
REPS	Professional Register of Exercise Professionals

1. INTRODUCTION

This document is the report of a *process evaluation* undertaken in connection with the PACC initiative. Evaluation activities were carried out during the summer of 2022. The report, not only acts as an evaluative document. A parallel purpose of the document is to act as a record of the work undertaken by PACC since its inception in April, 2021. The report is, therefore, both evaluative and descriptive.

1.1 PHYSICAL ACTIVITY FOR PEOPLE WITH CHRONIC CONDITIONS (PACC)

The PACC initiative involves a multi-stakeholder collaboration that was initiated in 2021 by the Carlow, Waterford¹ and Westmeath Sports Partnerships with funding secured under the 2020 Dormant Accounts Innovation Fund administered by Sport Ireland (SI). Other key stakeholders are:

- The HSE, through its Healthy Eating and Active Living Programme
- Third level institutions, specifically the South East Technological University (SETU), Carlow and Waterford and the Technological University of the Shannon (TÚS) in Athlone
- ExWell Medical.

Since April 2021, a Core Stakeholder Group, involving the partners² listed above, has worked together to plan, conceptualise and oversee the implementation of the project.

1.1.1 Vision and Mission

The PACC core stakeholders aspire to an Ireland in which people with chronic conditions have equal opportunity to access regular, appropriate, supported and high quality physical activity in accordance with their needs and interests. Consequently, PACC has set out to understand and address systemic barriers to the participation of people with chronic conditions in physical activity through the creation of a replicable, multisectoral, evidence-informed, collaborative initiative that generates learning and builds on evidenced practice. A copy of the PACC Logic Model is appended as Annex I.

1.2 IMPLEMENTATION

To date, PACC has been delivered over two phases.

¹ Waterford LSP administered the project on behalf of all partners.

² Over time, certain individuals have moved from their positions in their respective organisations and consequently there has been a degree of change within the Core Stakeholder Group since its establishment with some individuals moving on and others joining at different intervals in the programme. The core institutional partners have remained unchanged however.

Phase I: Development and Consultation

Phase I, which largely ran throughout 2021, engaged the Core Stakeholder Group in a developmental and consultative process to inform the design and implementation of a series of innovative pilot initiatives. Four primary themes emerged consistently across consultations exercises. These concerned:

- the availability of structured and supported exercise services in communities;
- locally based capacity to deliver structured physical activity opportunities for people with chronic conditions;
- the importance of information flow; and
- the importance of efficient referral systems.

Though separate concerns, each of the themes was viewed as interlinked and success in respect of one was considered likely to impact positively on others. Further consideration of these themes by the PACC Core Stakeholder Group prioritised:

Theme	Priorities
a) the availability of structured and supported exercise services in communities	<ul style="list-style-type: none">• the need for community-based, accessible services about which individuals, clinicians and service-providers alike could be confident;• the value of, and benefit from, group-based exercise programmes;• the importance of locally-based services (in so far as possible), taking cognisance of issues of transport; rural provision and IT deficiencies;• the need for programmes be low cost or involve no cost to the end-user, particularly in situations of disadvantage;• the need to match services and programmes to the functional capacity of participants.
b) service availability relies on availability of skilled and informed instructors	<ul style="list-style-type: none">• increased availability of tailored exercise services for people with chronic conditions is dependent on there being a ready supply of skilled and informed fitness instructors;• the need for increased high quality training for exercise and fitness instructors and for this training to be delivered in a coordinated fashion.

c) Information flow

- referral to physical activity programmes, particularly by health professionals, is reliant on an effective flow of information from exercise providers on their capacity to work with people with chronic conditions and on the services that they can offer people with chronic conditions;
- ongoing effective information flow is as an important vehicle in promoting partnership between health professionals and exercise providers (and not simply as a one-off activity at the time of referral).

d) efficient referral systems

- the referral processes between health and exercise professionals and providers needs to be kept simple;
- potential value of social prescribers to enhance referral processes.

Against that backdrop, the Core Stakeholder Group designed three pilot initiatives that would respond to the above findings, and that would test new and integrated approaches to increasing physical activity opportunities for people with chronic conditions. A full report of Phase I was completed and submitted to the PACC Core Stakeholder Group in November 2021 and acts as an important informant of this evaluation.

It is also important to note that in late 2021, PACC applied for a further round of Dormant Accounts Innovation Funding (2022). At the time of writing this report, no confirmation of funding had been received, with PACC continuing to operate on initial funding secured in 2020. Comments are offered in later sections of the report regarding the manner in which uncertainty surrounding future funding has impacted on forward planning within the programme.

Phase II: Pilot Project Implementation and Development

Phase II, which has been the primary focus of 2022, has involved the establishment of working groups³ around three pilot projects:

- **Pilot Project 1:** The adaptation and extension of the ExWell Service Delivery Model in Carlow⁴
- **Pilot Project 2:** Preparation for a research, consultation and framework-development process that will lead to the design of quality assured, multi-level, accredited

³ Inclusive of members of the PACC Core Stakeholder Group and other stakeholders with relevant interest and expertise.

⁴ A new site for ExWell Medical and primarily involving a partnership between ExWell and SETU, Carlow.

training/Continuous Professional Development (CPD) packages for exercise professionals working with chronic conditions

- **Pilot Project 3:** A formal engagement process, primarily involving Waterford Sports Partnership, the Waterford Social Prescriber Service and the HSE Waterford Chronic Disease Hub, designed to increase information-flow and service-linkage and thereby increase the access of individuals living well with chronic conditions to existing community-based, non-medically supervised physical activity programmes.

Each of the pilot project working groups have continued to meet during 2022, as required, and each has arrived at various points of project delivery⁵.

1.3 EVALUATION OBJECTIVES

In May 2022, during a discussion on how the PACC initiative might best engage in - and benefit from - an evaluative process, the Core Stakeholder Group agreed that the project would be subjected to a process evaluation⁶. This evaluation would focus principally on the collaborative innovation enabled through PACC since April 2021, and on how this collaboration had evolved. Against that backdrop, the objectives of the PACC Process Evaluation have centred on:

- examining *what* has been done by PACC since its inception in April 2021 (inputs, activities, outputs and cross sectoral collaboration) and *how* it has been done (particularly from the perspectives of relevance, appropriateness, quality and efficiency);
- deepening understanding of innovation in PACC;
- identifying what has and hasn't worked well in the planning, implementation and innovation of PACC to date, both at Core Stakeholder and Pilot Project levels;
- analysing enablers and barriers to successful implementation across all levels of the programme⁷;
- examining *what has been achieved* through PACC, particularly in terms of cross sectoral working relationships and emerging system/innovation outcomes;
- documenting the *learning* to date from the delivery of PACC; and
- Identifying *elements of an effective operational* model from PACC that have the potential to inform future development of the programme and/or future replication or scalability.

1.4 REPORT STRUCTURE CHAPTERS TO FOLLOW THE OBJECTIVES

The remainder of this document is presented as follows:

Chapter 2 outlines the methodology employed in undertaking this short evaluation process.

⁵ Discussed in more detail below.

⁶ As opposed to an outcome evaluation.

⁷ Inclusive of the communication and working relationships between lead agencies, programme facilitator, the Core Stakeholder Group and the Pilot Project Working Groups.

Chapter 3 focuses on the manner in which PACC has been delivered. It begins by considering the structures involved in the implementation of PACC and the manner in which they have worked together. Thereafter, the report examines the work of PACC to date, with a particular focus on the implementation of each of its three pilot projects. Chapter 3 also engages in an examination of how innovation has been enabled through PACC, mindful that innovation is the central tenet of the initiative's funding stream.

Chapter 4 focuses on achievements within the PACC Programme since its 2021 inception, including an assessment of outputs delivered via the PACC work programme. Not only does this chapter focus on achievements, it examines the manner in which achievements have been realised and highlights enablers and barriers to success within the programme of work. Chapter 4 also considers key learning emerging from the conceptualisation and delivery of PACC over its first year and a half of operation.

Chapter 5 summarises key findings from the evaluation process as well as outlining core recommendations emerging from the evaluation. The report concludes in Chapter 5 with some final remarks.

2. EVALUATION METHODOLOGY

Process evaluation sets out to determine if an initiative has been implemented as intended and has resulted in anticipated outputs/deliverables. It involves examining activities and outputs from the perspectives of *relevance; appropriateness; quality; efficiency; and emerging systemic outcomes*⁸. In the context of collaborative projects, it also involves examination of the working relationships between project partners and the extent to which the collaboration has brought additional value to the project.

A core purpose of process evaluation involves *deepening understanding of the enablers and barriers to successful outcomes*, clarifying not only what has and hasn't worked well in programme implementation, but also the *why* and *how* behind what has and hasn't worked. In the context of PACC, central to process evaluation was a commitment to *capturing learning*, learning that would have the potential to inform future planning, practice, model definition, replication and scalability.

Process evaluation tends to be *participatory* and *qualitative* by nature and involves engaged dialogue with all those having a stake in the project, including programme designers, overseers, implementers and, as appropriate, participants⁹. It involves exploring and bringing coherence to their respective experiences and opinions of the project. This allows for the expression of multiple and, in some cases, contradictory perspectives, all of which are relevant and potentially valuable to the evaluation findings.

Against that backdrop, the PACC process evaluation was delivered by implementing the following key steps:

- a) An evaluation framework was prepared and agreed by the PACC Core Stakeholder Group to guide the evaluation process and ensure consistency across all evaluation activities.
- b) A survey was issued to Core Stakeholder Group Members, past and present, with questions focusing on the operation of the Core Stakeholder Group as the planning and direction setting body of PACC. A total of eight responses was received.
- c) An evaluation meeting was held with the Coordinators of the lead agencies: Carlow, Waterford and Westmeath Sports Partnerships. This discussion focused on the needs, aspirations and observations of the participating LSPs, as well as exploring the background and context to the establishment of PACC.
- d) Evaluation meetings were held with the working groups of Pilot Projects 1 and 3, focusing on the extent to which both projects had addressed the core objectives set for each,

⁸ Such as, for example, changes in the ways sectors work together. These system outcomes can be both planned and, where it arises, unplanned.

⁹ However, given the stage of development of the initiative, it was neither appropriate nor feasible to engage with programme participants.

considering outputs and achievements to date and examining learning emerging from the work to date that would inform future implementation of the projects and/or further innovation under PACC.

A decision was taken not to conduct a similar evaluation meeting with the working group of Pilot Project 2. To date, the working group has met less frequently than the other pilot project working groups and it was felt that an evaluation discussion would risk doing something *simply for the sake of it*. To date, the working group for this pilot project has prepared a tender document for consultancy services. At the time of writing this report, work was underway to finalise a procurement process that would lead to the selection of a consultant(s) to advance the work of Pilot Project 2. As will be noted below, Pilot Project 2 has realised a number of significant outputs and achievements, including the preparation of the aforementioned tender and securing €85k in funding from the HSE (€60,000), County Carlow Sports Partnership (€15,000) and PACC (€10,000).

Following the activities listed above, the final evaluation activity involved the presentation, discussion and review of findings from the evaluation with the Core Stakeholder Group. This review took place at a meeting in late September with the outcome of discussions informing this final evaluation report¹⁰.

¹⁰ And ultimately contributing to informing the next stages of PACC and PACC's application to the 2023 Dormant Accounts Innovation Fund.

3. IMPLEMENTATION, OUTPUT AND INNOVATION

This chapter considers the manner in which PACC has been implemented to date. It does this by examining the work under three primary headings: structures, outputs and innovation.

3.1 STRUCTURES

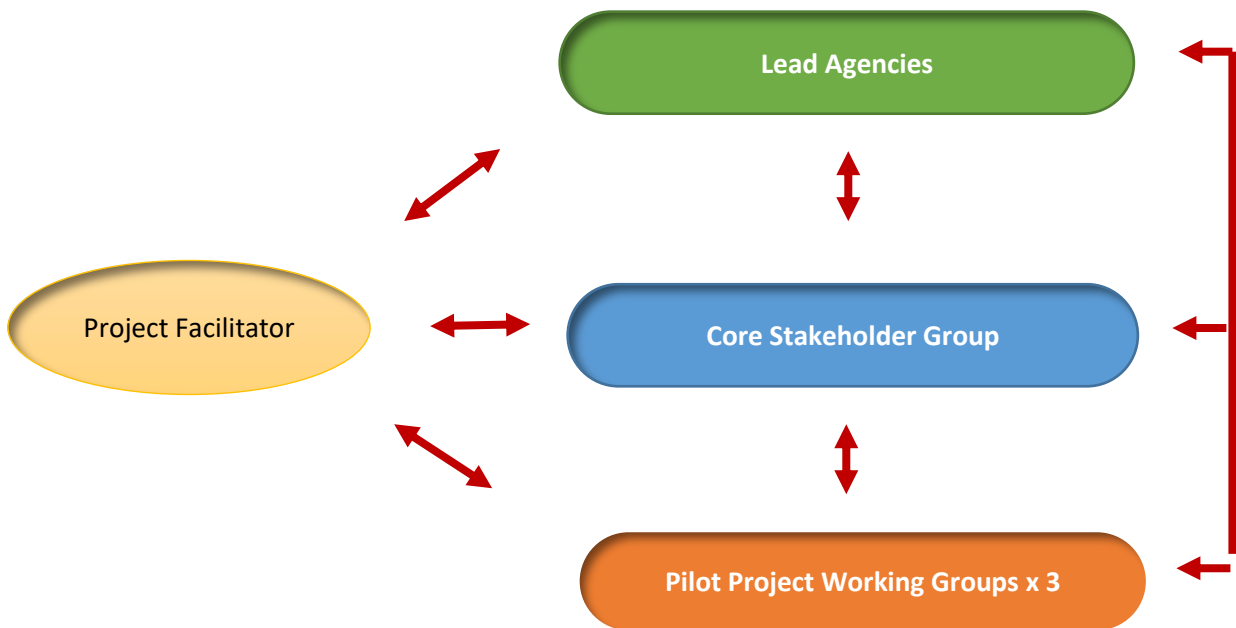
The implementation of PACC is embedded within a range of management, oversight and delivery structures as follows:

- **The Lead Agencies**, Carlow, Waterford¹¹ and Westmeath Sports Partnerships, are responsible for managing and administering PACC, while also taking responsibility for liaising with SI.
- **The Core Stakeholder Group**, comprising representatives of the key project partners works as a collaborative structure and is responsible for oversight, leadership, strategic direction and strategic decision-making in respect of PACC.
- Three **Pilot Project Working Groups** have been convened under PACC to design and deliver the aforementioned pilot projects and to report on their progress to the Core Stakeholder Group.
- A **Patient Reference Panel** operated during Phase 1 of the PACC initiative in 2021. The panel comprised six individuals living with chronic conditions. The panel met periodically to review the work of PACC and to inform the thinking of the Core Stakeholder Group. Two of the panel members also represented the voice of service-users at Core Stakeholder Group. In spite of the expressed interest of the Core Stakeholder Group in the continuation of a Patient Reference Panel, the panel hasn't functioned in 2022 and has effectively dissolved.
- A **Project Facilitator** resources the work of each of the structures listed above, facilitating meetings, reporting on progress and ensuring coherence between the various strands of the project.

The structures outlined above involve multiple communication lines. Figure 1 below attempts to illustrate the current operational structure of PACC, inclusive of the lines of communication involved. The evaluation process examined the manner in which the structures worked together, both within and across individual structures.

¹¹ With Waterford Sports Partnership acting as administrative lead and manager of finances associated with the initiative.

Figure 1: Operational Structure of PACC



3.1.1 Lead Agencies

The evaluation observes that the participating sports partnerships work extremely well together and operate from a shared understanding of PACC. The Coordinators of each are involved in PACC, not only as lead agents, but also as members of the Core Stakeholder Group and in individual pilot projects. During the evaluation it was suggested that the Lead Agencies needed to hold short meetings each month to consider and address overall operational challenges and plans. It was also suggested that the Lead Agencies should work to a Terms of Reference, similar to that agreed in 2021 in respect of the Core Stakeholder Group, the purpose of which would be define and distinguish the role of participating LSPs in PACC, separate to their involvement as members of the core stakeholder group.

3.1.2 The Core Stakeholder Group

As noted above, the Core Stakeholder Group is the oversight and direction setting structure of PACC. It has been meeting since 2021. It has created and agreed a Logic Model for PACC, from which it takes its overall direction, and operates to an agreed Terms of Reference.

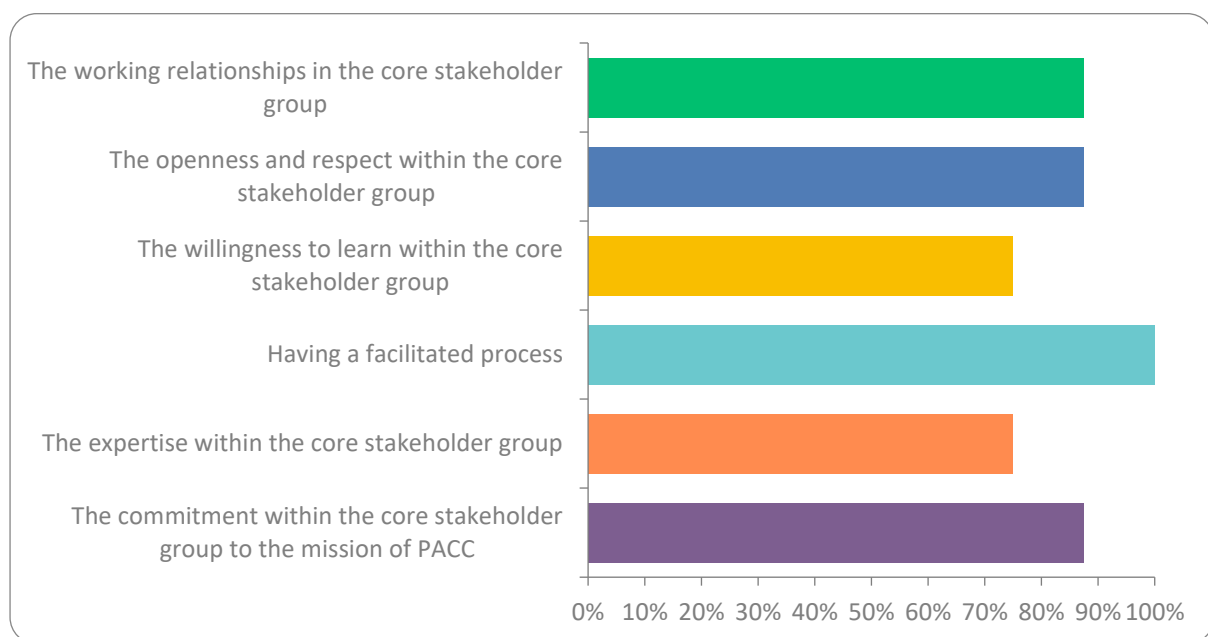
The process evaluation revealed very positive reactions among core group members to the manner in which the Core Stakeholder Group membership worked together and fulfilled its function. Specifically, the following should be noted from the survey issued to Core Stakeholder Group members during the evaluation process:

- three out of four respondents *strongly agreed* that the PACC Core Stakeholder Group was working to its stated mission;

- sixty-three percent of respondents *strongly agreed* that the Core Stakeholder Group was creating and implementing a model of cross-system collaboration;
- seventy-five percent *agreed* that the Core Stakeholder Group was leading the creation, testing and evaluation of systemic solutions to the physical activity needs of people living with chronic conditions;
- sixty-three percent of respondents *strongly agreed* that the Core Stakeholder Group was guiding and advising on the direction of PACC and its pilot projects;
- the same percentage of respondents *strongly agreed* that the Core Stakeholder Group had a shared understanding of challenges to be addressed regarding the physical activity needs of people with chronic conditions - and optimal approaches to addressing those needs;
- seventy-five percent of respondents either *strongly agreed* or *agreed* that the Core Stakeholder Group had informed a consultation process to understand obstacles to physical activity and built an evidence-base for action;
- fifty percent of respondents *strongly agreed* and a further fifty percent *agreed* that the Core Stakeholder Group had built on existing good practice in the development of outcome-focused pilot interventions; and
- eighty-eight percent of respondents *strongly agreed* that the PACC work programme, as directed by the Core Stakeholder Group was relevant and appropriate, with a third *strongly agreeing* and half *agreeing* that the work programme was efficient and of high quality.

Figure 2 below offers an outline of the factors considered by Core Stakeholder Group members to have enabled the work of the Core Stakeholder Group.

Figure 2: Factors that have enabled the work of the PACC Core Stakeholder Group¹²



¹² Survey respondents were invited to tick all that applied.

In contrast, two issues identified as negatively impacting on the work and function of the Core Stakeholder Group were the lack of clarity on future innovation funding for the initiative and the absence of certain expertise from the Core Group.

Funding

In late 2021, Waterford Sports Partnership, on behalf of the PACC Core Stakeholders, submitted an application for further funding to the 2022 call for applications to the Dormant Accounts Innovation Fund. At the time of writing this report, almost a year after the submission of the application to the Innovation Fund, the outcome of this application has not been communicated to Waterford Sports Partnership or the wider Core Stakeholder Group. The uncertainty around future funding commitments and the associated impact of that uncertainty on the capacity of the PACC Core Stakeholder Group to plan confidently for 2023 and beyond has hung negatively over the initiative throughout 2022.

Expertise

During discussions at Core Stakeholder Group level in 2021, it was noted that the absence of a General Practitioner (GP) voice resulted in a gap in available expertise to the core group. At that time, the Core Stakeholder Group reached out to the Irish College of General Practitioners (ICGP), inviting the participation of a representative on the PACC Core Stakeholder Group. As PACC was not in a position to meet the ICGP request for its participation to be remunerated¹³, it was agreed that the voice of GPs would be sought through consultation activities of the programme. It is not clear at this point what additional expertise is considered absent from the group but this is a matter to which the Core Stakeholder Group will return in 2023.

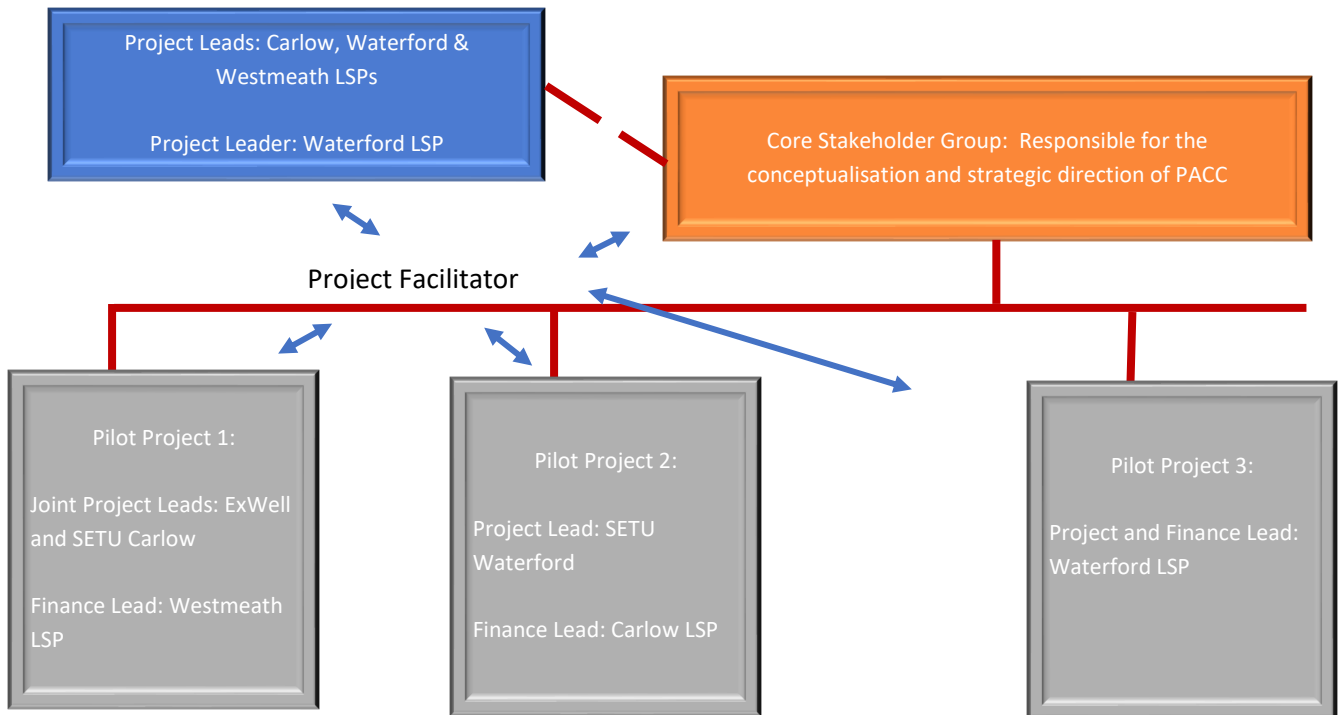
3.1.3 Pilot Project Working Groups

Following the selection of pilot projects to be implemented under the umbrella of PACC, three pilot project working groups were established. A terms of reference agreed by the Core Stakeholder Group for Pilot Project Working Groups noted that Pilot Project Working Groups would be responsible for designing and delivering pilot initiatives.

Structurally, it was agreed that a member/members of the Core Stakeholder Group would lead/steward each pilot project, while an LSP Coordinator was identified to lead all financial and administrative responsibilities in each pilot initiative. Similarly, each member of the Core Stakeholder Group elected to join a Working Group that matched their primary interests in PACC. Working Groups were to report to the Core Stakeholder Group on progress and expenditure via the Project Facilitator. See Figure 3 below for details.

¹³ A decision was taken by the PACC Core Stakeholder Group in 2021 that PACC would not remunerate members for their participation in the group.

Figure 3: Operational Structure for Pilot Projects



As will be observed below, relevant bodies were invited to participate on the various working groups, given the relevance of their roles to each individual project. Details of each pilot project working group are offered below:

Pilot Project 1

Membership of the Pilot Project 1 Working Group has included representatives of ExWell Medical; SETU Carlow; Westmeath and Carlow LSPs and the HSE. This project has also employed a Coordinator and has benefitted from the voluntary involvement of SETU students in the delivery of the programme. See section below on implementation for more detail.

Participation by members in the working group has been consistent throughout 2022. In an evaluation meeting, it was noted that the working group supported the primary partners, ExWell and SETU, challenging implementation, making suggestions and keeping the project focused on its original aims.

Pilot Project 2

The membership of the Pilot Project 2 Working Group has comprised SETU Waterford, HSE, Carlow Sports Partnership, Sport Ireland, REPS Ireland, Exercise is Medicine Ireland at the University of Limerick, and the Faculty of Sport and Exercise Medicine at the Royal College of Physicians of Ireland.

As noted above, this pilot project working group has met less frequently than other working groups and participation of certain members has been sporadic. That said, there is a keen interest among working group members in the project and in the design of quality assured, multi-level, accredited training/Continuous Professional Development (CPD) packages for exercise professionals working with chronic conditions. Similarly, the potential of this project has been acknowledged by all participating bodies.

The core function of this working group to date has been to prepare a tender for research, consultation and content development in respect of the planned training and CDP packages. Much of the responsibility for this work has fallen to the chair of the group in association with the PACC Project Facilitator. It has been difficult to mobilise certain interests in the group around the preparation of a tender, but it is anticipated that greater engagement of all members will be likely once a consultancy has been selected to undertake the work and once the delivery of the tender has commenced.

Pilot Project 3

Membership of the Pilot Project 3 Working Group involves Waterford Sports Partnership; the HSE and in particular the HSE Chronic Disease Hub in Waterford City and County; the Social Prescriber Service of Waterford City and County, and representatives of SETU Waterford/TÚS.

The group has met on a significant number of occasions throughout 2022 with members acknowledging these engagements as having deepened understanding of each other's sectors and of the challenges that need to be addressed in enabling people living with chronic conditions to participate in community-based physical activity programmes. Members of the group have acknowledged that the output of the project has evolved at a slower pace than originally anticipated, while also noting that this slower pace was a necessary enabler of cross sectoral understanding. A core strength of the group has involved facilitating connections between services that had limited connections heretofore and enabling cross sectoral engagement on a shared target group.

3.1.4 Relationships between Pilot Project Working Groups and Between Pilot Project Working Groups and the Core Stakeholder Group

Each pilot project working group operates independently of others and the working groups have had no interaction with one another to date. A number of individuals participate on more than one pilot project working group but this does not necessarily contribute to an integration of pilot projects. The absence of a clear PACC brand and PACC communications strategy has also meant that the pilot projects are not immediately recognisable as projects of the PACC collaboration.

The PACC Project Facilitator engages with all pilot project working groups and is responsible for feeding back on progress from all the pilot projects to the Core Stakeholder Group (along with Core Stakeholder Group members that lead individual pilot projects).

A challenge of the overall programme is to ensure that the individual pilot projects, though separate and operating independently, remain part of an integrated programme of work directed and overseen by the PACC Core Stakeholder Group. It was suggested in one evaluation meeting that the PACC Core Stakeholder Group had lost some of its bite and challenge because “there are three distinct pillars in PACC that seem to operate as separate entities.”

This notion of separate entities also has the potential to negatively impact on the PACC brand and so it will be important that the Core Stakeholder Group considers how i) it oversees the collective impact of its pilot projects and ii) how it communicates the integrated nature of its work across three separate but essentially interlinked themes.

3.2 IMPLEMENTATION AND OUTPUT

Reference has been made above to the fact that PACC has, to date, been delivered over two phases: Phase 1 – a conceptualisation, consultation and development phase and Phase 2 – a pilot project implementation stage designed to test new ways of working in relation to key themes identified in Phase 1.

All of Phase 1 was implemented in close collaboration with the PACC Core Stakeholder Group. In Phase 2, the primary focus of activity shifted to the establishment and operation of Pilot Project Working Groups and to the implementation of their respective projects. Written progress updates from each pilot project have been provided to the Core Stakeholder Group by the project facilitator, while updates on each pilot project have also been a standing item at all Core Stakeholder meetings.

3.2.1 Implementation of Pilot Project 1

Pilot Project 1 set out to adapt and extend ExWell’s clinically supervised exercise programme for people with chronic conditions. The primary emphasis of the adaptation included a commitment to broadening participation among traditionally hard to reach groups and to increasing referrals between health and exercise professionals. Carlow was chosen as the venue for this project in light of the fact that ExWell had no prior involvement in the area. The project was implemented in Carlow as a partnership between ExWell and SETU. It was anticipated that the project would commence in Carlow town and, in due course, would be in a position to extend to satellite centres around the county.

The pilot project working group was quick to initiate the project in Carlow. Contact was made with a range of social inclusion organisations in the area to promote the project and encourage participation. Contact was also made with local GPs to encourage referral of people with chronic

conditions to the project. Engagements were also held with local media to promote the project, supported very effectively by the Communications Office of SETU.

The supervised exercise programme in Carlow commenced operation in March of this year. Initial progress within the project was slow, largely because of a low number of referrals. Referrals have built up over time and accordingly, so too have participant numbers. The project now offers two classes weekly and participant numbers average approximately 25 individuals per class. A total of 46 active participants were actively involved in the programme at the time of writing this report. The project continues to hold induction opportunities for potential new participants every three weeks, thereby growing the number of participants on an ongoing basis. However, as of yet, there is no possibility of establishing a further class in communities outside of Carlow town.

Over the course of the project, a total of 12 participants have dropped out of the supervised exercise classes. Reasons for drop out¹⁴ included the mixed nature of group participants¹⁵, lack of interest¹⁶ and mental health difficulties. A further eight individuals who had left due to illness, family or work commitments have committed to returning to the programme.

Discussion with the members of the pilot project working group indicated that, in spite of the project's intention, the critical challenge facing the project remains its capacity to attract and include participants with chronic illnesses from communities and target groups that traditionally have had low levels of participation in physical activity. Working group members noted that efforts had been made to link with advocacy groups for people with varied chronic conditions and with locally based social inclusion support groups. Flyers and a video on the benefits of the project had been circulated and GPs had been informed of the project's emphasis on traditionally excluded groups. However, the success that had been anticipated in this regard had not materialised.

This matter was discussed in detail by the PACC Core Stakeholder Group during its review of the draft process evaluation report. A number of significant observations were offered that have the potential to inform future efforts in this pilot project. These concerned:

- It was suggested that activity to initiate classes had moved more quickly than the relationships required to promote participation of hard to reach communities/ individuals. It was acknowledged that contacts had been made with Carlow-based social inclusion organisations at the beginning of the project. However, these contacts had not been sustained or optimised to the extent possible. It was proposed that project partners would link back on an ongoing basis with the organisations and services trusted by hard to reach groups.
- While much of the work of Pilot Project 1 to date has focused on delivering supervised exercise classes to participants that have signed up, it was suggested that more attention

¹⁴ Ascertained through follow-up of the Pilot Project Coordinator in Carlow.

¹⁵ The average age of participants is in excess of 60 years and this can be off-putting for younger participants.

¹⁶ A number of participants who left the programme commented on only attending because their GP had advised them to do so.

might be devoted to understanding the landscape in which Pilot Project 1 operates. What is the landscape in terms of HSE provision, local social inclusion infrastructure, Local Sports Partnership, Social Prescriber Service, etc? Understanding this local landscape, and collaborating with the services involved, could radically change the nature of participant attending the ExWell programme in Carlow – as well as strengthening collaboration with a broader range of interest groups.

- This recommendation did not seek to downplay the ongoing importance of working with GPs and continuing to promote GP referrals to the project. However, the continuing link with social inclusion infrastructure was seen to be key to innovation in PACC 1. Similarly, the importance of testing new ways of working and learning from the outcome of those new ways (in the spirit of implementation science), and of drawing on international research was promoted. It was also suggested that opportunities for linkage and shared learning should be explored with pilot project 3.

3.2.2 Implementation of Pilot Project 2

Four meetings of Pilot Project Working Group 2 have taken place since February 2022. As previously noted, thus far, the core function of this working group has been to prepare a tender for research, consultation and content development in respect of the planned training and CDP packages. Much of the responsibility for this work has fallen to the chair of the group in association with the PACC Project Facilitator. The function of the group will extend to overseeing the delivery of the consultation and framework-development process, once a consultancy has been selected to progress the work.

The pilot project has achieved a number of important outputs. The aforementioned tender document has been prepared and, at the time of writing this report, work is ongoing with Carlow County Council to issue a tender to procure services on behalf of Carlow Sports Partnership¹⁷. This tender needs to be issued as a matter of priority. Otherwise, Pilot Project 2 risks losing momentum, as well as the interest of stakeholders in the working group.

The budget proposed for the delivery of this project is substantial and the absence of clarity on the success of PACC's submission to the 2022 Dormant Accounts Innovation Fund has limited the speed with which this project could be progressed. That said, a €60,000 contribution by the HSE and a further €15,000 contribution by Carlow Sports Partnership towards the project emerge as significant enablers of this project. The PACC Core Stakeholder Group has also committed €10,000 from its original 2020 allocation towards the implementation of this project. Should PACC receive confirmation of funding from its 2022 application, it may be possible to allocate additional monies towards this consultancy, thereby increasing the chances of securing a high quality consultancy to lead the work on behalf of Pilot Project Working Group 2.

¹⁷ Carlow Sports Partnership will act on behalf of PACC in the administration and management of the proposed consultancy.

3.2.3 Implementation of Pilot Project 3

The project proposal for this pilot initiative noted that the project would seek to increase the access of individuals living well with chronic conditions to existing community-based, non-medically supervised physical activity programmes by developing and strengthening a formalised engagement process between healthcare professionals, social prescribers and community-based physical activity providers. Specifically, the project set out to achieve the following outcomes:

- increased information-flow, linkage and collaboration between Waterford Sports Partnership and i) Waterford Social Prescriber Service and ii) Waterford Chronic Disease Hub;
- people living well with chronic conditions in Waterford city and county have i) increased knowledge on community-based physical activity opportunities and ii) increased confidence to participate; and
- increased participation of people living well with chronic conditions in the programmes of Waterford Sports Partnership.

The project established a working group that comprises the key project partners (i.e. representatives of the Sports Partnership, the Waterford Social Prescriber Service and the Waterford Chronic Disease Hub) along with representatives from the PACC Core Stakeholder Group and SETU/TUS.

The pilot project working group has met on eleven occasions since February 2022, ironing out an optimal approach to information-flow, linkage and collaboration. The project partners remain committed to the outcomes projected above. The project remains on track but all working group members acknowledged that the project has progressed slower than anticipated.

A significant development in the project involved engagements in August between representatives of Waterford Sports Partnership and 40 health professionals from across the HSE in Waterford and Dungarvan. The purpose of these engagements was to initiate a relationship between the Waterford Sports Partnership and health professionals, providing Waterford Sports Partnership with an opportunity to present its work and, in particular, its community-based exercise programmes. Similarly, a core function of the engagements was to explore opportunities for health professionals to signpost people living well with chronic conditions to those community-based programmes.

The presentations by Waterford Sports Partnership were well received with attendees pleased to get information on the partnership's work and programmes. HSE attendees sought increased clarity on what would be involved in the non-medically supervised programmes. In other words, if HSE personnel were signposting a patient to a programme, what would the patient be doing?

Arising from these engagements, the pilot project working group has agreed:

- that the project would work intensively with a small number of HSE departments in the beginning to trial the signposting process and learn by doing;

- that personnel from Waterford Sports Partnership and the HSE Chronic Disease Hub would work together to develop a workable system of signposting, e.g. having a dedicated page on the Waterford Sports Partnership website, developing A3 information-cards for dissemination among health personnel and their clients.

It has been agreed that specific programmes of Waterford Sports Partnership will be ready for the integration of people with chronic conditions, signposted from key services, by Quarter 1, 2023. This will involve the selection of programmes that would be a good fit for this process (ideally running over 6-8 weeks), updating forms¹⁸ to encourage participation and reduce fear of physical activity, and having all relevant Sports Partnership staff and tutors ready to operate with participants signposted to the programmes. Work has begun on updating the Waterford Sports Partnership website to support the signposting process.

In parallel, the HSE will identify a distinct number of HSE services that would be a good fit for signposting to Sports Partnership programmes, and agree the requirements of an effective signposting process. Health services will also need to identify the levels of exercise of which an individual patient is capable, which will enable participants with chronic illnesses to be matched to suitable programmes. A process of tracking the number, and outcome of, signposts from HSE services will require development.

A similar template needs to be developed to enable the Waterford Social Prescriber Service to signpost clients to the programmes of the Sports Partnership. It is important that this be done relatively quickly to maintain the commitment of the Waterford Social Prescriber Service to the project.

Funding

To date, spend on each of the pilot projects has been limited with expenditure arising only in respect of Pilot Project 1¹⁹. Pilot Project 1's expenditure since the initiation of the project in March has totalled just under €16,000, considerably less than had been originally anticipated²⁰.

It is important to acknowledge the voluntary participation²¹ of all stakeholders involved in PACC and its individual pilot projects.

¹⁸ Most notably the Physical Activity Readiness Questionnaire (PARQ)

¹⁹ All of which has been covered by 2020 Innovation Funding.

²⁰ In fact, the principal expense from the entire PACC initiative to date has been on the cost of contracting the previously mentioned Project Facilitator.

²¹ With the backing of Core Stakeholder Group and Pilot Project Working Group members' respective organisations and agencies.

3.3 INNOVATION

Given its funding source, a core tenet of the work of PACC is to work in a socially innovative manner. There are many definitions of social innovation which include:

“Social innovation refers to the design and implementation of new solutions that imply conceptual, process, product, or organisational change, which ultimately aim to improve the welfare and wellbeing of individuals and communities (OECD).”²²

“Social innovation is the process of developing and deploying effective solutions to challenging and often systemic social and environmental issues in support of social progress. Social innovation is not the prerogative or privilege of any organizational form or legal structure. Solutions often require the active collaboration of constituents across government, business, and the non-profit world (Soule, Malhotra, Clavier).”²³

“A new solution to a social problem which is more effective, efficient, sustainable or fairer compared to existing solutions, and which generates value primarily for society instead of single individuals or organisations (Phills et al. 2008).”²⁴

“distinctive both in its outcomes and in its relationships, in the new forms of cooperation and collaboration that it brings. As a result, the processes, metrics, models and methods used in innovation in the commercial or technological fields, for example, are not always directly transferable to the social economy (Murray et al. 2010).”²⁵

The above definitions are useful in that they provide an anchor for understanding the type of innovation promoted and enabled via the PACC initiative.

The essence of PACC’s innovation lies in a number of commitments that underpin the entire approach to the initiative. These concern the initiative’s commitment to:

- facilitating diverse stakeholders from multiple disciplines to collaborate formally in respect of the physical activity needs of people living with chronic conditions in Ireland;
- removing systemic barriers to the participation of people with chronic conditions in physical activity;
- to testing, and learning from²⁶, new ways of collaborative working and identifying elements of sustainable and replicable responses.

²² <https://www.oecd.org/regional/leed/social-innovation.htm>, information accessed on 13th October, 2022.

²³ <https://www.gsb.stanford.edu/experience/about/centers-institutes/csi/defining-social-innovation>, information accessed on 13th October, 2022.

²⁴ James A. Phills, Kriss Deiglmeier, Dale T. Miller. *Stanford Social Innovation Review* 2008 Vol. 6 Issue 4. Organizational Behavior

²⁵ Murray et al. (2010) *The Open Book of Social Innovation*

²⁶ Through a process of plan, do, review.

These overarching commitments inform the type of innovation enabled through each of the aforementioned pilot projects. Like the wider PACC Core Stakeholder Group, all pilot projects emerge as cross sectoral, collaborative innovations that are designed to enhance the participation of people with chronic conditions in physical activity.

- Innovation in Pilot Project 1 focuses on the adaptation and further development of an existing model of clinical exercise provision, with a distinct emphasis on 1) including participants with chronic illnesses that ordinarily remain uninvolved in physical activity, 2) increased engagement with health professionals around referral of patients to supervised exercise programmes and 3) understanding participant drop out as it arises.
- Innovation in Pilot Project 2 is framed around a cross sectoral, systemic response to a significant training and qualification gap in the fitness sector. In many respects, innovation in Pilot Project 2, when completed, will be a fundamental enabler of Pilot Projects 1 and 3.
- Innovation in Pilot Project 3 is also rooted in a cross sectoral engagement, developing a model of engaged relationships that involve a Sports Partnership, a Chronic Disease Hub of the HSE and a Countywide Social Prescriber Service. At the heart of these relationships is a commitment to enhanced information-sharing across services and linkage of clients living well with chronic conditions into community-based physical activity programmes of the Sports Partnership. Innovation also occurs through the discussions and planning of the project partners, leading to a deeper understanding of the issues that impact on each service-provider and on their respective services for people with chronic conditions. This programme has also challenged Waterford Sports Partnership to adapt the ways in which it recruits participants on its community-based programmes. The learning garnered through the deliberations of this pilot project has also been brought into discussions at a national level in respect of the proposed piloting of Physical Activity for Health Officers in Local Sports Partnerships.

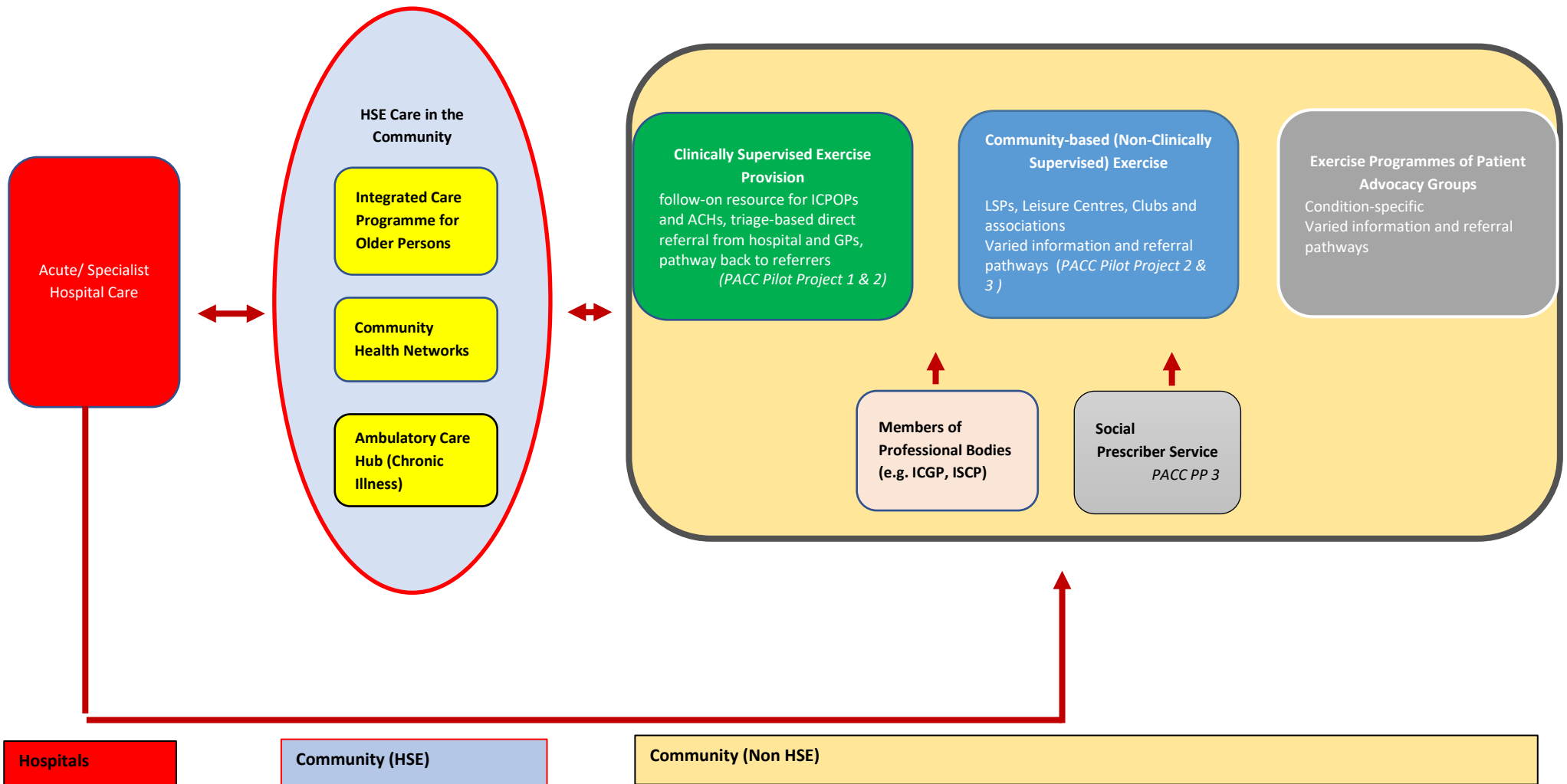
Discussions at Core Stakeholder Group level acknowledged the strategic significance of the innovation being enabled via PACC. Core Stakeholders also highlighted, however, the importance of positioning PACC within a wider practice landscape relevant to chronic illness and physical activity. It was noted that considerable work was ongoing in respect of a Physical Activity Pathway in Healthcare Model and Physical Activity for Health officer role in LSPs; in addition to structural changes to health service delivery under Sláintecare. It will be important for PACC to identify where it and its pilot projects fit alongside these developments.

Figure 4 overleaf presents a diagrammatic illustration of that practice landscape while also offering an indication of the ideal positioning of PACC pilot projects/innovations within that landscape. It is important to note that this process of understanding the practice landscape and positioning PACC within it remains a work in progress.



Underpinned by a series of core principles:

- Commitment to supporting people with chronic conditions to participate in ongoing physical activity in accordance with their respective needs and interests
- Commitment to the equivalence of all forms of exercise-provision for people with chronic conditions
- Recognition that some people with chronic conditions need clinical oversight when engaging in physical activity, others don't
- Similarly, recognition that some people may choose to engage in clinically supervised exercise-provision, whether necessary or not
- Recognition that participants in physical activity can bypass any of the steps on this scale in accordance with their respective needs and interests and ideally can return to any step on the scale as required



4. ACHIEVEMENTS AND LEARNING

Chapter 4 focuses on achievements within the PACC Programme since its 2021 inception. Not only does this chapter focus on achievements, it examines the manner in which achievements were realised and highlights enablers and barriers to success within the programme of work.

4.1 REALISATION OF OUTPUTS

The PACC Logic Model projects a series of outputs for delivery by PACC over the course of 2022. Commentary is offered in the table below regarding PACC's realisation of those outputs.

Output	Commentary
a) Multi-stakeholder management, oversight and implementation structures	Reference has been made above to the existence and operation of a set of management, oversight and project implementation structures. The participating Sports Partnerships operate as a group of lead agencies responsible for management of the initiative. The Core Stakeholder Group, since the outset of the initiative, has provided oversight and strategic direction to the project, while individual pilot project working groups have been established to implement PACC's three pilot projects.
b) Pilot projects to test systemic solutions to physical activity among people with chronic conditions	PACC has established three pilot projects designed to respond systemically and strategically to identified barriers that impact negatively on the participation of people with chronic illnesses in physical activity. Each of the pilot initiatives involves the collaboration of multiple stakeholders across a variety of sectors. Figure 4 above demonstrates the current positioning of PACC pilot projects/innovations within the broad policy and practice landscape in the sectors of health and exercise.
c) Research and evaluation reports on impact of PACC and pilot projects	PACC completed a comprehensive consultation process in 2021, established to guide an inform PACC's three pilot initiatives. A comprehensive

report of that consultation process was prepared.

To date, PACC has not engaged in impact assessment of the initiative and its pilot projects. This evaluation report focuses on the process of delivering PACC since its inception and offers a review and a reflection on its collaborative work.

The PACC Core Stakeholder Group remains committed to impact evaluation when its pilot projects are at more advanced stages. Particularly, the Core Stakeholder Group remains committed to measuring participation outcomes for people with chronic conditions as appropriate within the programme²⁷. This element will be an important feature of the PACC work programme in 2023.

d) Project reports documenting process and outcome

A Phase I PACC Progress report was completed in November 2021²⁸, documenting the work and output of PACC during the period April – November 2021. This process evaluation report acts as an updated PACC Progress report, detailing the activities, outputs and achievements of PACC since its inception up to October 2022.

e) Development of a PACC Brand and communications and dissemination strategy

The PACC Core Stakeholder Group acknowledges that this is an area that has not been addressed adequately to date, with the Core Stakeholder Group identifying this element as a priority for 2023. This is particularly important in light of the Core Stakeholder Group's desire to identify PACC as a systemic response to the exercise needs of people with chronic conditions and position the initiative strategically within a wider policy and practice landscape.

²⁷ This will be important in measuring the impact particularly of Pilot Projects 1 and 3.

²⁸ Incorporating the aforementioned consultation report.

f) New funding secured

In late 2021, the Waterford Sports Partnership, on behalf of Carlow and Westmeath Sports Partnerships and the wider PACC Core Stakeholder Group, submitted an application to the 2022 Dormant Account Innovation Fund. At the time of writing this report, PACC had not received confirmation of continued funding. Uncertainty surrounding future funding has impacted on PACC's capacity to plan for the future of the initiative.

In the interim, funding contributions totalling €75,000 have been secured from the HSE and Carlow Sports Partnership towards the implementation of PACC Pilot Project 2. Securing this funding has provided a significant vote of confidence in the work of PACC.

All of the above has been realised within the context of a shared vision and a shared sense of purpose within the PACC Core Stakeholder Group. Comments from the evaluation survey involving Core Stakeholder Group referred to the manner in which these outputs had been delivered, including:

“in a respectful and growth mindset/approach.”

“appreciating and acknowledging different perspectives on the challenges.”

“in a professional manner, before agreeing a way forward.”

4.1.1 Relevance, Appropriateness, Quality and Efficiency

The PACC Core Stakeholder Group believes strongly in the relevance, appropriateness, quality and efficiency of the work it is leading. As noted previously, each of the PACC pilot projects evolves from recognised challenges and barriers to physical activity for people with chronic conditions that were identified through a robust consultation process in 2021. The aforementioned Core Stakeholder Group survey revealed that eighty-eight percent of respondents *strongly agreed* that the PACC work programme, as directed by the Core Stakeholder Group, was relevant and appropriate, with a third *strongly agreeing* and half *agreeing* that the work programme was efficient and of high quality.

Ultimately, however, the relevance, appropriateness, quality and efficiency of PACC can only be determined by the participation outcomes it realises in respect of people with chronic conditions accessing, participating in and sustaining physical activity. PACC is not at the stage of measuring

participation outcomes as yet and further consideration is required in relation to future outcome evaluation in the initiative.

4.1.2 Process Outcome

The most significant outcome to emerge from the early work of PACC has been the variety and range of cross sectoral collaboration and innovation that has been facilitated via the initiative. The conceptualisation, planning and development of the initiative by the PACC Core Stakeholder Group has been conducted as a multi-stakeholder and multi-sectoral partnership. Similarly, each of the three pilot initiatives has been rooted in a commitment to multi-agency partnership. Each of the pilot projects has involved the testing of new ways of working via the creation of new working relationships and/or the extension of pre-existing ones.

4.2 ENABLERS

Reference has been made in Section 3.1.2 of the report to the factors that have enabled the successful implementation of PACC and it is worth repeating these in the context of the enablers of achievement within the initiative. Key factors identified as having supported the aforementioned achievements within PACC have included:

- effective facilitation of the initiative across its various levels of operation;
- the working relationships²⁹ that have been developed and enhanced through the implementation of PACC, both at Core Group and pilot project levels;
- the commitment of all stakeholders to the benefits of physical activity for people living with chronic conditions and the equal commitment to understanding and removing barriers that impact negatively on the participation of people with chronic conditions in physical activity;
- the expertise that PACC has been able to convene in the planning, development and implementation of PACC; and
- the willingness to test new ways of working and to learn from their application.

4.3 WHAT HASN'T WORKED SO WELL

While the positives associated with PACC vastly outweigh the negatives, there are elements of the programme that haven't worked as well as had been originally anticipated. Reference has been made above to challenges facing each of the individual pilot projects, particularly in respect of the lack of success in including non-traditional/hard to reach participants in Pilot Project 1; the need to advance the work of Pilot Project 2 lest momentum be lost within its working group; and the need for a framework of engagement and information-flow to be developed between Waterford Sports Partnership and Waterford Social Prescriber Service, similar to what is currently being developed with the HSE Chronic Disease Hub in Waterford.

²⁹ And associated openness and respect demonstrated in all aspects of the work by those collaborating on PACC.

Other issues that have been identified as having had a negative influence on the development and achievements of PACC have included:

- the fact that PACC, as an initiative, has been relatively slow-moving and laboured at times, suggested as the result of a reliance on online meetings³⁰;
- the uncertainty around future funding commitments and the associated impact of that uncertainty on the advancement of Pilot Project 2 and on the capacity of the PACC Core Stakeholder Group to plan confidently for 2023 and beyond;
- the need to strike an important balance between progressing implementation of pilot projects alongside a deeper understanding of the community and practice landscape in which those pilot projects, and the overarching PACC initiative, are evolving;
- the need for PACC to be more strategic in outlining its unique contribution, particularly compared to other initiatives that have gone before it;
- the associated absence of a comprehensive communications strategy through which to raise the profile of PACC and to outline the aforementioned unique contribution;
- the absence of communication between pilot projects to date, contributing to a sense of separation across key elements of the initiative, undermining the PACC brand and limiting the potential for cross-fertilisation of ideas across projects;
- similarly, the absence of engagement between pilot project working groups and the Core Stakeholder Group, contributing also to a sense of separate projects removed from what members sometimes refer to as the ‘Mother Ship;’
- the difficulty sustaining the patient/participant voice in the deliberations of the initiative.

In many ways, the gaps and challenges listed above emerge as critical learning from the programme to date and inform the key issues that PACC needs to address into the future.

4.4 KEY LEARNING: PROCESS

In any initiative premised on collaboration, the process has to emerge as an equally important consideration to the outcome. In fact, the changes to the ways in which sectors work together need to be considered within the context of systemic or process outcomes. These process outcomes have been central themes to the work of PACC.

Key observations in relation to the *process* of designing and developing the PACC collaboration are outlined below³¹, highlighting the importance of intentionally devoting time and attention to the development of relationships, to understanding contexts, etc. Feedback from Core Stakeholders referred to:

“Things take time. Learning is in the doing and doing takes time.”

³⁰ Certain members challenged this assertion, identifying the careful and deliberate step-by-step process of PACC as one its strengths.

³¹ Observations that hold relevance to any collaboration, irrespective of its focus or target group.

“That the time spent planning and clarifying in the early months, including before the core group was fully established, while a little excruciating at the times, was crucial to the strong foundations of the core group/project. Too often we rush this stage to get started and make progress and it is only later we realise the impact.”

4.5 KEY LEARNING: REPLICATION AND SCALABILITY

A core expectation of the Innovation Fund, under which PACC is funded, is that emerging innovations will be capable of replication or further scalability. It is too early in the lifetime and development of PACC to offer comment on issues of scalability and/or replication. That will become more evident following impact evaluation across the three PACC Pilot Projects when it is appropriate to undertake impact evaluation.

To date, PACC has demonstrated that, through collaborative and innovative work, a complex subject such as obstacles to physical activity for people living with chronic conditions, can be addressed in a manner that should ultimately lead to sustainable and scalable outcomes.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS

PACC remains a new and evolving programme. Operational since April 2021, its initial work has focused on building a shared understanding of the obstacles and barriers to the participation in exercise of people with chronic conditions and the subsequent development of pilot initiatives to test new ways of addressing those obstacles. At the point of writing this report, each of those pilot initiatives was at different stages of development and progress.

PACC has established a series of delivery structures relevant to each level of its work: management and administration; oversight and direction-setting, and implementation. Each of these structures is resourced by the PACC facilitator who seeks to ensure coherence across the programme as a whole.

Though still evolving, PACC is on track. The PACC Core Stakeholder Group has developed a vision for its shared work and, together with its pilot project working groups, is doing what it set out to do when it was first convened in April, 2021. As noted above, the majority of outputs projected in its Logic Model have been delivered and PACC is on track to realise the majority of the outcomes projected for 2022.

Evidence from across discussions during this evaluation reveals that the process of designing and developing PACC is appreciated and valued by those involved. PACC has provided its stakeholders with a platform for learning, collaboration, sharing and innovation on a subject of importance to each of them.

Given its emphasis on cross-sectoral collaboration, PACC is evolving in a slow and intentional manner. The work of PACC has taken place in a proactive and respectful manner. There is a substantial desire among all stakeholders – both within the Core Stakeholder Group and within the pilot project working groups – to further progress the PACC work programme and to position PACC strategically within a broader policy and practice landscape.

5.2 RECOMMENDATIONS

In light of the above, it is proposed that the following would be prioritised by the PACC Core Stakeholder Group throughout the final stages of 2022 and into 2023.

5.2.1 Structures

In Year 1, the PACC work programme centred exclusively on the planning and deliberations of the PACC Core Stakeholder Group. Following the establishment of the its pilot projects, much of the focus has shifted to the PACC Pilot Project Working Groups, to which responsibility for implementation of pilot projects was delegated.

Each of the structures developed under PACC delivers on the function established for it. That is a positive. However, each pilot project working group operates independently of others and the working groups have had no interaction with one another to date. A number of individuals participate on more than one pilot project working group but this does not necessarily contribute to the integration of pilot projects. While the pilot projects act as the core implementation pillars of the initiative, it is important that they be seen as parts of an integrated whole and not as separate standalone projects.

Similarly, the development of pilot project working groups has resulted in less interaction at Core Stakeholder Group level. Core Stakeholder Group meetings include, as a standing item, progress updates on each of the pilot projects. However, the opportunity for debate and strategic challenge between the Core and Pilot Groups has been limited. There is a need to address this issue to ensure that the strategic significance of what PACC is undertaking via its pilot projects is understood and upheld.

Against that backdrop, the following is proposed:

- That the full membership of the PACC Core Stakeholder Group and its three Pilot Project Working Groups would be convened, at a minimum, once a year for a half/full day PACC Seminar. The core purpose of this event would be i) to build the visibility of the overarching PACC initiative among those involved only at pilot project level, ii) to demonstrate the interlinked nature of all pilot initiatives and iii) to emphasise how the work of individual pilot projects contributes to the overall vision and function of PACC³².
- That in addition to taking feedback on the implementation and progress of individual PACC Pilot Projects, PACC Core Stakeholder Group meetings would include a broader strategic focus on i) supporting pilot projects to address strategic challenges in their delivery and on ii) challenging pilot projects to position themselves within a strategic practice and policy landscape, thereby enhancing the strategic branding, identity and location of PACC.

In addition to the above, it is recommended that the Lead Agencies should meet monthly with the Project Facilitator to consider and address overall operational challenges and plans. This will add to the efficiency of programme delivery and lead to swift approach to trouble-shooting within PACC.

5.2.2 Pilot Projects

Reference has been made above to the stages of development of each of PACC's pilot projects and ongoing attention must be devoted to these as the core delivery wing of PACC. While 5.2.1 above focuses on ensuring that the pilot projects contribute to the strategic positioning of PACC, this

³² As will be noted in subsequent recommendations, this also has relevance for strengthening the PACC identity and brand, locating each of the individual pilot projects within a wider PACC framework.

section offers recommendations focused on advancing the respective work programmes of individual project.

Pilot Project 1: Designed as an extension of ExWell’s clinically supervised exercises classes, the critical difference is this pilot project’s commitment to attracting and including participants with chronic illnesses from communities and target groups that traditionally have had low levels of participation in physical activity. Since the project’s initiation in March 2022, this has, however, remained a challenge. A number of recommendations in this regard are offered in section 3.2.1 and these are repeated below

- Contacts with Carlow-based social inclusion organisations should be re-established and sustained throughout the course of delivering Pilot Project 1. These organisations and services are likely to have the trust of hard to reach groups and are likely to offer considerable support in accessing and motivating people from non-traditional communities to participate in the programme.
- Much of the work of Pilot Project 1 to date has focused on delivering supervised exercise classes to participants that have signed up. Mindful of the difficulties of securing the participation of the hard to reach population, more attention should be devoted to understanding the landscape in which Pilot Project 1 operates. For example, in addition to knowing the GP landscape in Carlow, this mapping of the landscape would consider HSE provision, local social inclusion infrastructure, the reach of the Local Sports Partnership, Social Prescriber Service, etc. Understanding this local landscape, and collaborating with the services involved, could radically change the nature of participant attending the exercise programme in Carlow – as well as strengthening collaboration with a broader range of local interest groups.

Pilot Project 2: The groundwork to issue a tender for the delivery of Pilot Project 2’s core work has been completed. It is now essential that this tender be issued and that a consultancy be commissioned to undertake the work as a matter of urgency. There is considerable interest nationally in the development of quality assured, multi-level, accredited training/Continuous Professional Development (CPD) packages for exercise professionals working with chronic conditions. PACC offers leadership in this regard. However, there is a risk of losing momentum within this project if the tendering process is not delivered in the immediate future.

Pilot Project 3: The work of Pilot Project 3 is now geared up towards community-based programmes of Waterford Sports Partnership being ready to integrate people with chronic conditions, signposted from key services, by Quarter 1, 2023. This will involve selection of programmes that will be a good fit for this process (ideally running over 6-8 weeks). Waterford Sports Partnership and Waterford Chronic Disease Hub have initiated a process of communication and service-linkage and Pilot Project 3, therefore, is at the point of embarking on project delivery. This is a very welcome development.

An important consideration for Pilot Project 3 centres on the fact that its initial focus as a project was on strengthening linkage between Waterford Sports Partnership and the Waterford Social

Prescriber Service. In recent months, the impetus around pilot 3 has shifted to HSE services and to a proactive working relationship between Waterford Sports Partnership and the HSE Chronic Disease Hub in Waterford. This relationship has been extremely productive and a framework for signposting patients from HSE services to the community-based programmes of the Sports Partnership is evolving.

There is an immediate need for a similar framework to be developed in the context of Waterford Sports Partnership's relationship with the Social Prescriber Service. Failure to do so risks a year of the project having gone by with no clear output from the engagement of the Social Prescriber Service and risks the loss of momentum from a potential key player in the local landscape.

Pilot Projects 1 and 3: Though different approaches are being applied to the implementation of Pilot Projects 1 and 3, there are nevertheless significant parallels to the way in which both operate. Both rely heavily on referral and/or signposting of individuals living with chronic conditions to the classes of ExWell or the community-based programmes of Waterford Sports Partnership. In fact, this emphasis on referral, information-sharing, signposting and service-linkage is critical to the participation outcomes on which both projects will ultimately need to be assessed.

There exists therefore a significant opportunity for cross-project learning and information-exchange. Reference is made above to Pilot Project 1's need to map its local landscape. A similar mapping exercise would be equally valuable in the context of Pilot Project 3.

It is recommended that Pilot Projects 1 and 3 would explore opportunities for synergy. A starting point might usefully involve the development and delivery of a framework for mapping the local service landscape, particularly from the perspective of potential referrals/signposting of people with chronic conditions to physical activity opportunities. The development of such a framework under PACC, in the contexts of Carlow and Waterford, might emerge as a useful model for similar processes in other areas.

Measuring the success of both Pilot Projects 1 and 3 will be premised on the capacity of PACC to deliver robust outcome evaluations focused on the capacity of people with chronic conditions to access, participate and in and sustain physical activity. Both projects need to consider this element of their work in the near future. Developing an evaluation framework for both projects should therefore offer opportunity for additional shared work.

How to Guides

Considerable work has been undertaken across all the PACC pilot projects in 2022. Pilot Project 2 will evolve in 2023 following completion of a tendering process and commissioning of a consultancy to lead the development of the project. Pilot Projects 1 and 3 are already progressing apace and a key future challenge for PACC will involve capturing and sharing learning on the outputs being delivered across its pilot projects.

Discussion by the Core Stakeholder Group at its meeting of October 2022 highlighted the importance of developing toolkits or *how to guides* arising from the work of PACC pilot projects and of ensuring that the development of these toolkits/guides would be built into the PACC work programme for 2023.

5.2.3 Identity and Communications

As highlighted above, a challenge of the overall programme is to ensure that the individual pilot projects, though separate and operating independently, remain part of an integrated programme of work under the strategic direction of the PACC Core Stakeholder Group. While each of the pilot projects may be led by specific core stakeholder agencies and may be implemented in specific locations, the projects fundamentally remain initiatives of PACC, and need to be both identified and presented as such.

In early 2022, the PACC Core Stakeholder Group highlighted the importance of PACC designing and developing a Communications Strategy as an integral part of its work. This focus on communications took a back seat, however, while attention shifted to the development, initiation and implementation of pilot projects. As pilot projects have now reached a point of implementation, it is important that PACC commits in 2023 to the prioritisation of a communications strategy.

A fundamental starting point in the development of a communications strategy involves the identification of target audiences and allocating levels of importance/weighting to each of those target audiences. Some groundwork was done in this regard in early 2022 and this groundwork must be revisited by the Programme Facilitator and Lead Agencies as a matter of priority.

An effective communications strategy will be centrally important to PACC's positioning as a strategic, collaborative and systemic initiative. But it will also have other important functions that will require the consideration and agreement of the Core Stakeholder Group.

It is recommended that the PACC Facilitator and Lead Agencies would work on a draft strategy over the remainder of 2022 and present that draft for consideration by the Core Stakeholder Group at its first meeting of 2023. The recent appointment of national and regional LSP Communications Officers offers an opportunity for support and guidance in the development of a communications strategy for PACC.

5.2.4 Strategic Positioning

At its meeting in September 2022, the PACC Core Group opened discussions on the positioning of PACC (and its pilot projects) within a broader practice landscape, with a particular focus on PACC's position vis à vis the Physical Activity Pathway Model in healthcare. An initial diagrammatic representation of PACC's positioning within that landscape was considered at that meeting, which has been extended in Figure 4 of this report.

The PACC Logic Model refers to PACC’s mission as *“removing systemic barriers to the participation of people with chronic conditions in physical activity through the creation of a replicable, multisectoral, evidence-informed, collaborative initiative that generates learning and builds on evidenced practice.”* While PACC continues to deliver on this mission statement, there is a constant need for all involved in PACC, particularly at Core Stakeholder Group level, to understand:

- the work of other bodies in this regard – statutory and non-statutory, health, academic, fitness sectors, etc;
- the manner in which PACC’s work sets it apart from other bodies involved in promoting physical activity opportunities for people living with chronic conditions;
- the manner in which PACC’s work, particularly at pilot project level, contributes/adds value to the wider practice and policy landscape;
- where and how PACC can offer increased value addition to that practice and policy landscape as its work evolves into 2023 and beyond.

Throughout 2022, the primary focus of the PACC Core Stakeholder Group centred on the establishment and delivery of its pilot projects. This was indeed necessary. Now that the pilot projects are at a point of implementation, it is proposed that the Core Stakeholder Group should increase its focus on the wider strategic potential of the initiative as a whole. In addition to delivering practical projects with tangible participation outcomes for people with chronic conditions, how can PACC become an influencer of practice and policy in this arena in the coming years? This is an essential element of the initiative’s contribution to innovation, replication and scalability.

It is proposed that this focus on the strategic positioning of PACC would become a central feature of the Core Group’s deliberations over the remainder of 2022 and a core element of PACC’s work in 2023. This element of the work will inevitably be closely linked to the aforementioned work on a PACC Communications Strategy.

5.3 FINAL COMMENTS

It has continued to be my privilege to work alongside and resource the deliberations of the PACC Core Stakeholder and Pilot Project Working Groups over the past year. PACC comprises a group of dedicated and engaged professionals, fully committed to making a meaningful difference in the lives, health, wellbeing and physical activity of people living with chronic illnesses.

The pilot projects outlined above represent innovative interventions designed to remove obstacles to the participation of people with chronic conditions in regular and appropriate physical activity that match their individual needs. Implementation of the projects has evolved with each project at a different stage of delivery. PACC is premised on a commitment to innovation. The coming together of stakeholders from a variety of backgrounds – exercise, health, academic– to consider, design and develop interventions to increase physical activity opportunities for people with chronic conditions also needs to be viewed as innovative in its own right. The engagement of partners at Core Stakeholder and Pilot Project Working Group levels has continued to be respectful and challenging in

equal measure. It has presented an example of how multidisciplinary groups can work effectively, recognising the strengths of all group members while also considering systemic gaps that need to be addressed collectively.

PACC has been a good news story! And yet there is so much more to do within the initiative. Key areas for development include strengthening and furthering innovation in the pilot projects; building in outcome evaluation to the work of the programme (especially in the context of Pilot Projects 1 and 3); adopting a more strategic view on PACC's contribution to the policy/practice landscape in which it operates; strengthening PACC's identity and brand, and communicating the work of PACC more widely.

Ends/ October 2022

ANNEX I: PACC LOGIC MODEL 2022

Vision: An Ireland in which people with chronic conditions (pwcc) have equal opportunity to access regular, appropriate, supported and high quality physical activity in accordance with their needs and interests

Mission: Remove systemic barriers to the participation of PACC in physical activity through the creation of a replicable, multisectoral, evidence-informed, collaborative initiative that generates learning and builds on evidenced practice



Evidence of Need: Report of PACC Consultation Exercise, 2021

Evidence of Outcome: Evaluations of PACC and individual PACC Pilot Projects