



REPORT TO: Health & Wellbeing Portfolio Holder's Meeting
LEAD OFFICER: Director, Health and Environmental Services

12 October 2017

ACTIVE & HEALTHY 4 LIFE (EXERCISE REFERRAL) SCHEME

Purpose

1. To update on the operation of the council's Active & Healthy 4 Life exercise referral scheme as per the decision of the Environmental Services Portfolio Holder's meeting of 12 December 2014.

Recommendations

2. It is recommended that the Health & Wellbeing Portfolio Holder:
 - (a) Notes progress made in developing the scheme since February 2017.
 - (b) Agrees that Cambourne & Cottenham centres remain on review to give them opportunity to improve with a more stable structure in place.
 - (c) Agrees to support the future long term vision for the A&H4L scheme.
 - (d) Agrees to support the aims for 2017/2018 financial year.
 - (e) Agree this annual report is presented to the PFH in the 1st quarter following each year end.

Background

3. Active & Healthy 4 Life is the District Council's exercise referral scheme, operating in partnership with local health centres and sports centres to provide residents with specified medical conditions with a low cost, 12-week supervised course of exercise.
4. The scheme improves health by increasing physical activity and as such, contributes towards the living week objective and actions of the Corporate Plan 2017 – 2022; *"Support our communities to remain in good health whilst continuing to protect the natural and built environment."*
5. The scheme was brought before the Environment Services Portfolio Holder meeting for review in December 2014 in the light of changes to external funding arrangements. (The scheme was supported by a grant from Public Health, and formerly the NHS, until 2014 when new regulations requiring funded schemes to be free at point of delivery made this no longer feasible). In 2013/14 the scheme cost £30,000 (£10,000 Public Health, £20,000 the Council). This was broken down into £19,500 contractor costs and £10,500 subsidies to the sports centres (passed onto the client by way of reduced fees), promotional material and other costs.
6. It was decided at the meeting in December 2014 to continue the scheme at the nine centres where it was then operating and to reduce costs by co-ordinating the scheme from within existing resources.

7. It was also decided to further promote the scheme with GPs to increase take up and targeting of the right people, and to review the scheme at six monthly intervals and make recommendations to the Portfolio holder. Subsequently it was agreed that an annual report, rather than six-monthly report, would be required. Reports were presented on 28 January 2016 and February 2017 to the Environmental Services Portfolio Holder.

Considerations

8. The report to the Environmental Services Portfolio Holder in February 2017 reported on the scheme to December 2016. We were therefore unable to supply full year figures and a complete picture from the year. We are bringing this report to the new Health and Wellbeing Portfolio Holder as we now have a complete picture for the year 2016/17 and would like to suggest we continue to report annually in the quarter following the year end to bring this in line with the production of the published annual report. This will allow for a full year considerations of staff and performance. Data collected from the programme is across eight centres.

9. Key achievements April 16 to March 17

Referrals – The number of patients referred to the scheme by a health professional (See Appendix A)

- (a) Referrals 282 – this is 40% increase from the previous year
- (b) All eight centres have increased their number of referrals
- (c) This is the first year since 2008/09 that referrals have shown an increase
- (d) We have achieved the highest number of referrals since 2011/12

Completions – The number of patients completing the scheme (some of these will have started the scheme in the previous financial year) (See Appendix B)

- (e) Completions 125 – this represents a 357% increase from the previous year
- (f) We only have data available from 2015/16 to compare, in which 35 completed.
- (g) Seven centres have increased the number of completing patients since the previous year.

Improvements - attributing to the increase in success

- (h) The Standard Operating Procedures were introduced in April 2016 refocusing centre managers and referral instructors of their roles and responsibilities.
- (i) Improved screening of patients to confirm they are suitable for the A&H4L scheme.
- (j) Improved communication between reception staff and referral instructors in organising patient first assessment appointments.
- (k) Centres follow up more regularly with patients who have not attended sessions to understand reasons for not attending and encourage them to continue.
- (l) Centres are focused on motivating patients to attend the 2 sessions a week where practical to ensure they benefit fully from the scheme.
- (m) Centres are starting to take some responsibility to build communication with local health professionals.
- (n) SLA 2016/17 reduced the administration fee and included an incentive for completions.

General

- (o) Improved/updated the data collection reports at the annual review November 16 with Netready (the computer system provider) to enable more detailed figures to be produced for March 2017. (It is now two full years since the launch of the computer system).
- (p) An annual report was produced and publically distributed at the beginning of August 2017.
- (q) The scheme has appeared in all SCDC Magazines for the last 12 months featuring an instructor with a patient article or a reminder of the benefits. This has prompted people to contact the Coordinator about accessing the scheme.
- (r) There were 39 referring practices (See Appendix C)

Review of Centres Update February to September 2017

10. **Cambourne** – Recommend this centre remains on review
 - A new instructor has been found to re-establish a second class on Thursday's 10am to 11am. There has only been one class since December 2016.
 - The new class started on 7th September 2017.
 - The Coordinator is working with the centre, instructors and local health professionals particularly the Monkfield practice to develop the scheme at this centre.
 - The new instructor is also going to be running a Phase 4 cardiac class on behalf of Everyone Active. It is hoped some patients will refer onto the exercise referral class once they have completed their phase 4 rehabilitation.
 - An induction process has been put in place by A&H4L for new instructors.
 - The centre manager has reviewed their payment system for A&H4L patients and they will now be given a card for the 12 classes paid for and show this each time they attend a class marking it on the card. This is a very positive improvement.
 - This centre is very much dependant on how good and proactive the instructor is. The new instructor has been allocated time in addition to the class to support its development going forward.
 - The Coordinator has met and liaised on a regular basis with the Manager of the centre.
 - There has been an increase in referrals/completions for April 16 – March 17 however given the size of gym floor and the catchment area this centre has the potential to operate a much greater thriving scheme. Hopefully this will start to happen with a consistent second class.
11. **Cottenham** – Recommend this centre remains on review and work with them on developing an approach that more successfully supports the smaller local gym/sports centre
 - There has been a regular instructor running the classes and being a consistent contact at the centre for patients and other staff.
 - The Manager has been inducted onto the scheme and has been able to cover classes when the regular instructor is not available so maintaining regular classes for patients.
 - There is a need for a more proactive relationship with the local Health Professionals.
 - There has been an increase in referrals/completions for April 16 – March 17. There is a small gym floor and they open specifically for these classes.
12. **Gamlingay** - Recommend working with this centre on developing an approach that more successfully supports the smaller local gym/sports centre

- This centre finished the year with 43 referrals and 28 completions, a record year following the proactive approach of a local member, GP surgery and instructor.
- The centre continues to run the two classes a week and a further two classes a week for patients wishing to continue after they complete the A&H4L scheme.
- The improvements in patients accessing the scheme and joining the sports centre gym, has increased the centre income in a very positive way.
- This was the only centre to achieve the bonus payment of £150 for having 50% of referrals completing April 16 – March 17.
- For the first half of this current financial year the centre has achieved much lower referrals and completions compared with last year.

13. **Melbourn, Sawston, Impington** – Recommend working with these centres to develop a wider class timetable and increasing the opportunity for more patients to access the scheme.

- They have all increased the number of referrals and completions. This has continued into the new financial year particularly at Sawston where referral numbers for quarters one and two of 2017/18 are on a par with their 2016/17 full year total.
- These centres have very consistent instructors and centre staff that work very well together.
- They all have instructors who are members of their staff with Impington also having a very experienced freelance instructor.
- They have large gym floors and run their classes alongside public access times.
- Sawston and Melbourn offer four classes a week which include an evening option.
- Impington runs two classes a week during the day time. With the classes growing the expectation would be for them to increase their classes and also include evenings.

14. **Swavesey and Comberton** – Recommend working with these centres on developing an approach that more successfully supports the smaller local gym/sports centre.

- They have seen some increases in referrals or completions but not as strong as some other centres.
- These two centres have been working to run the scheme in accordance with the standard operating procedures and make improvements where they can.
- They have small gym floors and run A&H4L classes outside public and school use.
- As referrals have grown the centres have put in processes to ensure that completing patients who wish to continue beyond the 12 weeks are managed appropriately so they have the class capacity for new referrals.

Vision for the long term future

15. In order to continue with the good recent progress of the scheme, it is suggested that the following targets are prioritised in the long-term:

- Sawston, Melbourn, Impington and Cambourne the large centres are developed to offer a wide range of class opportunities – including day and evening sessions.
- Swavesey, Gamlingay, Comberton and Cottenham - the local smaller centres focus on meeting the needs of older/retired patients offering day time A&H4L only classes.
- Develop other class options to help overcome the barrier for patients who are put off by the gym environments. For example, Pilates.
- Have an integrated referral form that is on the Health Professionals computer system which can be automatically populated with patient's information so the process is much more user friendly.

- Develop Links with other health providers to establish better pathways with them and A&H4L.
- Investigate and develop the computer system so that it can include medical information that better demonstrates the benefits to patient's health for example Diabetes measurement.
- Develop a marketing/communications plan to ensure the scheme is promoted regularly and district wide.

Aims for 2017/2018

16. It is suggested that specific aims are prioritised for the coming year:

- Due to staff changes we have not made as much progress developing relationships with the health professionals. With additional hours allocated to the coordinator this year, we hope to improve on this.
- Work with the health practices nearest the centres to improve the communication and pathway of referring a patient, and in doing so increase the number of referrals from these practices.
- Continue to work with the centre managers and referral instructors of the larger centres to offer the right class options to suit patients; encouraging them to complete the programme, and leading to more patients benefitting.
- Work with the centre manager and referral instructors to offer suitable opportunities for completing patients to continue exercise at their sports centres. For example, affordable memberships and other types of exercise.
- The online data collection system has been difficult to develop as we initially intended. We will continue to develop it, to improve the day to day data collection, enhance the reports and fix ongoing bugs.
- Supply publicity material for waiting rooms/sports centre TV's. For example videos, social media and magazine articles.

Payment structure for centres

17. A new payment structure was implemented as part of the 2016/17 Service Level Agreement for centres. This included a reduction in administration contribution and an additional bonus incentive for number of completing patients. This agreement has been well received by the centres and will be implemented again for the next financial year. A copy of the SLA can be found at Appendix D this details how the bonus payments are calculated.

Implications

18. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

Financial

19. The 2016/17 spend was £18,343 (£7,700 Coordinator). Patients are charged £3.00 per class and £8.00 for an initial and final assessment. Further information detailing the charges for this project will be bought to the PFH early in 2018 as part of a wider fees and charging report.

Legal

20. The scheme is run in compliance with the National Quality Assurance Framework (2001) and current best practice.

Staffing

21. The Sports Coordinator is leading the delivery of this project with support from a Project Officer and reporting into the Programme Manager complying with the National Quality Assurance Framework (2001).

Risk Management

22. Each centre is required to sign a Service Level Agreement with the Council. The agreement clearly sets out the responsibilities of each partner.

Effect on Strategic Aims

23. Living Well: "Support our communities to remain in good health whilst continuing to protect the natural and built environment."

I. Proactive intervention to improve mental health and emotional wellbeing for all

ii. Support our residents to stay in good health as they grow older, with access to the services they need

The scheme is effective for medium and low risk populations for specific health conditions plus develops social networks of like-minded people.

There is a new portfolio for Health & Wellbeing supporting this project.

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