



**REPORT TO:** Environmental Services Portfolio  
Holder's Meeting

12 December 2014

**LEAD OFFICER:** Director, Health and Environmental Services

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## **ACTIVE AND HEALTHY FOR LIFE (GP REFERRAL) SCHEME**

### **Purpose**

1. To review the South Cambridgeshire Active and Healthy for Life scheme and seek elected member views on future developments.
2. This is not a key decision, however, has been brought before the Portfolio Holder because previous external funding for the scheme is not currently available and is unlikely to be available in the near future.

### **Recommendations**

3. It is recommended that the Environmental Services Portfolio Holder
  - (a) agrees to continue the scheme at all centres for a further three-years at the reduced cost, providing the coordination within existing resources at the Council.
  - (b) review the scheme every 6-months and make recommendations to the Portfolio Holder.
  - (c) further promote the scheme with GPs to increase take-up and targeting of the right people.

### **Reasons for Recommendations**

4. Continuing the scheme at all nine centres will ensure coverage across the district and enable residents to continue to access a GP referred physical activity scheme in their local area. The cost to the public sector of the district council coordinating this scheme, without public health funding, is significantly lower than if public health funding is received because the scheme would have to be free to clients at the point of delivery under current regulations. The scheme is effective for medium and low risk populations for certain health conditions<sup>1</sup> (see paragraph 6).

### **Background**

5. The Council has supported an Exercise Referral Scheme since 1995, run along the national guidelines laid down in the NHS National Quality Assurance Framework on Exercise Referral.

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<sup>1</sup> National Quality Assurance Framework, 2001.

6. The scheme is designed to initiate long-term lifestyle changes by encouraging an increase in patients' physical activity levels. Depending on the reason for referral to the programme, the scheme aims to achieve the following outcomes:
  - (a) Reduce the risk of coronary heart disease, coronary artery disease, and osteoporosis.
  - (b) Increase joint flexibility, muscle strength, and bone density.
  - (c) Help to control Type 2 diabetes through effective weight loss, and certain disabilities.
  - (d) Improve self-esteem.
  - (e) Lower blood pressure, total cholesterol levels, and help control stress.
  - (f) Increase independence.
  - (g) Promote sustained active lifestyles.
  - (h) Reduce the cost of inactivity across South Cambridgeshire.
  - (i) Be value for money for the Council.
7. The scheme currently operates in eight Fitness Centres at Village Colleges and also at the Cambourne Sports Centre (Everyone Active). Registered health professionals (GPs, Practice Nurses etc) make the referrals and the classes are delivered by instructors registered at a minimum Level 3 on the Register of Exercise Professionals (REPS).
8. The scheme offers referred patients a 12-week supervised course of exercise with initial and final assessments. During the final assessment participants are encouraged to join suitable regular activities provided by the village college sports centre.

#### **The Process**

9. The scheme tracks the progress of patients on the scheme from start to finish and beyond. The process starts when a patient is referred to the scheme by a registered health professional (RHP) or GP. The referral form is completed and signed by the RHP or GP and patient and the patient takes a copy of the form away with them.
10. Following referral, the patient telephones their nearest sports centre to arrange an appointment for an initial assessment. The Council does not currently know how many patients are lost at this stage i.e. do not ring the sports centre for an appointment. The sports centre/instructor will conduct an initial assessment and develop an exercise plan/programme specific to the patient and their individual requirements. At the initial assessment a participant health questionnaire, a referral report and an initial physical activity questionnaire are completed. For high risk falls and cardiac patients there are additional forms and separate processes.
11. The patient then completes the 12-week programme which is monitored by the instructor at the sports centre and a paper record kept in secure filing at the sports centre to reflect this.
12. At the end of the 12-weeks the patient undergoes and completes a final assessment and final physical activity questionnaire. The final assessment is then posted to the patients GP or RHP for their records. Current data shows that approximately 50% of clients go on to join the sports centre to continue their healthier lifestyle.
13. In 2013 the Council went out to tender for an electronic referral system, which will replace the need for paper based forms and enable the Council to have easy access to performance and satisfaction information. The system is ready to be piloted in four of the sports centres.

## Considerations

14. The National Quality Assurance Framework (2001) states that there is strong causal evidence for the impact of physical inactivity on an ever-broadening variety of health problems, including:
  - (a) Coronary heart disease.
  - (b) Associated risk factors including obesity, hypertension, diabetes.
  - (c) Cancer of the colon.
  - (d) Falls and accidents, particularly among elderly people.
  - (e) Mental health problems, including depression, anxiety, negative mood, low self-esteem.
  - (f) Musculo-skeletal problems such as chronic low-back pain.

It goes on to say that exercise referral schemes can provide an excellent opportunity to address inequalities in health care, disease prevention, and enhancement of quality of life.
15. This schemes supports the following health and wellbeing and ageing well outcomes from the joint portfolio holder task and finish group in early 2014:
  - (a) Improving quality life expectancy, public health outcomes and getting people fit to work
  - (b) SCDC residents “Live Longer, Live Better”
  - (c) Delivering evidence-based, prevention services
  - (d) Reducing smoking and sedentary lifestyles
  - (e) Focus on vulnerable people to prevent future crises
  - (f) Work with local GPs to join up service planning and improve the local health system
  - (g) Reduce loneliness and isolation
  - (h) Increase participation to build community networks
  - (i) Preventing falls
16. The cost of the scheme has fluctuated over the years. It has historically been supported by the Council plus a grant from the NHS (now Public Health at the County Council).
  - (a) In 2011/12 the contract to manage the scheme was put out to tender. Through tendering the scheme, increasing the charge to clients and reducing the fees to the sport centres the Council saved over £8,000.
  - (b) 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.
  - (c) In 2014/15 the Council did not receive any financial contribution from Public Health (£10,000 was offered, however, due to new regulations the scheme would need to become free at point of delivery, which would result in the total cost of the scheme increasing from £30,000 to £52,800 based on 260 clients). To balance the budget, the Council has taken on the coordination role within existing resources since the contract ended in August 2014. There will be a projected saving of approximately £11,160 in the current financial year, which mainly covers the £10,000 that was expected from public health.
17. The Council has further reduced its expenditure in 2014/15 by merging the administration of a separate falls prevention scheme with the Active and Healthy for Life scheme. The schemes have always been linked, however, merging the

administration of the schemes will save approximately £6,000 over a full-year, with no detrimental effect to clients.

**Performance data**

18. The number of people participating in the scheme has been steadily declining. There are many factors contributing towards this, including a reduction in the amount of promotional activity that has taken place in recent years with GPs, and the recent changes to the NHS commissioning arrangements with the abolition of Primary Care Trusts (PCT) and the formation of Clinical Commissioning Groups (CCG). Numbers are shown below.

	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Bottisham (ended 12/13)			21	21	5	
Cambourne (new 13/14)						12 (not complete)
Comberton	63	49	58	51	51	48
Cottenham	42	36	30	27	23	15
Gamlingay	18	28	10	11	8	19
Impington (New 11/12)				11	32	15 (not complete)
Linton	81	59	42	41	15	28
Melbourn	65	64	40	40	44	50
Sawston	109	85	70	54	50	49
Swavesey	36	58	61	37	33	24
<b>TOTAL</b>	<b>414</b>	<b>379</b>	<b>332</b>	<b>293</b>	<b>261</b>	<b>260</b>

19. Based on complete data from 2012/13 the scheme averaged at a cost of £115 per patient (£30,000 budget).
20. All of the sports centres would like to continue running the scheme, with coordination provided by the Council (contracted or in-house). If the Council decides to withdraw from delivering the scheme it is possible that some centres would continue to run similar programmes in their area, however, it is unlikely that there would be even coverage across the district and no-one would ensure that the programmes are run to follow the national guidelines, including carrying out risk assessments, monitoring insurance details and instructor qualifications, for example.
21. The sports centres have stated that they are happy to take a more active role in promoting their scheme to local GP practices, which was historically carried out by the contracted coordinator. Although a challenge, this is already seeing positive outcomes e.g. Linton now has 14 referred clients on its scheme since June 2014. The new database will reduce the amount of administration for the Council and the centres. Both of these changes would make it easier for the Council to coordinate the scheme within existing resources.
22. Although not all centres support the same number of clients, the current coverage of centres means that residents do not need to travel too far for an assessment and 12-week programme. Reducing the number of centres would likely have an impact on client numbers due to a lack of transport.
23. If it is decided to reduce the number of centres involved in the scheme, the decision regarding which centres should continue should bear in mind historical client numbers

as well as need. It should be borne in mind that the client numbers may be a reflection of local promotion of the scheme with GPs by the previous coordinator, as well as where larger populations exist, rather than need.

### **Options**

24. The following options have been considered:
- (a) To continue the scheme at all centres for a further three-years (or an alternative number of years), providing the coordination within existing resources at the Council. Assuming no external funding, the cost of the scheme to the Council would be approximately £10,100 (£16,800 including staff costs).
  - (b) To continue the scheme at all centres for a further three-years (or an alternative number of years), working in partnership with a neighbouring local authority to coordinate the scheme. Assuming no external funding, this cost of the scheme to the Council would be approximately £21,100.
  - (c) To reduce the number of sports centres delivering the scheme from nine to four for the next three-years (or an alternative number of years), providing the coordination within existing resources at the Council. Assuming no external funding, the cost of the scheme to the Council would be approximately £7,600 (£14,300 including staff costs).
  - (d) To withdraw from delivering the scheme, following a period of notice to the sports centres.

### **Implications**

25. 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***

26. To continue the scheme at all centres, providing the coordination within existing resources at the Council, the cost of the scheme would be approximately £10,100:

£4,500	9 x £500 admin fee to each centre
£3,600	£12 assessment fee per client to centres (average 300 per annum)
<u>£2,000</u>	publicity, annual software licence and miscellaneous
£10,100	

A cost of approximately £6,700 per annum staff time would be covered within existing staff time through re-prioritisation of work.

Reducing the number of schemes from nine to four would reduce this cost by £2,500 in admin fees and there would also be a possible reduction in assessment fees.

All options can currently be resourced within the draft budget for 2015/16.

27. The client currently contributes £88 to the cost of assessments and classes. This is broken down as £8 x 2 assessments and £3 x 24 classes. The Council pays £12 towards the initial assessment and the centre covers £12 for the final assessment.

#### ***Legal***

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

### ***Staffing***

29. Providing the coordination of the scheme in-house will mean re-prioritising the workload of existing staff.

### ***Risk Management***

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

### ***Equality and Diversity***

31. Reducing the number of centres would likely have an impact on some residents due to a lack of transport. This would likely impact those who are most rurally isolated and/or those who are dependant on others for transportation. There is no system in place to support residents without the means to pay for their contribution towards the assessments or the twice-weekly classes.

### ***Climate Change***

32. Fewer centres would likely increase the number and length of car journeys taken to participate in the scheme, increasing CO<sup>2</sup> emissions.

### **Consultation responses (including from the Youth Council)**

33. A recent audit of the sports centres included meeting with some clients. Feedback has been positive and many stated that they appreciate coming to a specific class with like-minded people. At Impington, for example, the clients are also now meeting monthly for coffee.
34. The CATCH and Cam Health Local Commissioning Groups are unable to put funding into the scheme at present due to the scale of their current financial challenge. They are supportive of the scheme and are working with the Council to further promote the scheme with GPs.
35. A meeting was held on 23 October with the participating sports centres. The meeting was very positive and all centres stated that they would like the scheme to continue, and that they would be willing to carry out more local promotion and liaison with GPs.
36. There are two other local exercise referral schemes in Cambridgeshire: Cambridge and Huntingdonshire. All of the schemes are district council led, however, they are run in a slightly different way and the funding situation is different with each. We have regular meetings with each to discuss finances and working together where appropriate. As part of this review we have considered the option of Huntingdonshire District Council providing the coordination of the South Cambs scheme.

### **Effect on Strategic Aims**

#### **Aim 1 - Wellbeing**

37. The Active and Healthy for Life scheme contributes to the Council's objective of working with GPs and partners to link health services and improve the health of our communities. The scheme is effective for medium and low risk populations for specific health conditions plus develops social networks of like-minded people.

### **Background Papers**

Where [the Local Authorities \(Executive Arrangements\) \(Meetings and Access to Information\) \(England\) Regulations 2012](#) require documents to be open to inspection by members of the public, they must be available for inspection: -

- (a) at all reasonable hours at the offices of South Cambridgeshire District Council;
- (b) on the Council's website; and
- (c) in the case of documents to be available for inspection pursuant to regulation 15, on payment of a reasonable fee required by the Council by the person seeking to inspect the documents at the offices of South Cambridgeshire District Council.

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