



**South  
Cambridgeshire**  
District Council

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

15 February 2017

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

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## **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 Environmental Services Portfolio Holder:
  - (a) Notes progress made in developing the scheme since January 2016
  - (b) Agrees that Cottenham centre remain on review to give them opportunity to improve with a new manager.
  - (c) Agrees that Cambourne centre remain on review to see if future development plans can capitalise on the potential of this centre.
  - (d) Agrees to support the future long term vision for the A&H4L scheme.
  - (e) Agrees to support the aims for 2017/2018 financial year.

### **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 Objective A2 of the Corporate Plan 2016 – 2021; *Support our residents to stay in good health as they grow older, with access to the services they need.*
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).
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 (28 January 2016).

### **Considerations**

8. Data collected from the programme can be seen at Appendix A. Some of the key achievements from the past year are listed below:

#### **Referrals – The number of patients referred to the scheme by a health professional**

- (a) Referrals are 60% higher at this time compared to last year.
- (b) Referrals are at 195 patients, and by the end of March are predicted to be the highest since 2012/13.
- (c) Seven of the eight centres have increased the number of referrals year on year.
- (d) This is the first year since 2008/09 that referrals have shown an increase year on year.

#### **Completions – The number of patients completing the scheme April 2016 to December 2016 (some of these will have started the scheme in the previous financial year)**

- (e) Completions have increased by 157% against the full previous financial year April 2015 to March 2016 with 3 months data to include (expect more patients to start on the scheme than complete from January to March 2017).
- (f) Completions are at 90 patients – there is only data available to compare with the last financial year in which 35 is recorded.
- (g) All eight centres have patients that have completed and increased the number of completing patients year on year.  
NB: No data on number of completions is recorded prior to 2014/15.

#### **Improvements - attributing to the increase in success**

- (h) The Standard Operating Procedures were introduced in April 2016 refocusing centre managers and referral instructors in 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 the instructor input pages from work done with Netready the computer system provider January 2016 has meant the system has been working reasonably smoothly since requiring only a few improvements at this year's annual review.

- (p) Improved/updated the data collection reports at the annual review with Netready the computer system provider to enable more detailed figures to be produced for March 2017. (It will be 2 full years since the launch of the computer system).
- (q) For the first time data will be collected from patients 6 and 12 months after they complete the scheme, due to launch end February 2017.
- (r) An annual report was produced April 2015 to March 2016.

### **Review of Centres**

#### **9. Cambourne – Recommend this centre remains on review**

- There has been a regular instructor running the classes being a consistent contact at the centre for patients and other centre staff.
- This instructor now enters all patients' information onto the computer system so we have a record of all referrals and completions.
- A class offered on a weekday morning has a regular 8 to 12 attend (patients on the scheme or those continuing after they have completed) making it cost effective for the centre.
- The instructor tried a class on a Saturday morning; however this has not proved as successful and not viable for the centre at this time.
- The centre currently only has one class a week to offer patients as the instructor has no other availability to set up a second class. Another instructor is being sourced to enable a second class in the week to take place. The centre is very flexible on time of the class as the gym floor is so large the class can run alongside any other usage.
- This centre is very much dependant on how good and proactive the instructor is.
- December 2016 Helen Stepney met with one of the Monkfield Practice GP's. They are supportive of the scheme and we are looking at how the referral form could be incorporated into their computer systems to make them easier to complete.
- Helen Stepney has met and liaised on a regular basis with the Manager of the centre.
- There has been an increase in referrals/completions however with the size of gym floor and the catchment area this centre has the potential to operate a much greater thriving scheme.

#### **10. Cottenham – Recommend this centre remains on review**

- There has been a regular instructor running the classes being a consistent contact at the centre for patients and other staff.
- This instructor now enters all patient information onto the computer system so we have a record of all referrals and completions.
- Classes have been reduced to two a week which are proving to be much more cost effective for the centre, catering for patients on the scheme and those wishing to continue after completing (attend the same class times).
- There has not been a manager at this centre who has lasted longer than a few months for nearly 2 years. Helen Stepney in July 2016 met with a senior member of the school staff to try and maintain some contact with the centre.
- In December 2016 a new manager started, Helen Stepney met with him. He has come from working at Royston Sports Centre and is very aware of exercise referral holding the qualification himself.
- There has been an increase in referrals/completions. This is a small gym floor and they open specifically for these classes.

#### **11. Gamlingay – Recommend this centre is no longer on review**

- Gamlingay has turned its centre around with the support and work of the local member, GP surgery and instructor, achieving an increase in referrals and completions compared with last financial year.
  - The centre has increased the number of classes to four a week and also added on additional class opportunities for those wishing to continue as part of a class on completion of the programme.
  - The improvements in patients accessing the scheme and joining the sports centre gym, has increased the centre income in a very positive way.
12. **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.
  - These centres have very consistent instructors and centre staff that work very well together.
  - They all have instructors who are members of their staff.
  - 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 include evenings also.
13. **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 both have small gym floors and run A&H4L classes outside public and school use.
  - They both historically have a large number of class members who completed not just months but some years ago and continue to access the same class times. This has an impact on class numbers and the environment for new patients accessing the scheme.

### **Vision for the long term future**

14. 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:
- Three quarters of large centres offering a wide range of class opportunities
  - Three quarters of local smaller centres meeting the needs of older/retired patients offering day time A&H4L only classes.

### **Aims for 2017/2018**

15. It is suggested that specific aims are prioritised for the coming year:
- Work with the core health practices 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 to offer the right class options to suit patients that encourages them to complete the programme, and leading to more patients seeing the benefits.
- Work with the centre manager and referral instructors to offer suitable opportunities for completing patients to continue exercise at their sports centres.

### **Payment structure for centres**

16. 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.

### **Implications**

17. 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: -

#### **Legal**

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

#### **Staffing**

19. Carrying out the coordination of the scheme in-house has meant re-prioritising the workload of existing staff and contractors. This is currently sufficient to enable the scheme to be managed in in compliance with the National Quality Assurance Framework (2001).

#### **Risk Management**

20. 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**

21. A Living Well

The Active and Healthy for Life scheme contributes to the Council's objective of: "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.

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