RECOMMENDATION

1. That the Cabinet Member for Health, Adult Social Care and Equalities approve the award of for the sum set out in the table at paragraph 9 below in the form of a grant to Fusion Leisure PLC in regards to the exercise on referral and cardiac rehabilitation phase IV programmes in Southwark.

BACKGROUND INFORMATION

2. Under the Health and Social Care Act 2012, responsibility for public health functions transferred from the NHS Southwark to Southwark Council from 1 April 2013. This included the contract for the exercise on referral and cardiac rehabilitation programmes.

3. These contracts (initially extended for six months from 1 April 2013) expired on 30 September 2013. A grant was awarded to the current provider for a further six months until 31 March 2014, pending a review of the existing service provision. Subsequently, at a Public Health budget oversight meeting on 24 July 2013 it was agreed by the Strategic Director of Finance and Corporate Services that the continued provision of public health services (including exercise on referral and cardiac rehabilitation – the Relevant Services) would be by way of grant award rather than contract.

4. Following a consultation phase with key stakeholders including GPs and service users in November 2013, a new tiered (or stepped) service model and service specification were developed.

5. A grant bidding process commenced in February 2014. Following bidder evaluation and interview stages, a recommendation for the award of the grant is presented.

KEY ISSUES FOR CONSIDERATION

6. The exercise on referral and cardiac rehabilitation programmes are condition-specific physical health improvement initiatives for people aged 19 and over which include:

   • an assessment involving a primary care or allied health professional to
determine that someone is 'inactive', that is, they are not meeting the current UK physical activity guidelines (Department of Health 2011)

- a referral by a primary care or allied health professional to a physical activity specialist or service
- an assessment involving a physical activity specialist or service to determine what programme of physical activity to recommend
- an opportunity to participate in a physical activity programme
- management of, or rehabilitation for, specific diseases

7. In respect of these services, commissioners consider it essential that these continue to be provided without disruption to service users for whom there could be serious negative consequences if the services suddenly ceased. Currently over fifty GP practices and two hospitals refer approximately 1,300 patients a year for a supported 12-week exercise programme to help manage their health condition through community-based physical activity interventions. Completing the programme supports individuals to achieve sustained improvements in activity at 12 weeks and 12 months, reducing their risk of experiencing an adverse health event, and improving a range of indicators for physical and mental wellbeing.

8. The Council can therefore best extend the current service provision by way of a grant award. Annual grant funding will enable Public Health to undertake the following:

- Develop a new service model within existing resources – it is proposed that the services will be delivered as part of a 3-year programme, to be awarded as a one-year grant an annual basis. This would allow an optimal service model to be developed over the 3 years, taking into consideration identified and emerging local needs, the recommendations of the forthcoming National Institute of Clinical Excellence (NICE) guidance on exercise on referral (expected September 2014) and examples of good practice and effectiveness from other exercise on referral schemes nationwide.

- Develop a service specification that incorporates continuous improvement (in outputs and outcomes) and service development in response to performance reviews and regular evaluation of the programme by referrers (GPs and practice nurses) and allied health professionals such as physiotherapists, dieticians, leisure centre staff, exercise and physical activity professionals, health promotion and public health specialists, and service users and carers.

- Review and extend the existing service criteria (in line with the Councils' ambition to support patients with other long-term conditions as part of its All-age Commissioning Strategy), increase referral pathways and improve risk stratification and data management processes following feedback from clinicians who refer into the programmes.

- Develop a broader offer of indoor and outdoor-based physical health interventions, allowing for greater flexibility in the range of activities on offer and the times / locations / venues at which activities are available. The advantage being that the provider will be able to evolve the programme to fit the diverse needs of the borough’s population, including opportunities to develop more tailored and personalised approaches to improving the health and wellbeing of those referred to the programmes.
• Align the programme with other locally commissioned exercise and healthy lifestyle interventions in order to develop integrated physical activity and leisure ‘exit strategies’, and refer or signpost individuals to post-programme activities that support life-long maintenance of improvements in their physical and psychological health and wellbeing.

AWARD OF THE EXERCISE ON REFERRAL / CARDIAC REHABILITATION GRANT

9. The recommendation is for the grant to be awarded as follows:

<table>
<thead>
<tr>
<th>Relevant Services</th>
<th>Service description</th>
<th>Recommended provider</th>
<th>Annual grant award 2014/15</th>
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</table>
| Exercise on referral and cardiac rehabilitation services | • Conduct pre-and post programme assessments for all appropriately referred patients  
• Run supervised physical activity sessions on a 12-week rolling basis  
• To link to service users to community exercise options  
• To provide 3-month and 12-month follow-up  
• Exercise specialist staff  
• Reminder / motivational text message service  
• Educational/Marketing materials                      | Fusion Leisure PLC                                                                  | £137,000                |

Policy implications

10. The Health and Social Care Act 2012 states that local authorities are responsible for public health commissioning. It sets out a duty for the authority to “take such steps as it considers appropriate for improving the health of the people in its area”. The new role for local authorities is to lead work to tackle health inequalities across the system, and to champion improvements in health and wellbeing outcomes for local populations.

11. Following the transfer of public health accountabilities from the NHS, local authorities receive a ring-fenced public health budget set by the Department of Health. Local authorities are expected to be guided by their local joint strategic needs assessment and joint health and wellbeing strategy, and the objectives within the national public health outcomes framework. The grant awards requested here are in accordance with the Council’s responsibilities for commissioning of public health services and Southwark’s joint health and wellbeing strategy.

12. Over the past decade, exercise referral schemes have become one of the most common interventions used to promote physical activity in primary care. In an
exercise on referral programme, people who are sedentary and/or have risk factor(s) for conditions known to benefit from physical activity (e.g. high blood pressure) are referred by a primary care professional to a third party service (often a sports centre or leisure facility), which then prescribes and monitors an exercise programme tailored to the individual needs of the patients. Evidence indicates that 9% of premature deaths could be avoided if people raised their activity status from low to moderate – equating to 30 minutes of aerobic activity on 1-4 days per week. Physical activity is also associated with improved psychological wellbeing.

13. NICE is in the process of updating its recommendations on exercise referral schemes as part of the partial update of public health guidance. The evidence review will consider in depth evidence which describes a range of contexts in which exercise referral schemes operate or conditions that support effective exercise referral schemes. The review will consider uptake and adherence to exercise referral schemes and will include unpublished evaluations of schemes where applicable, as well as qualitative research. The guidance (expected in 2014) will inform the ongoing development of the proposed programme.

Community Impact Statement

14. Insufficient physical activity is an important public health issue in England as it is associated with an increased risk of developing over 20 health conditions including coronary heart disease (CHD), cancer, diabetes, depression and stroke and is rated among the top ten leading causes of death in high-income countries. There is a growing population of people managing conditions such as obesity, diabetes, anxiety/depression and rehabilitating from cardiac events. In England, physical inactivity is estimated to cost the economy around 8.3 billion pounds annually, of which between 1 and 1.8 billion pounds is associated with the treatment of physical inactivity related diseases. In spite of the negative impacts of physical inactivity, only 39% of men and 29% of women in England reported meeting the recommended level to be considered ‘physically active’, as defined by guidance from the Chief Medical Officer, whilst based on accelerometer data, only 6% of men and 4% of women met the recommended level of 150mins a week (equivalent of 5 x 30mins). Local data from the Sport England Active People’s Survey (v7) 2013, shows that 44% of Southwark adults are currently active for less than 1 x 30mins a week.

15. Southwark’s exercise on referral programme is a sustainable model recommended by NICE that compliments medical interventions by encouraging longer term self-directed activity including leisure centre memberships and other community-based activities.

16. A key initial principle of the public health transition has been that it will be ‘steady-state’, and the award of the proposed grants will be in line with this, notwithstanding that services are currently provided under grants. As a result, there will be minimal change to the services which are currently being provided to the community or impact upon it, aside from those to described in the proposed service model to develop the service (to extend the criteria to include other long-term conditions as appropriate and widen the range of exercise interventions) and improve service user outcomes (Appendix 1).

17. Following an equalities impact assessment completed by the PCT at the start of the exercise referral programme in 2005, in line with the PCT and then the
Council’s public sector equality duty under the Equality Act 2010, the programme has continued to monitor patients highlighted as in particular need of the service (middle aged-older adults; living in areas of deprivation, from BME communities) in terms of ensuring good access, uptake and outcomes. The service successfully responds to the needs of this population, demonstrating over-representation in both access and completion of programme. A further equality analysis will be conducted following the award of the grant.

18. The involvement of communities is a key part of the work of all parts of the health system. The value of including the wider views of individuals and communities is critical to both understanding and tackling the health and wellbeing issues in the borough. Engagement with the community and with people accessing commissioned public health services is a core principle within future commissioning strategies for the new public health services within the Council. The impact of these services on the community, and the views of the local community about these services, will be a core element of the review work of public health services described within this report for future planning and commissioning of services.

Resource implications

19. The grant totalling £137,000 for a twelve month period, effective from 1 April 2014, is fully funded from within the Public Health Grant.

20. Funding for this grant transferred from the Department of Health to the Council as part of a ring-fenced budget. The Department of Health has already confirmed funding for 2014/15.

21. As the grant is to be awarded to the existing service provider, TUPE transfer arrangements are not applicable. There are no direct staffing implications from the Council.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Legal Services

22. This report seeks approval for a grants bidding process to be implemented for the continued provision of exercise on referral and cardiac rehabilitation programmes in Southwark.

23. As the proposed grant exceeds £2,500 it is appropriate that approval is by way of an IDM.

24. An alternative to grant awards would have been to revert to service provision under contracts for services. The disadvantage of grants is that there is a greater risk that the Council will not be able to enforce their conditions in the same way that it would have been under a contract. However, provision can still be made in grant agreements for the Council to cease to make payments or to claw back unspent grant money where conditions are not met. Further, it will still be possible to set out desired outcomes and performance monitoring arrangements.
25. The reasons for awarding grants rather than contracts in these circumstances and the benefits in doing so, as set out in paragraph 8 above, are noted, as any TUPE implications referred to at paragraph 22 above.

BACKGROUND DOCUMENTS

<table>
<thead>
<tr>
<th>Background Papers</th>
<th>Held At</th>
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<tbody>
<tr>
<td>Exercise referral and cardiac rehabilitation presentation</td>
<td>160 Tooley Street London SE1 2QH</td>
<td>Rosie Dalton-Lucas T:- 020 8525 0271</td>
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APPENDICES

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<td>Appendix 1</td>
<td>Exercise on referral stepped programme model</td>
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AUDIT TRAIL

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<th>Report Author</th>
<th>Version</th>
<th>Dated</th>
<th>Key Decision?</th>
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<tr>
<td>Kerry Crichlow, Director Strategy and Commissioning</td>
<td>Michelle Williams, Interim Public Health Commissioning Manager</td>
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<td>3 April 2014</td>
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER

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<thead>
<tr>
<th>Officer Title</th>
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<tr>
<td>Director of Legal Services</td>
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Date final report sent to Constitutional Team 3 April 2014