

Item No.	Classification: Open	Date: 4 December 2014	Meeting Name: Cabinet Member for Public Health, Parks and Leisure
Report title:		Award of grants for physical activity on referral and cardiac rehabilitation programmes	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children's and Adults Services	

RECOMMENDATIONS

1. That the Cabinet Member for Public Health, Parks and Leisure approve the renewal of the award of grants for the sums set out in the table at paragraph 8 below in regards to the exercise on referral and cardiac rehabilitation phase IV services including the health checks physical activity pathway interventions. This renewal is based on satisfactory performance, following award of grants in 2013/14.

BACKGROUND INFORMATION

2. These grants (initially extended for six months from 1 April 2013) expired on 30 September 2013. A grant was awarded to the current providers for a further six months until 31 March 2014, pending a review of the current 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.
3. It was decided by the Council that annual grant funding would enable Public Health to undertake the following:
 - Develop a new service model within existing resources –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), allied health professionals, physical activity professionals, as well as service users and carers.
4. On this basis, these grants were awarded for the 2014/15 period from April 2014 as part of a three year development programme.
5. The physical activity on referral and cardiac rehabilitation programmes are condition-specific physical health improvement initiatives that are offered to appropriate individuals following consultations with the GP, cardiac nurse or health check team. The service offers assessment of need, supported access to physical activity programmes, monitoring of

progress and follow-up. For the Health Check service there is a mandatory requirement on the Council to invite all of the eligible population at least once in every five year period for health checks. The call and recall service which forms part of this programme is key to its delivery. The service involves the sending out of 20,000 or more invitation and reminder letters to the 20% of Southwark's eligible population every year. A proportion of letters are sent out on a monthly basis to patients taken from GP practices' clinical systems.

KEY ISSUES FOR CONSIDERATION

6. The renewal of the grant year on year is dependent on satisfaction with performance.
7. The programme has performed well over the year, increasing adherence and completion rates. Development of a wider service offer is underway in line with development plans, including broader criteria as well as diversifying the offer of type of physical activity opportunities to include non-gym based sessions. Appendix 1 summarises performance for 2013/14 (Q1 and 2).
8. The grants to be awarded are:

	Relevant Services	Service description	Current provider	Proposed annual grant funding
1.	Exercise on referral and cardiac rehabilitation services	<ul style="list-style-type: none"> • 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	£139,000
	Health Checks Physical Activity Pathways	<ul style="list-style-type: none"> • 3-month Memberships 	Fusion Leisure PLC	<£40,000 (throughput dependent)
			Total grant awards	£179,000

Policy implications

9. 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.

10. 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.
11. 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.
12. 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

13. 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.
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 public Health England's Active People Survey data 2014, shows that 26% of Southwark adults are currently active for less than 1 x 30mins a week including active travel and gardening as well as sport.
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 as well as other community-based activities.

16. In addition, during 2013/14 the call and recall service and the outreach team invited over 20,000 people for a health check in Southwark. Of these, 6,995 people completed a health check and over 1,500 people had abnormal results requiring a healthy lifestyle intervention. The health check team works with participants to design and inform the interventions commissioned. Some people have signed up to become volunteers to support the programme and in some cases help deliver community interventions.
17. 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.
18. 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 prior to any award of grants.
19. The criteria for the call and recall service is determined by age of people with no previous diagnoses of other particular medical conditions. The process is systematic so everyone who meets this criterion is sent an invite letter regardless of other factors. The letters are sent out with a covering information leaflet which has contact details in four other languages.

Resource implications

20. Funding for these services transferred from the Department of Health to the Council as part of a ring-fenced public health budget.

Risks of not renewing grant and mitigating actions

- Non-renewal of grant would disrupt several care pathways
- Setting up alternative provision would require a longer lead in time than available without causing disruption to the service and patients on the rolling programme
- Poor performance in Q4 / Q1 related to staff retention / change management / changes in referral procedures
- Bad press due to negative experience of service user should their service be discontinued

These risks have been listed in the project risk and issues log with appropriate remedial actions.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Strategic Director of Finance and Corporate Services

21. These grants totalling £179,000 for a twelve month period, effective from 1 April 2015, are fully funded from within the Public Health Grant. The resources implications are noted in paragraphs 21 and 22 above.

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 grants all exceed £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 monitoring arrangements.

25. The reasons for awarding grants rather than contracts in these circumstances and the benefits in doing so, are set out in the background section.

BACKGROUND DOCUMENTS

Background papers	Held At	Contact
IDM Grant report for Exercise referral 2013/14	S: Drive / Public Health	Rosie Dalton-Lucas

APPENDIX

Appendix 1	Held At	Contact
Performance summary for Fusion physical activity on referral programme 2013/14	S: Drive / Public Health	Rosie Dalton-Lucas

AUDIT TRAIL

Lead Officer	Kerry Crichlow, Director Strategy and Commissioning	
Report Author	Christine Williams – Interim Public Health Commissioning Manager	
Version	Final	
Dated	21 November 2014	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES /CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Children's and Adults Services	Yes	Yes
Director of Legal Services	Yes	Yes
Cabinet Member		
Date final report sent to Constitutional Team	2 December 2014	