

Let's Get Moving Physical Activity Programme

To: **Health Committee**

Meeting Date: **December 6th 2018**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref:

N/A

Key decision:

Yes

Purpose: **The purpose of this paper is to provide additional information requested by the Health Committee regarding the Let's Get Moving Physical Activity Programme that was presented to the November 2018 meeting of the Health Committee.**

Recommendation: **The Committee is asked to review the additional information and approve the following recommendations.**

- a) Extend the Lets Get Moving Programme Public Health Reserve funding for an additional year in line with timeline indicated in this paper.**
- b) The introduction of the proposed interventions to strengthen the longer term monitoring of sustained behaviour change.**

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1. BACKGROUND

- 1.1 In November 2018 the Health Committee received information regarding the countywide Let's Get Moving (LGM) Physical Activity Programme that was funded £513,000 over two years from Public Health Reserves in 2016.
- 1.2 The Lets Get Moving Programme proposal was developed as a collaborative initiative between the district councils, their partners and County Schools Partnership, Living Sport, to provide a countywide physical activity that would increase levels of physical activity especially in areas and groups with high needs. It has a key role in the delivery of the Cambridgeshire Healthy Weight Strategy with its central themes of collaboration across the system to support healthy behavioural change and communities taking responsibility for their health and wellbeing. These themes and objectives are reflected in the Lets Get Moving Programme which focuses upon increasing levels of physical activity through engaging local communities in the use of the district council facilities to a level that will enable them to become self-sustaining.

2. MAIN ISSUES

- 2.1 Table 1 details the original funding for LGM. The Health Committee is being asked to approve funding of £256,500 to extend LGM for an additional year.

Table 1: Original LGM Annual Budget

	Cost	Living Sport Contribution		Actual Funding required
		Cash	In-kind	
Programme Co-ordinator	£39,000*	£10,000		£29,000
Locality Co-ordinators x 5 @ £32.5K	£162,500**			£162,500
Training, Development and Mentoring	£5,000			£5,000
Operational Budget	£50,000			£50,000
Promotion and Marketing	£10,000		£2,500	£7,500
Evaluation	£10,000		£7,500	£2,500
Total	£276,500	£10,000	£10,000	£256,500

Funding became available in April 2017, however contract commencement dates vary due to different processing times within the local authorities. In view of the different contract commencement dates the Health Committee is asked to approve the funding for a third year commencing July 1 2019 until June 30th 2020. This is captured in Table 2.

Table 2: LGM Spend Schedule April 1 2017 to August 31 2019.

Living Sport and LA funding schedule	Public Health Reserves Spend	Living Sport Cash Funding	Living Sport In Kind Funding
Living Sport April 2017 – March 2019	£58,000	£20,000	
Cambridge City Council South Cambridgeshire District Council Huntingdonshire District Council July 2017 – June 2019	£195,000		
East Cambridgeshire District Council Fenland District Council September 2017-August 2019	£130,000		
Training, development and mentoring	£10,000		
Operational budget	£100,000		
Promotional and Marketing	£15,000		£5,000
Evaluation	£5,000		£15,000
Total	£513,000	£20,000	£20,000

The proposal to extend funding until June 30th 2020 will mean that the two district authorities that have contracts that commenced in September 2017 will have been funded for thirty four months as opposed to 36 months. This provides a saving of £10,833. The Living Sport contract would end on the March 31st 2020 and it is proposed that this additional funding along with evaluation and operational funding will enable Living Sport to continue to support the Programme and complete the evaluation.

- 2.2 The key objective of the LGM Programme is to demonstrate that it has stimulated the development of new physical activity programmes that support sustained behaviour change. The rationale for extending the LGM funding for another year reflects the earlier paper that was recently presented to the Health Committee. This indicated that LGM had started to provide evidence of impact but a longer timeframe is required to consolidate the programmes and secure more robust evidence of their impact and effectiveness.
- 2.3 LGM has been collecting data that is based on the Public Health England Standard Evaluation Framework (SEF) for Physical Activity. This was originally developed by the National Obesity Forum and provides a checklist and a set of guidance notes for evaluating a physical activity programme. It is recognised nationally and it aims to standardise the evaluation of physical activity programmes across the country and increase comparability across programmes. The data set that the Living Sport and the district authorities have been asked to collect is taken from the SEF. Table 3 captures the most recent key data that measures activity and impact of LGM and is based on the SEF dataset. There has been improvement over the first five quarters but the weakest areas are the number of completers from the structured programmes and media activities. There are issues related to the number of completers as this is a weaker area of data capture. (See below)

Table3: Key Evaluation Indicators for the Lets Get Moving Programme (countywide)

Countywide figures		Q1		Q2		Q3		Q4		Q5			
		0 - 3 months		3 - 6 months		6 - 9 months		9 - 12 months		12 - 15 months			
KPI no.	Key Performance Indicators	Jul - Sep '17		Oct - Dec '17		Jan - Mar '18		Apr - Jun '18		Jul - Sep '18		Totals	
1	Programme projects	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
1.1	Number of new programmes developed through LGMC	2	6	6	13	11	32	17	54	27	75	63	180
	Number of new activities continuing 6 months after initiation (sustained)	0	0	0	0	2	3	2	3	15	29	19	35
	Number of existing "LA" programmes supported through LGMC (added value)	2	7	5	9	8	15	15	30	20	45	50	106
1.2	Number of participants	482	494	925	696	1547	2007	2017	2763	2547	3647	7518	9607
	Number of mass participation attendees	100	201	150	225	150	225	150	856	1350	3510	1900	5017
1.3	% of participants that undergo an assessment (where appropriate)	60%	22%	56%	75%	56%	52%	56%	73%	61%	69%	60%	67%
1.4	% of programme completers (where appropriate) <i>additional information provided regarding relevant 'fixed term' programmes</i>	60%	0%	60%	37%	60%	25%	60%	48%	60%	48%	60%	46%
1.5	% of participants who report that they have achieved their physical activity objectives/goals	52%	0%	52%	100%	52%	0%	52%	48%	52%	85%	52%	61%
1.6	% of initiatives in areas with lowest levels of physical activity	50%	93%	50%	79%	50%	49%	50%	64%	50%	55%	50%	63%
3	Community resilience	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
3.1	Number of community led physical activity programmes 'initiated' through the brand <i>qualitative data included each quarter: Type of programmes</i>	2	3	5	6	9	13	13	23	19	31	48	76
3.2	Number of community led programmes 'supported' through the brand	2	7	8	27	14	56	18	60	24	77	66	227
3.3	% of physical activity community led programmes continuing and led by community members after 6 months	55%	0%	55%	0%	55%	100%	55%	67%	55%	83%	55%	72%
4	District media and promotional activity	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
4.1	Number of promotional events in the district	5	7	10	16	14	20	23	37	25	59	77	139
4.2	% that received media / social media coverage	96%	100%	96%	100%	96%	81%	96%	70%	96%	95%	96%	85%
5	Countywide media and promotional activity	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
5.1	Number of countywide promotional events supported by the district programme	0	0	5	2	10	12	15	17	20	27	50	58

2.4 Demonstrating the impact of behaviour change programmes presents challenges. The data for the first year of the Programme is promising but it is challenging to capture the impact of behaviour change programmes in terms of participant reporting and overlap of the structured physical activity programmes across years. The activities that LGM has developed have been a mixture of high profile events and campaigns that focus on population level messages. The other element has been supporting the development of the structured targeted programmes which afford the opportunity of capturing longer term behavioural changes. Specifically the funding for an additional year would enable further development of programmes but the focus would be on improving the capture of any sustained behaviour change. Consequently it is proposed that a proportion of the operational and evaluation funding be used to increase compliance with the longer term monitoring of behaviour change outcomes. The operational and evaluation funding would be used as follows.

- Provide additional training for the coaches who run the structured programmes that will reinforce their responsibility for capturing evidence of behaviour change data.
- Test the impact of small incentives on compliance with completion of the behaviour change surveys. For example engagement in follow up behaviour change monitoring could be rewarded with free swim or gym session. Alternatively a healthy shopping voucher. This approach could be used with selected interventions to capture any differences.
- The Public Health England Standard Evaluation Framework (SEF) for Physical Activity strongly recommends that participants in structured programmes should be followed up for a minimum of one year. An additional year would enable additional longer term behavioural change data to be collected.
- The promotional work requires further development. In addition its impact also requires more assiduous assessment through assessing the penetration of its messages at the wider events and more social marketing activity.

2.5 Addressing health inequalities is a key objective for LGM and the first paper indicated that all districts had targeted its initiatives in their more deprived areas where rates of physical activity are lower. In addition it showed how LGM had integrated many of its new initiatives into the work of other organisations, often targeting specific groups, which had brought benefits for groups of people who often have limited access to physical activity opportunities and experience health inequalities. This illustrated especially through the case studies which described the impact that LGM has had on the health and wellbeing of individuals. There was also evidence of how collaboration across the county had increased learning and comparability of interventions amongst the districts. These aspects of the Programme will continue to be monitored if the Programme is extended.

2.6 The Health Committee also requested assurance that the partners funded to deliver the LGM programme clearly indicate on all LGM promotional activities and branding that it is funded by Cambridgeshire County Council. This has been discussed with LGM partners and it has been agreed that any branded information or promotional activities will acknowledge the role of Cambridgeshire County Council.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The following bullet points set out details of implications identified by officers:

The programme will contribute to reducing the costs to the local economy through reducing ill health

3.2 Helping people live healthy and independent lives

The Programme aims to improve the health and wellbeing of the population and enable people to live independently.

3.3 Supporting and protecting vulnerable people

The Programme has focus upon supporting and protecting those most in need and any associated health inequalities.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in **2.1**

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications in 2.1

4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications occurring from additional funding will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

4.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- The Programme is monitored to ensure that any equality and diversity implications are identified and any ensure that appropriate action is undertaken.

4.5 Engagement and Communications Implications

The following bullet points set out details of significant implications identified by officers:

- The Programme secure regular feedback from their patients and clients
- The Programme involve ongoing engagement with individuals and communities

4.6 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- The Programme reflects the differing needs found across Cambridgeshire and are tailored to address these through consultation with residents, stakeholders and partner organisations.

4.7 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- The Programme presents growing evidence that they are preventing ill health and improving health of the population through the range of interventions that have been developed.
- The Programme also targets those most vulnerable and in need to address inequalities and improve the outcomes for these population groups.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Unchanged since previous paper
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Unchanged since previous paper
Have the equality and diversity implications been cleared by your Service Contact?	Unchanged since previous paper
Have any engagement and communication implications been cleared by Communications?	Unchanged since previous paper
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Unchanged since previous paper
Have any Public Health implications been cleared by Public Health	Unchanged since previous paper

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Source Documents	Location
<p>Paper to Health Committee November 8th 2018: Agenda item 7: Progress report – programmes funded from public health reserves: Cover paper and Appendix B</p>	<p>https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/880/Committee/6/Default.aspx</p>
<p>National Evaluation Framework for Physical Activity National Obesity Observatory/Public Health England</p>	<p>http://www.getirelandactive.ie/Professionals/Built%20Environment/Resources/Evaluating-Physical-Activity-.pdf</p>
<p>Cambridgeshire Healthy Weight Strategy</p>	<p>..\HealthImprovement\Obesity\PHRG Obesity Strategy from 2016\DRAFT Healthy Weight Strategy 28 July 2016.docx</p>
<p>UK Active Report Let's Get Moving</p>	<p>http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving</p>
<p>Department of Health Let's Get Moving:</p>	<p>http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/PublicHealth/Healthimprovement/PhysicalActivity/DH_099438</p>