

**PROPOSAL FOR A LOCALITY DELIVERY MODEL TO INCREASE PHYSICAL ACTIVITY LEVELS ACROSS CAMBRIDGESHIRE**

**APPENDIX to Health Committee Paper September 8<sup>th</sup> 2016**

**1. Proposal**

The proposal is for a countywide physical activity programme that will be implemented across all five districts and borough authorities along with Living Sport. Living Sport is the Cambridgeshire Sports Partnership. It is a charity that aims to improve the health and well being of population in Cambridgeshire and Peterborough through participation in sport.

It Programme's overall aim is to increase levels of physical activity and it has the following objectives.

- Provide organised physical activities within the different localities that will support people to increase their physical activity.
- Contribute to the maintenance of healthy behaviour change through the provision of ongoing opportunities for those leaving weight management and other behavioural change services.
- Engage and strengthen communities to enable them develop and deliver activities within their communities.
- Promote and signpost individuals and communities to existing activities.

**2. The Evidence**

Being physically active is good for overall health but it also contributes towards maintaining a healthy weight. In Cambridgeshire 58% of adults are estimated to be active and 25% inactive. In Fenland the figure for those being active is 48% and for inactivity it is 37%. In terms of obesity, 64% of adults and 27% of 11 year olds are estimated to have an unhealthy weight.<sup>1</sup>

The programme that is proposed is based upon the Let's Get Moving - Physical Activity Pathway<sup>2 3</sup> model. This is an evidence based model that was developed by the Department of Health that brings together a range of evidence based interventions. The model includes both universal (population

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<sup>1</sup> Public Health Outcomes Framework <http://www.phoutcomes.info/>

<sup>2</sup> Department of Health Lets Get Moving (2010)

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Healthimprovement/PhysicalActivity/DH\\_099438](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publichealth/Healthimprovement/PhysicalActivity/DH_099438) 2010

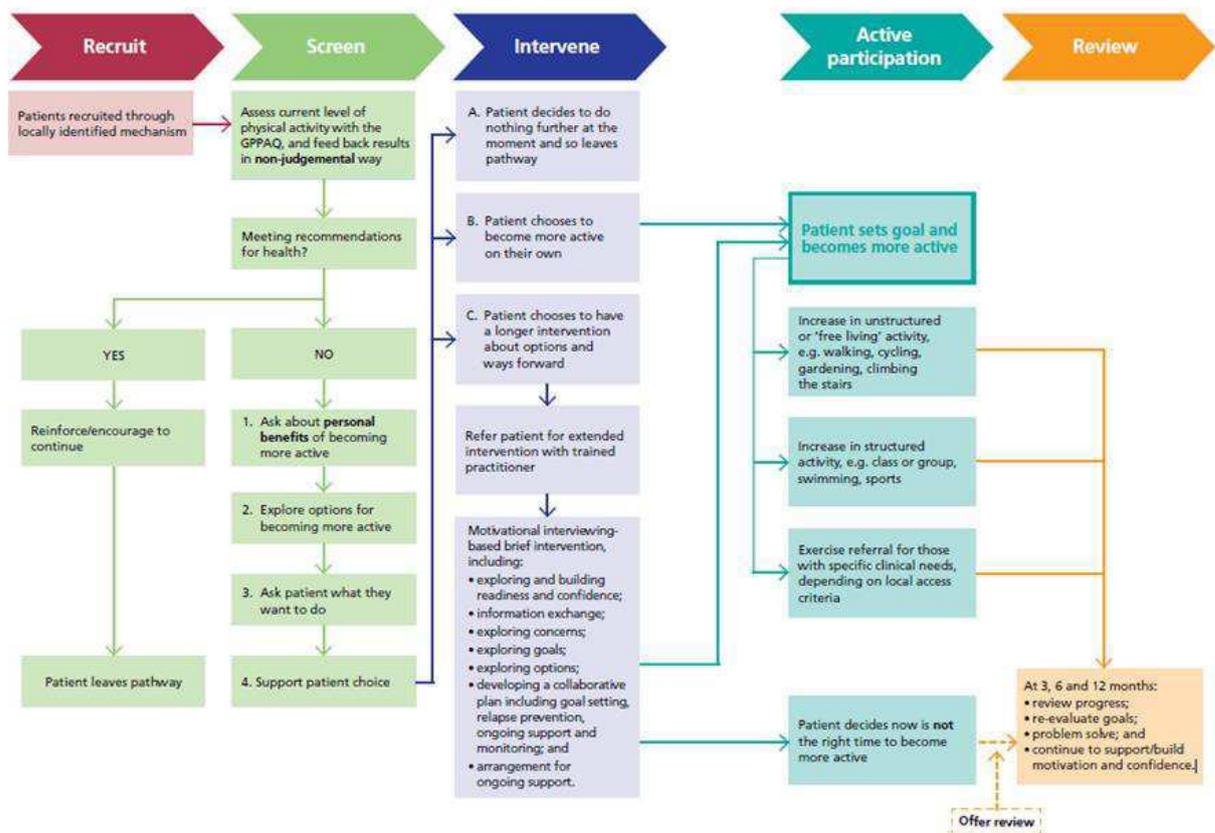
<sup>3</sup> UK Active Lets Get Moving Report <http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving> 2013

wide) and targeted approaches and will also provide the brand. It will provide consistency across the county that will ensure quality and also enable a more robust evaluation.

The evidence that underpins the model reflects behavioural change theory and includes the use of brief interventions and motivational interviewing to engage people in programmes that will increase their levels of physical activity. At a population level there will be promotional activities and an increase in opportunities to engage in physical activities. At a more targeted level communities identified as having low levels of physical activity will be targeted to stimulate community engagement in developing and owning physical activity opportunities along with providing motivating interventions for individuals. Individuals who have been through a behavioural change programme or weight management programme will be signposted to the local programmes to help them maintain any behavioural changes.

**Figure1: Let's Get Moving Physical Activity Pathway** (please note the diagram refers to patients not clients as the model was developed by the NHS)

**Let's Get Moving: A physical activity care pathway**



### **3. Delivery Model**

- 3.1 Programme delivery will be through a team of coordinators and will include one in each district supported by countywide coordinator.
- 3.2 The district co-ordinators will be responsible for co-ordinating the local delivery of the programme. They will develop, identify and promote local structured and unstructured activities for the identification and referral of individuals and communities with low levels of physical activity. A significant part of their roles will be around engaging communities in the development and ownership of sustainable activities. They will also be responsible for local monitoring and reporting of the programme outcomes to the countywide Programme Coordinator. These posts will be employed and managed by the local authority line management structures.
- 3.3 The countywide Programme Co-ordinator - will be responsible and accountable for the overall delivery of the programme, ensuring the aims and objectives are met along with ensuring consistent and quality standards of any of the interventions. In addition the post will have responsibility for the co-ordinated marketing and promotion of the programme, ensuring the brand is widely recognised. A key element of the role will be to monitor the programme and ensure that the district coordinators are delivering the key outputs and that the key performance indicators are met. The coordinator will also have responsibility for ensuring that the Programme is evaluated. Furthermore the programme co-ordinator will seek external and partnership funding to support the ongoing delivery and sustainability of the programme.
- 3.4 The inclusion of the countywide coordinator is fundamental to the successful delivery of the programme. It will ensure that the programme is consistent across the county, that there is shared learning to inform Programme development, that it is monitored and steps are taken if it is underperforming, a countywide consistent approach to campaigns and that there is a robust evaluation. This post will be hosted and managed by Living Sport – Cambridgeshire County Sports Partnership.

### **4. Key Elements of the Programme**

- 4.1 **Targeted** interventions – for those identified through for example the Health Trainer Service or through GP practices who have low levels of physical activity or communities where evidence suggests there is a greater need. The aim is to motivate these high risk individuals and communities to increase their physical activity levels.

#### **Individuals**

##### Identification and referral

The Health Trainer services and professionals in other organisations will identify and refer individuals to physical activities. In support of this the district coordinators will facilitate behavioural change training for professionals in

organisations (brief interventions) to enable them to make a motivating intervention and refer individuals who are more likely to engage in the activities.

#### Maintenance of behaviour change

Individuals who have been involved in structured behaviour change programme will be referred to the local activities. This is particularly relevant for individuals who have been through weight management services where maintenance of weight loss can be challenging.

#### **Communities and other settings**

The local coordinators will identify communities and other settings such as schools or workplaces with low levels of physical activity for an intervention. Across Cambridgeshire there are a number of programmes that are working to engage and strengthen communities. The coordinators will work with these programmes to encourage and support communities to develop and participate in physical activity opportunities.

- 4.2 **Universal interventions** are activities that are designed to encourage behavioural change and a resultant increase in physical activity in the general population. This will include the following activities.

#### Development of physical activity programmes

The district coordinators supported by the county coordinator will build upon the existing offers within the districts and support the development of new initiatives which could include those listed below. The role of the Programme staff will be to work with the existing programmes to identify how uptake could be improved, develop new programmes, signposting and engagement of communities in structured and unstructured programmes across a wide range of settings such as schools, workplaces, community halls and leisure centres.

*Examples of structured activities* - delivered in Community settings and other leisure facilities.

- Swimming
- Fitness / Exercise Classes

*Examples of unstructured activities*

- Walking for health
- Mile a Day
- Go Run For Fun
- Kids Run Free
- Park Runs (version of for families / non-competitive versions to stop them being a barrier to participation)
- Park Tennis
- Outdoor exercise - outdoor gyms

### Promotion and campaigns

The County Coordinator will be responsible for the development and implementation of an ongoing physical activity promotion campaign that will complement other initiatives to increase levels of physical activity in the wider population. It will involve working with other organisations to develop joint campaigns and consistent messages. District coordinators will reflect this activity in their local areas.

- 4.3 Integration with other services will be essential to ensure that services are complementary. This will require clear referral pathways, joint planning to avoid duplication and to ensure that consistent messages are given to the public. As indicated above working with community engagement programmes and on promotional activities will be important but also lifestyle services such as the Integrated Lifestyle Service provided by Everyone Health and the Healthy Workplace programme.

## **5. Implementation Costs**

- 5.1 The proposal is for the Programme to be initially implemented over a two year period. To support the delivery of this Programme it is essential that it is consistently resourced across all districts. The required funding is detailed below in Table 1.

**Table 1: Annual Implementation costs for Cambridgeshire Lets Get Moving Programme**

	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
<b>Total</b>	<b>£276,500</b>	<b>£10,000</b>	<b>£10,000</b>	<b>£256,500</b>

\* Approximate salary including 'on costs'. This post will be hosted and managed by Living Sport

\*\* Contribution to District Council's to either employ a member of staff to undertake this role, or contribute to funding existing member of staff(s) to undertake this role.

## **6 Monitoring and Evaluation**

6.1 Due to the investment into the programme, monitoring and evaluation will be fundamental for demonstrating the impact of the programme, future investment / funding and return on investment. Where the activity permits, the following will be measured and monitored for all participants in the programme.

- Attendance / Participation
- Physical Activity levels before and after programme / intervention. (e.g. International Physical Activity Questionnaire IPAQ)
- Weight
- Heart Rate / BMI / or waist circumference (where possible)
- Self-efficacy measurement before / after intervention
- Behaviour change – adherence to increased physical activity levels, 6 & 12 month check

An initial evaluation report will be completed at the end of the first year and will influence delivery in year 2.

6.2 Key Performance Indicators have been developed which will be monitored through the contractual process.

- Baselines will be established in the first 6 months of the Service to establish ongoing targets.
- There will be thresholds for each target.
- Reporting will be at district level and will be quarterly unless there is performance issues. This will be captured in the formal agreement
- Providers will take part in audits

## **7. Governance**

7.1 It is proposed that there will be a formal contractual agreement with each local authority through a Section 75 agreement. The option of a procurement exemption for the contract with Living Sport is being explored. Each contract will be monitored individually.

7.2 The countywide Programme Co-ordinator will be responsible for reporting through the usual contractual processes. The PHRG will regularly review progress and provide support if possible to mitigate any barriers to Programme delivery. The Programme will be part of the regular reporting of Public Health activity to the Health Committee.

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