Herefordshire Council

Decision maker:	**Director of Adults and Communities**
Decision date:	**29th November 2018**
Title of report:	**ActiveHERE proposal post March 2019**
Report by:	**Health Improvement Practitioner**

Classification

Open

Decision type

Non-key

Wards affected

To be agreed once a preferred provider is identified.

Purpose and summary

To agree the recommendations on ActiveHERE post March 2019.

Inactivity puts adults at greater risk of physical and mental morbidity. Physical inactivity is the fourth largest cause of disease and disability in the UK (Murray et al, Lancet 2013). Exercise can reduce the risk of injury by falls in older adults; reduce the risk of coronary heart disease, hypertension and osteoporosis as well as help maintain mobility, independence and physical quality of life. The impact of physical inactivity and sedentary lifestyles also weighs heavily on UK healthcare, estimated to cost as much as £1.2 billion a year. Prevalence of inactivity increases with increasing deprivation: in Herefordshire 1 in 3 people living in the most deprived communities are inactive, compared to 1 in 4 in least deprived communities.

ActiveHERE was set up to support inactive people across Herefordshire to become active through taking up sport and physical activity. It was one of 33 projects made possible through Sport England's, Get Healthy Get Active fund. It was funded by Sport England, Herefordshire Council and partnership funding. The project has been running countywide since January 2016 and will continue until end March 2019. It has been independently evaluated.
The programme currently has two pathways: Active in the Community (signposting and information with 12 week follow up) and Active Plus (12 week programme including motivational interviewing, goal setting and identification of suitable activities with planned contact over the 12 weeks reviewing progress and follow up at 3 and 9 months). The programme has also identified need for activity in certain areas and supported development of additional activities to meet that

need, particularly around growing entry-level activities.

ActiveHERE has been effective and cost-effective in enabling inactive middle-aged and older people to initiate and sustain activity, has made significant improvements to the quality of life (well-being and self-efficacy) of participants, further developed local assets and has provided value for money. Whilst both pathways have been effective, the ActivePlus pathway supported more people from deprived communities and people living with long-term conditions. It also had a higher return on investment with estimates suggesting that for 61 year olds and older, even with only the lowest median level of ongoing participation, within 5 years each £1 cost of delivering the programme provided £3.25 in Quality Adjusted Life Years (QALYs) benefits, raising to £8.25 in 10 years.

It is proposed to amend the ActiveHERE model to maximise value for money and better integrate with, and continue to complement, other community work being undertaken. In particular it is proposed to:

i) No longer commission the Active in the Community (signposting and information) pathway but will ensure that this is incorporated into existing initiatives including: WISH, Healthy Lifestyle Trainer Service, Community Brokers and Social Prescribers; and

ii) Invest in continuing the Active Plus pathway providing behavioural-change support for inactive adults to encourage activity and in supporting communities to develop activities where there is an unmet need on physical activity.

Recommendation(s)

That:

- **a) ActiveHERE be commissioned for the period 1st April 2019 to March 2021 (1 + 1 year contract) focused on supporting inactive adults into physical activity through the ActivePlus pathway and development of activities on offer in four key communities;**
- **b) The four communities in which the activity development will be focussed will be determined based on demographics, community assets and population characteristics;**
- **c) The maximum budget allocated to this programme will be £78,238 plus £6,000 internal costs (£39,119 plus £3,000 per annum);**
- **d) The contract is allocated to the project as a 1 + 1 year contract;**
- **e) The Director for Public Health be authorised to finalise the service specification and award contracts for ActiveHERE within the agreed budget.**

Alternative options

1. The existing delivery model with two pathways could be extended. This is not recommended as the delivery cost would be £133,990 over two years, the project has already been delivered countywide and maintaining the project growth would be unsustainable.

2. The ActiveHERE project is drawn to a close. This is not recommended as the identified need remains, the project has demonstrated clear beneficial outcomes and it plays a key role in supporting other health improvement services such as the Healthy Lifestyle Trainer

Service (HLTS). Ending this programme would have a countywide impact on adult physical activity and obesity rates, as well as adult mental wellbeing (outcomes in the Public health outcomes Framework and contributors to the strategic objectives in the Health and Wellbeing Strategy to reduce premature mortality).

3. Bring ActiveHERE in house. This would require the expansion of the HLTS to include specific physical activity support and asset development. This is not recommended as it would require creating additional capacity in the existing team. Furthermore, the community development of activities is not currently a role within HLTS's remit.

Key considerations

Background

1. ActiveHERE was set up to support inactive people in Herefordshire to become active through taking up sport and physical activity. It was one 33 projects made possible through Sport England's, Get Healthy Get Active fund.

2. The funding allocated (for 3 years planned delivery) was: Sport England grant award £174,640, Herefordshire Council £80,000 and partnership funding £19,673. The total funding allocation was £274,313.

3. The project has been running countywide since January 2016 and will cease at the end of March 2019.

4. The project has been independently evaluated. It was shown to be effective in increasing physical activity in participants. Furthermore, its outcomes benchmarked positively against other Get Healthy Get Active projects.

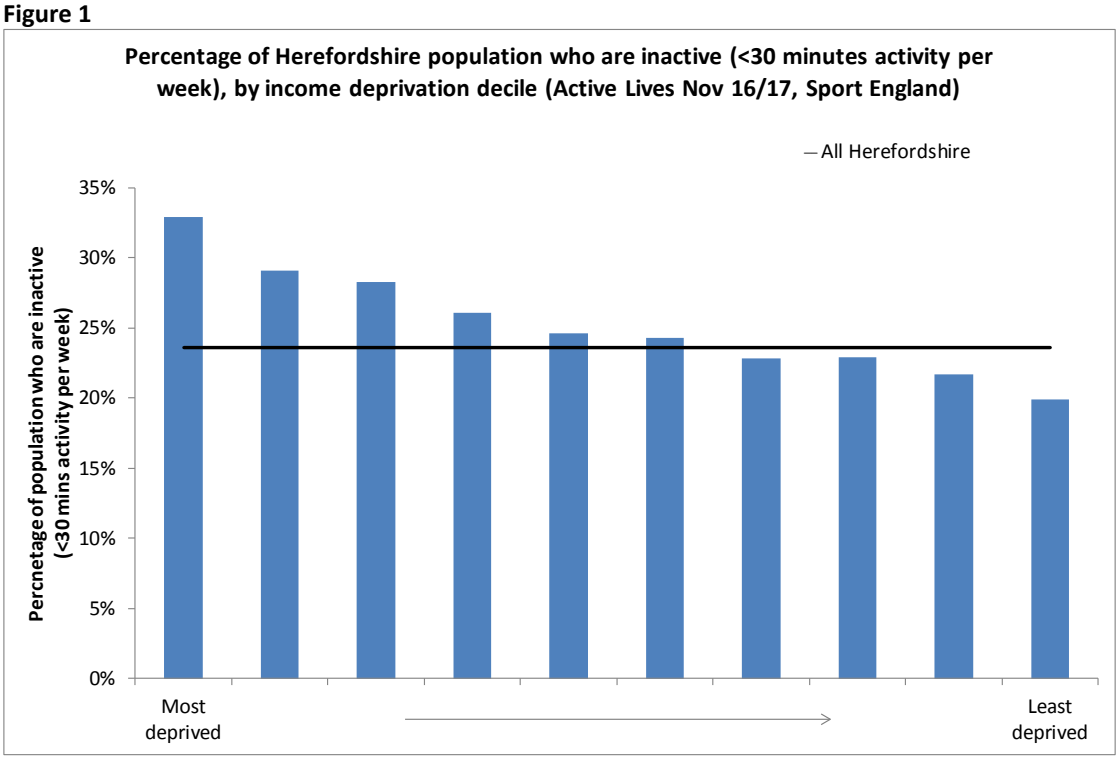
5. The population of Herefordshire is generally healthier than the population of England with fewer residents who are inactive than England average. Inactivity is defined as <30 moderate intensity equivalent minutes per week. In 2016/17 (latest data available), 17.2% (95% confidence interval 14.0-20.9) of the Herefordshire population reported that they were inactive. This was significantly lower percentage than average for England. This was a slight decrease from 2015/16 when 21.2% (95% CI17.8-25.0) were inactive. However, the confidence intervals overlap, suggesting the change from 2015/16 to 2016/17 is not statistically significant. It is not possible to determine whether this decrease represents a continuing trend as only two years' worth of data are available.[1]

6. The prevalence of inactivity varies by deprivation, with estimates of the percentage of the population living in the most deprived areas showing greater levels of inactivity (1 in 3 people) than least deprived areas (1 in 4 people) (Figure 1)). Note that the definition of activity and age-range differ between PHE and Sport England published data and therefore overall estimates differ.

7. Inactivity puts adults at greater risk of physical and mental morbidity. Exercise can reduce the risk of injury by falls in older adults; reduce the risk of coronary heart disease, hypertension and osteoporosis as well as help maintain mobility, independence and physical quality of life. The impact of physical inactivity and sedentary lifestyles also weighs heavily on UK healthcare, estimated to cost as much as £1.2 billion a year.

[1] Self-reported physical activity data are gathered through the Active Lives survey which changed methodology in 2015/16. Historical data before this year cannot therefore be compared.

Figure 1



ActiveHERE model

8. ActiveHERE was designed to develop an integrated pathway into physical activity and sport in order to improve the overall health and wellbeing of participants and reduce chronic health conditions. The programme did not include the delivery of activities, but offered support to clients in accessing suitable physical activity programmes across the county.

9. The programme's unique contribution was to provide participants with person-centred support to identify activities that were most suited to their needs and, where appropriate, to provide support to overcome potential barriers to participation.

10. ActiveHERE current model has two pathways: Active Plus and Active in the community (see Appendix 1).

    a. Active Plus provides participants with a higher level of support. It consists of a 12 week programme including motivational interviewing, goal setting and identification of suitable activities. Maintained contact is planned at intervals over 12 weeks reviewing progress and follow up at 3 months and nine months is also carried out.

    b. Active in the community is for those participants whom are seeking information but do not feel the need for additional support. This route signposts to suitable activities and undertakes follow up at 12 months

11. The programme is based on the Health Trainer Behaviour Change Model. Access to the service is through the Healthy Lifestyle Trainer Service. Initially an assessment takes place to determine eligibility i.e. inactive and consent.

12. ActiveHERE has identified need for activity in certain areas of the county and supported development of additional activities to meet that need, particularly around growing entry-

level activities. They have worked to support small providers and group activities to increase participants and ensure sustainability e.g. Jog and Jiggle in Leominster.

13. Ignite Community Interest Company successfully delivers the project.

14. ActiveHERE has identified need for activity for disabled people and successfully supported providers to develop activities to meet the specific needs of these people E.g Seated Yoga

ActiveHere implementation and outcomes

15. Overall the project has been effective in enabling inactive middle-aged and older people to initiate and sustain activity, has made significant improvements to the quality of life of participants, further developed local assets and has provided value for money.

16. Whilst participants in both pathways had a similar age profile, ActivePlus pathway participants were more likely to have a self-reported long term health condition and to be from a more deprived area, than those who followed the Active in the community pathway.

17. The project took longer than anticipated to start delivery. Therefore there was an underspend against projected costs within the original project timescales, due to this an extension to the project was requested in late 2017, the request for the extension was approved by Sport England and the project completion date was extended by 6 months from June 2018 to December 2018. Outcomes were updated and no additional funding was allocated to the project. It has subsequently been agreed that the project can be continued to March 2019 with previously committed council funds.

18. The project has met targets for the past three years. Ignite CiC have developed positive working relationships across Herefordshire and have built a wide network of sports providers and relationships that enable the delivery of ActiveHERE across the county.

19. A comprehensive database of physical activity options available in the county has been built up. All activities are assessed for their suitability for the participant cohort. The additional development work with providers supports sustainability of the model and supports the leisure economy.

20. AcitveHERE have registered:

    a. 94 providers of activities

    b. 288 different activities

    c. 123 different venues across the whole of Herefordshire.

21. 1139 people have become more active, with sustained activity at 12 weeks, through ActiveHERE. The service met its KPIs (Appendix 2).

22. Key findings of the independent evaluation of ActiveHERE were:

    a. Active HERE was effective in enabling participants to become more active, with 69% of Active Plus participants and 60% of Active in the Community participants taking part in sport on at least one day a week at 12-weeks, from a baseline of zero

b. Both pathways saw a significant increase in the proportion of participants undertaking light, moderate and vigorous intensity activities

c. Significant increases were also seen in psychological wellbeing and self-efficacy.

23. Participants on the Active Plus pathway were twice as likely to live in the most deprived areas of Herefordshire as those engaged with Active in the Community (although the greatest proportion of participants were still from the mid (3rd) deprivation quintile).

24. The economic evaluation of the ActiveHERE project was positive, showing good return on investment. The ActivePlus pathway had the highest levels of return on investment, particularly for those aged >61 years. For this cohort and pathway, at the lowest level of median ongoing participation (3 years) and shortest time horizon (5 years), each £1 cost of delivering the Active Plus pathway over the lifetime of the programme provided £3.25 in Quality Adjusted Life Years (QALY) benefits and £1.87 in NHS expenditure savings. This will rise to £8.12 in QALY benefits and £2.79 in NHS expenditure savings over 10 years for every £1 of delivery. Note NHS benefits have been extracted due to the economic models available and used for the evaluation. The QALY benefit shows that there are wider benefits, to both the council and society more widely.

25. The ActiveHERE project was found to contribute to a positive effect on the reduction of self-reported loneliness, improved healthy lifestyles and therefore contribute to improved health and a reduction in associated costs of ill-health.

ActiveHere: comparison with other programmes

26. Direct comparisons of outcomes with other Get Healthy Get Active projects are difficult due to the range of project designs, objectives and participant cohorts. Nonetheless, ActiveHERE compared favourably to average outcomes of all funded programmes, as shown in the Table.

	Average of Get Healthy Get Active projects	AcitveHERE Active in the Community	ActiveHERE Active Plus
Inactive participants become active	46%	62%	75%
Participants still active after 3 months	53%	98%	91%
Taking part in sport on at least one day a week at 12-weeks		60%	69%

ActiveHERE: proposed model

27. We propose disinvesting in the Active in the Community pathway. Appendix 4 gives an overview of the community roles currently in operation in Herefordshire. As described

there are other roles that could include the appropriate advice and signposting, given the right training and appropriate information sharing. This includes community brokers, WISH, social prescribers and Healthy Lifestyle Trainer Service (HLTS).

28. We propose continued investment in the Active Plus pathway as a countywide approach. The programme has been shown to be effective, cost-effective (cost-saving within 5 years) and to likely reduce health inequalities. There is no other programme throughout the county offering similar support. The programme provides a referral route for people who have been, or self-referred, to the Healthy Lifestyle Trainer Service where inactivity is identified.

29. We propose investment in community development work. The new model of delivery draws upon the small scale community development undertaken in the current ActiveHERE and is aligned with the national evidence base of other Get Healthy Get Active projects, and PHE guidance. The project will focus on targeted areas within the county, which will be scoped at the beginning of the project. These areas will be selected based on demographics, community assets and population characteristics and the focus for these areas will be development of physical activities on offer. This community development work will engage and sustain opportunities to increase activity, social interaction and community cohesion. The value of ensuring there is an appropriate community offer for participants and residents more broadly has enabled the programme to function. Information and knowledge about the local offer will be shared with the wider community workforce (e.g. social prescribers, community brokers) to maximise benefit.

30. We propose a 1 + 1 contract, the first year funded by Public Health at a cost of £39,119 plus internal costs of £3,000 (total of £42,119). Funding will come from the Public Health Ring Fenced Grant. The internal costs pay for the support of the HLTS for four hours a week gateway time (reduced from the 8 hours allocated previously and also removes the 4 hours management time).

31. An agreed way of data and intelligence sharing between all components will be required.

32. The annual targets will be 480 people signed up to ActiveHERE, 300 people becoming more active and 120 people more active after 12 weeks. Evaluation of the work will be through analysis of the outputs and will be part of the project management process involving an advisory group.

33. Communication routes will include social media, face to face contacts, referrals through professionals and self-referral.

34. The proposal has been developed considering community development NICE guidance, PH44, loneliness strategy and Public Health England guidance.

Procurement Timetable

Task	Completion date
Publication of Tender Documents	3/12/18
Closing date for submission of Tender	**4/1/2019**
Preferred Bidder Announced	W/C 14/1/2019
10 Day Standstill	Start 18/1/2019 End 29/1/2019
Director sign award of contract Record of Officer decision report	29/1/19
Award of Contract	29/1/2019
Contract Start Date	01/04/19

Community impact

35. This project fits with the aims of the Health and Wellbeing Strategy, The Public Health Plan, The Blue print, the CCG five year plan and published research (OHE – Everybody Active Everyday) that evidences the benefits of a supported approach to physical activity and the related health benefits and savings to healthcare providers.

36. The project has supported, and would continue to support, the wider prevention agenda through links with HLTS and community brokers. It has and would continue to support the HLTS, acting as the physical activity arm of the service.

37. Enhancing current services. There are many opportunities through this concept to enhance other services. Examples include:

    a. Supporting the health and social care approach, building community assets, social prescribers and community connectors

    b. Filling the void of motivational interviewing support into physical activity and the development of providers

38. As identified need in the JSNA, Herefordshire has one of the lowest population densities in England, at fewer than 90 people per square kilometre, access to physical activities is a challenge for our population and for the providers who deliver those services. Whilst the population is generally healthier than the England average, there remains considerable scope to reduce the rates of premature deaths and the number of local people developing long term conditions such as heart and circulatory disease. Whilst many of the causes of such diseases are linked strongly to people's lifestyles, such as lack of exercise, and

therefore within the control of individuals, there is good evidence to show that people benefit from having access to advice and support to help them become more active. Some of the wider barriers that prevent people achieving their goals are often described as social determinants of health, such as loneliness, social isolation, low educational attainment and self- esteem and low income. These causes have been part of the ActiveHERE project, which has shown that solutions can be found at an individual level to overcome barriers.

39. ActiveHERE has supported existing activities and providers across the county by increasing the capacity, reach and sustainability of local physical activity service provision. ActiveHERE has worked with groups, individuals and professionals to develop and extend the pathway into physical activity and sport. The project has complemented and added value to services and organisations. These benefits will continue under the ActiveHERE proposed pathway.

40. There are no known impacts on looked after children or any health and safety implications.

Equality duty

41. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

    A public authority must, in the exercise of its functions, have due regard to the need to -

    (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

    (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

    (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

42. The project will support the council in its commitment to equality by supporting the three aims of the Equality Act in the following ways:

    a. By working with and encouraging a number of groups of people, some of which have a protected characteristic to become more active in their daily lives.

    b. To work with target groups to reduce health inequalities in a supported environment

    c. To support and encourage individuals to identify and join physical activity groups to encourage their participation in these groups and foster good relations between people from all backgrounds.

    d. By providing more opportunities for specific groups of people that have been identified as being at risk of health inequalities and the diseases linked to these such as coronary heart disease, stroke etc. ActiveHERE will reduce health inequalities through a tailored provision of physical exercise and sport opportunities. Whilst the programme will target specific communities and the inactive population.

Resource implications

43. An initial information governance data impact assessment has been undertaken and the process will be updated once a preferred provider is identified. There will be no IT or property implications.

44. To provide the revised ActiveHERE delivery model over a two year period 1st April 2019 – 31st March 2021 would cost £78,238.00 plus £6,000 internal costs. The costs are based on annually engaging with 4 communities across the county, 480 people signed up to ActiveHERE, 300 people becoming more active and 120 people more active after 12 weeks. The proposal for ActiveHERE is for two years (on a 1 + 1 year basis) in order to maintain and embed the model within current activities and practice. Evaluation of the work will be through analysis of the outputs and will be part of the project management process involving an advisory group. Funding will come from the Public Health Ringfenced Grant.

45. There are no TUPE implications.

Revenue or Capital cost of project (indicate R or C)	**2019/20**	**2020/21**	**2021/22**	**Future Years**	**Total**
Public Health Ring Fenced Grant	**£42,119**	**£42,119**	**£000**	**£000**	**£84,238**
TOTAL	**£42,119**	**£42,119**	**£000**	**£000**	**£84,238**

Funding streams (indicate whether base budget / external / grant / capital borrowing)	**2019/20**	**2020/21**	**2021/22**	**Future Years**	**Total**
Public Health Ring Fenced Grant	**£42,119**	**£42,119**	**£000**	**£000**	**£84,238**
TOTAL	**£42,119**	**£42,119**	**£000**	**£000**	**£84,238**

Revenue budget implications	**2019/20**	**2020/21**	**2021/22**	**Future Years**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
note any impact on revenue budget, good or bad					
TOTAL					

Legal implications

46. The open procedure described in this report complies with the Council's Contract Procedure Rules, in particular paragraph 4.6.12 of the constitution, and the Public Contracts Regulations 2015.

47. An impact assessment will be completed once a preferred provider is identified.

Risk management

Risk / opportunity	Mitigation
There is a current risk that this project will cease before plans are in place to continue with the most beneficial components. This would result in a risk to meeting delivery targets which are based on continued delivery	A plan is in place to meet procurement timescales in order to maintain service delivery.
The Active in the community pathway work is already embedded into existing pathways this will support a centralised approach to information sharing.	Existing pathways should be able to manage demand.

Consultees

48. None at this stage. Once a preferred provider is selected consultation will take place with key individuals.

Appendices

Appendix 1: Current ActiveHERE pathway
Appendix 2: KPIs, to mid October 2018
Appendix 3: Map of activities
Appendix 4: Matrix of community health and wellbeing support services
Appendix 5: Breakdown of costs per annum for Apr 2019 to Mar 2021 proposal
Appendix 6: ActiveHERE infographic showing outputs and outcomes up to June 2018

Background papers

None

Further information on the subject of this report is available from
Health Improvement Practitioner, Tel: 01432383144, email: kristan.pritchard@herefordshire.gov.uk