

Cumbria and Lancashire
Public Health Network



Mapping Exercise Referral Schemes in Lancashire

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Background: Physical activity is a key action point for the growing number of organisations interested in promoting public health. The increase in physical activity promotion is welcome but difficult to monitor. Whilst specific organisations such as Sport England have developed databases on sports clubs and sports programmes linked to their mission statement, there is fragmented and patchy evidence on physical activity programmes. This is a result of the lack of a systematic approach to gathering data on “health related” physical activity programmes. In response a number of regions have commissioned audits and/or surveys of physical activity programmes. Recently in 2006, in order to obtain a picture of health related physical activity in the 42 primary care trusts and 45 local authorities of North West region (6.7 million inhabitants), the Research Institute of Sport and Exercise Sciences and the North West Public Health Observatory at Liverpool John Moores University were commissioned by Sport England North West, the North West Public Health Team and the Physical Activity Task Force to conduct a mapping exercise of physical activity provision across the region. Unfortunately this audit did not provide enough data for a representative analysis of programmes across the NW region with only 7% of the responses coming from Lancashire (Stratton et al 2006).

What is the purpose of this study?

The purpose of this study is to provide the relevant data on physical activity programmes for Lancashire.

Aim: To map “health related” physical activity programmes across Lancashire to produce a database of the types of initiatives currently in existence.

Objectives:

- Locate good practice and identify areas of strength and weakness within Lancashire
- Create an evidence base for professionals to use in the future planning and development of physical activity programmes
- Disseminate the relevant findings to key workers in the field through local events, produce a report that will be of interest to regional and national funding agencies and formal academic publications

Study design: Survey

Study population: Physical activity managers, throughout the County of Lancashire

Method: Semi-structured telephone interviews

The Lancashire region in the North West of England includes 12 district authorities and the two unitary authorities of Blackburn with Darwen and Blackpool (<http://www.lancashire.gov.uk>) (Figure 1).

Figure 1
Map of Lancashire County



Lancashire covers 3,075 sq. km and has a population of over 1.4 million people. The county is large and is widely renowned for its environmental and quality of life attractions, notably its diverse and beautiful landscapes and countryside and its coastal fringes offering many opportunities for outdoor recreation and leisure. However, Lancashire retains a strong economic base under-pinned by long urban and industrial traditions (<http://www.lancashire.gov.uk>).

The overall health profile of Lancashire is worse than the England average. Of 26 national health indicators in Lancashire's health profile, only four are better and 13 are worse than the England average. In particular life expectancy for both males and females in approximately 75% of districts is substantially lower than the national average (<http://www.communityhealthprofiles>).

In addition there are significant health inequalities within the region for example the average male life expectancy in Blackpool is 72 whereas in neighbouring Fylde it is 77, for females there are similar inequities e.g. in Blackburn the average female life expectancy is 78 years and in neighbouring Ribble valley it is 82 years (<http://www.pho.org.uk/healthgis/la/map.svgz>).

Sport England launched the Active People Survey in 2005; this was a telephone survey of 363,724 adults in England, aged 16 plus (Sport England, Active People 2006). The questions related to participation in sport and physical activity and

included walking; it was the largest survey of its type in Europe. The data collected from this survey has formed a baseline against which future planned annual surveys will be compared. These data are now available to all District Authorities and Sport and Physical Activity Alliances (SPAAs) who are required to utilise these data to prioritise and set their own local delivery plan. The Active People Survey revealed that participation in physical activity in Lancashire was extremely low. Only 11.4% of the adult population of Lancashire were active for 30 minutes, 5 days of the week, and 52.4% of the population were not active at all (Sport England, Active People 2006).

Aims

Exercise Referral Schemes aim to increase participation in Physical Activity and more specifically aim to treat or prevent health conditions. All the Exercise Referral Schemes in Lancashire encourage participation in physical activity for the improvement of health and well-being. The majority of schemes offer activity to 'at risk' groups of people e.g. hypertension, hyperlipidemia and obesity as well as the general population. All the schemes promote the benefits of a healthy lifestyle and encourage long-term adherence to physical activity (Chart 1).

The projects in Lancashire (table 1) have similar delivery formats. Generally the schemes have:

- Referral from Health Professional
- Consultation with appropriately qualified personnel
- 10 - 12 week Activity Plan of appropriate activities
- Reassessment
- Encouragement to continue in the form of reduced cost activities

These are in line with the National Quality Assurance Framework (DH 2001). This document is currently being revised and schemes are advised to check their programmes against this when it becomes available from the Department of Health.

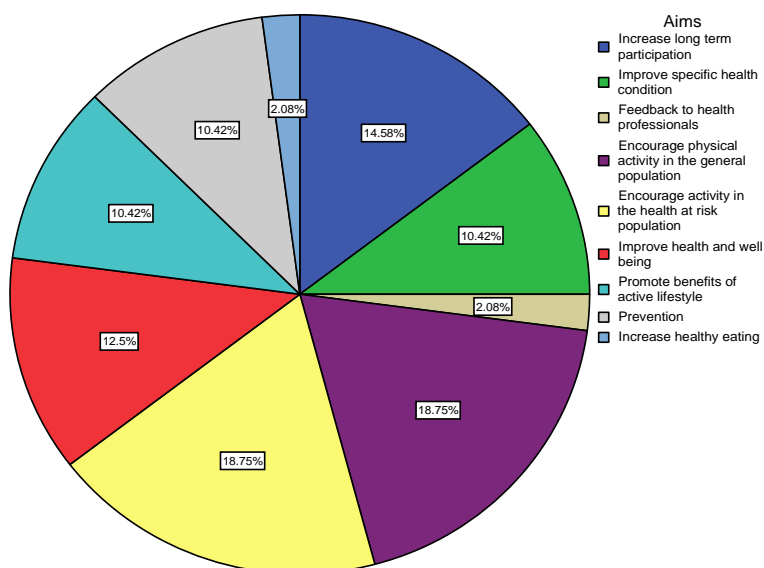
Table 1. Physical Activity Programmes in Lancashire

Exercise Referral – Blackburn	Active Health Scheme – Wyre
Fit for Life – Fylde	Healthy Lifestyles – Burnley
Physical Activity Programme – Preston	Lancaster – NO SCHEME
Life Matters – West Lancashire	GP Referral Scheme – Rossendale
Active for Health – Blackpool	Activity for Life - Chorley & South Ribble
Healthy Lifestyles – Hyndburn	Positive Steps – West Lancashire
Healthy Lifestyles – Ribble Valley	Healthy Communities – Pendle

The schemes differ in the contact mechanism, tracking and follow-up procedures. The larger projects appear to have more administrative support and therefore facilitate better follow-up procedures particularly in terms of assessing adherence to physical activity 6 and/or 12 months after the initial programme. An administrator can also be helpful for following up those who do not attend and dropout midway through their course of initial activity.

Exercise referral schemes have the potential to encourage the wider population to engage in Physical Activity. A number of schemes across Lancashire have successfully created expanded referral pathways for a number other professional groups e.g. social services along with more traditional pathways from the health sector. There are a number of strong models being used in Lancashire highlighting this. Exercise Referral Managers should facilitate these alliances and create the capacity to enable multi-agency collaboration.

Chart 1. Aims



A consideration needs to be made regarding the end of the referral term. Many individuals will see this point as the end, as having fulfilled their commitment to the health professional. Measures need to be in place for the client to continue to be active. All of the schemes across Lancashire have a system in place for this; for example the ‘beeZ card’ scheme in Blackburn offers continued reduced rates for activity participation for those who successfully complete schemes.

However a number of the interviewees raised concern that many hundreds of people go through schemes yet they do not make the necessary lifestyle changes needed for them to continue after attendance. Improved provision needs to be made at the end of the referral period to integrate clients into appropriate sessions/classes and a programme of continuation needs to be formulated with the client.

The capacity of the Exercise Referral Officer (s) is a crucial element of Referral Schemes both in terms of offering specialist advice to clients, creating a rapport with the clients and offering on-going support to clients. Support of this type can be difficult to sustain due to costs, staffing levels, and staff commitment. It is essential that Exercise Referral Officers personally introduce clients to staff and participants at sessions/classes to enable them to become part of the group. The social aspect of physical activity is often described as the main reason why individuals continue to participate. Individuals who do not usually participate in physical activity need much more than the hope of improved health to continue on their quest.

Target Group

Physical Activity Participation in Lancashire

The Chief medical Officer recommends:

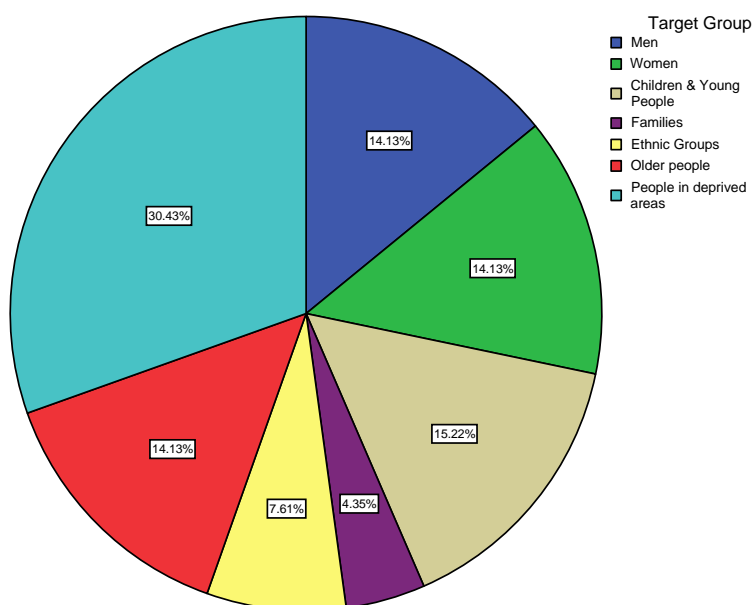
- For general health benefits, adults should achieve a total of 30 minutes a day of moderate-intensity physical activity on five days of the week.
- Children and young people should achieve 60 minutes of moderate-intensity physical activity on five days of the week.

(DOH 2004)

The Active People Survey has highlighted particular low participation rates in a number of population groups: Women (9.7%), Over 55s (6.7%), Black Minority Ethnic groups (9.9%), those individuals with a limiting disability (4.6%), and those people from the lowest socioeconomic groups (9.2%).

The Health Survey for England (DOH 2002) reported that three out of ten boys and four out of ten girls are still insufficiently active to benefit their health and all recent studies show that obesity is increasingly prevalent among children. However the projects in Lancashire are successful in reaching those who make up these priority groups of people. Just over 50% of the projects target women, black minority ethnics and older people, and a third of the projects target deprived areas (Chart 2).

Chart 2 Target groups



The evidence from this study suggests that despite international guidelines (WHO 1999) the 'Family Unit' group is seriously under-represented with less than 5% of schemes targeting this group. However, recent work in Finland shows that this is not a uniquely local problem (Javanainen-Levonen 2007). Further work should investigate why so few schemes target this group, as families exercise habits can have a major impact on a child's leisure activities (Yang 1996). The parental influence is of particular importance for younger children in providing transport (Javanainen-Levonen 2007).

Innovative interventions that specifically target and engage with this group should be considered a priority. There are some examples of good practice around the county. Preston, Pendle and Fylde have commissioned the national Mind Exercise Nutrition Do-it (MEND) programme, for local populations. The MEND programme is a fun, effective and practical lifestyle solution focused on families with overweight or obese children Summerbell et al (2003). The key to its success is an integrated approach, combining all of the elements known to both treat obesity effectively and ensure long lasting results. A similar national physical activity and nutrition programme, SHINE aimed at 11-16 year olds (Key Stages 3 and 4) is also an example of good practice (<http://www.shine4u.org/>). The Burnley Food & Fitness Aimed at Lowering Obesity (BUFFALO) is a good example of a local multi-agency approach to the prevention of obesity in primary schools. The object is to increase participation in physical activity and sport, enhance children’s knowledge and help children develop an interest in good food and cooking.

Partnership

The National Quality Assurance Framework (DH 2001) does not specifically refer to partnership arrangements, however in Lancashire it can be seen that the majority of schemes have one or more partners. Exercise Referral Schemes in some parts of the county have been established for many years and represent long-standing partnerships between statutory organisations. Clearly the two main partners in Exercise Referral Schemes are Health and Leisure (Chart 3). Schemes are working with other organisations in some areas. This tends to be within the larger, more established Schemes. Involving other partners does offer an excellent opportunity to access and engage with more people, particularly those individuals who would not normally consider physical activity and those in the hard to reach communities. Organisations, charities and Community Associations in contact with families, young people, older people and BME groups offer opportunities to reach those who would not access traditional facilities. Other ideas for Managers to consider are the new Children Centres, the Youth Service, Extended Schools, Connexions careers service, Probation Service, Youth Offending Team and Groundwork Trust who work to improve the quality of the local environment and the lives of local people.

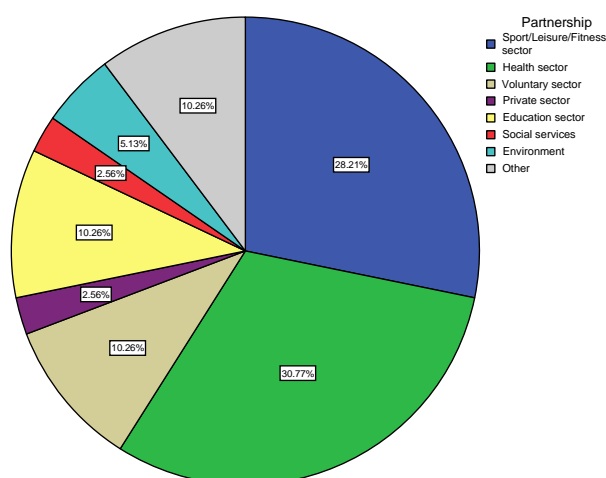
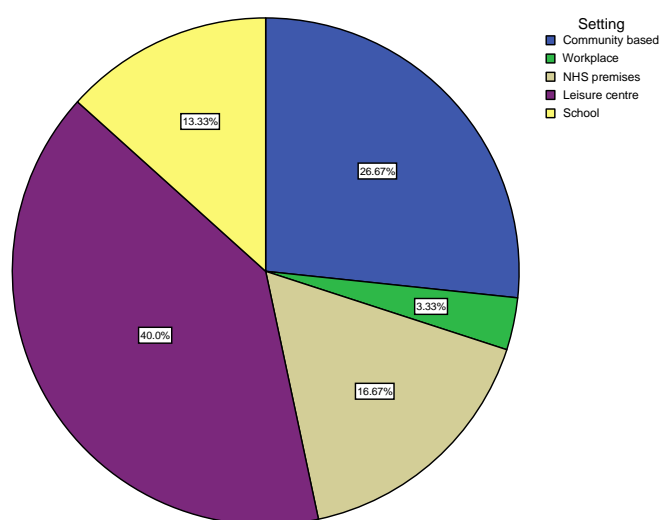


Chart 3. Partnership

Setting

It is not surprising to find that Leisure is the most commonly used venue for the delivery of the projects, especially as the Leisure sector forms the largest partner organisation, significant use is also made of Community based venues (Chart 4). Project leads need to consider access to facilities carefully, particularly when trying to reach people from deprived communities, older people and families. Another perhaps less obvious thing for project leads to consider when deciding on appropriate settings are the sometimes negative connotations associated with or the pre conceived ideas clients may have about Leisure Centres, School and NHS facilities. Previous unhappy or poor experiences of school and sports may be a significant barrier to access, along with the illness connotation associated with NHS facilities.

Chart 4. Settings



Women, children, older people, those with a limiting disability and individuals from black minority ethnic groups and those from the lower socioeconomic groups participate significantly less in physical activity (Sport England, Active People 2006). The individual and their experience needs to be looked at carefully. Barriers to local services and facilities exist, namely cost, transport and motivation. Managers of Exercise Referral Schemes need to think sensitively about access points, programming and behaviour change techniques.

Sport England have recently conducted some work on the usefulness of market segmentation when designing and promoting physical activity and they are encouraging District Councils and SPAA's to use a market segmentation approach. Sport England have recently added information onto their website regarding suitable tools that may be used to better understand the target population and to design programmes and interventions to encourage increased physical activity in these populations (Sport England 2007). The National Centre for Social Marketing is also a resource which could be utilised when trying to use a market segmentation approach to increase physical activity participation (nsmcentre 2007).

The Active People survey highlighted a significant decline in the activity levels of young people 16 – 19 (Sport England, Active People 2006). The percentage of 17 year olds staying in education is planned to rise from 75% to 90% over the next ten years (DFeS 2007). Therefore, this setting is an ideal opportunity for the promotion of lifelong physical activity. Active opportunities for non-sporty and non-active young people need to be considered.

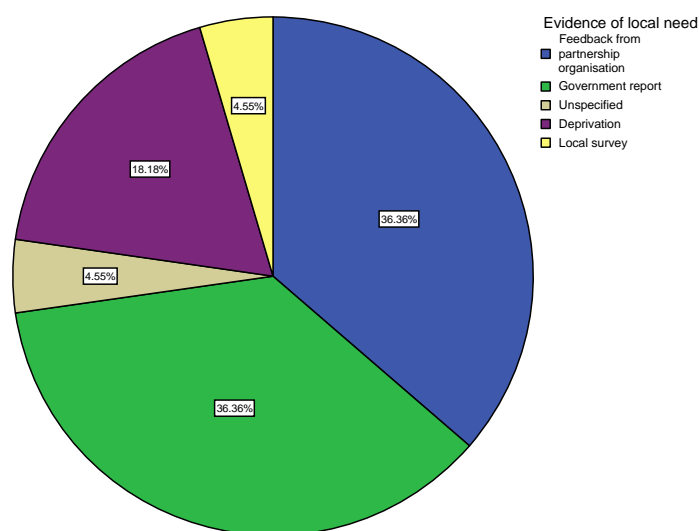
A significant number of the population spend a large amount of their time in their workplace yet only 3% of schemes are located in a Workplace setting. This appears to be a major gap in provision and represents a significant opportunity; attempts to develop more Workplace schemes should be made a priority. Workplace Health schemes can promote physical activity and lifestyle improvement relatively easily utilising a number of different low cost and easy to engage with methods e.g. Staff discounts at local leisure facilities, Work Place Champions who could encourage lunch time activities including walking groups.

The NW Regional Workplace Health Strategy was launched in 2007 and provides an opportunity to build on the good work already underway and influence practice (NW Regional Workplace Health Strategy 2007). An example of good practice is the Health Works Award Scheme created by Central Lancashire Primary Care Trust. The scheme has been adopted by the South Ribble Partnership and a number of employers have utilised the scheme. Details can be found at healthworksonline.co.uk.

Evidence of local need

It is interesting to note that 36% of the evidence of local need comes from partnership organisations (Chart 5). Whilst it is welcome that local voices are represented it is worth considering whether these organisations are truly representative of whole communities and whether some organisations have greater influence than others.

Chart 5. Evidence of local need



It is really surprising that local survey features in such a limited way, as we would perceive this to be the optimum method by which to judge local need. This may improve over the next few years following the introduction in Lancashire of Sport and Physical Activity Alliances (SPAAs) in 2006. These were introduced by Sport England as part of the implementation strategy for 'Game Plan' (Cabinet Office 2002); in the rest of England these alliances are known as Community Sport Networks (CSNs). The North West Sport Partnership collectively made the decision to include physical activity as well as sport within the remit of SPAAs when creating the alliances.

SPAA's provide a voice for local bodies and networks to improve and add value to existing activity and investment. Their overall aims are

- To increase participation
- To widen access to sport and physical activity for all members of the community

SPAAs are not a new concept. Where they already existed, they evolved from the recognition that organisations at a local level with similar objectives could achieve more if they worked together. In essence SPAAs are a group of local delivery agents, based within Local Authority boundary areas and usually Local Authority driven, there is however no prescriptive structure.

The key functions of SPAA's are to:

- Increase participation in Sport and Physical Activity
- Widen access to Sport and Physical Activity
- Bring together and align partners existing priorities and targets within one joined up local delivery plan for support and active recreation within the SPAA area, based upon the needs of the local communities and ensuring clarity in roles and responsibilities

(<http://www.lancshiresport.org.uk> 2007)

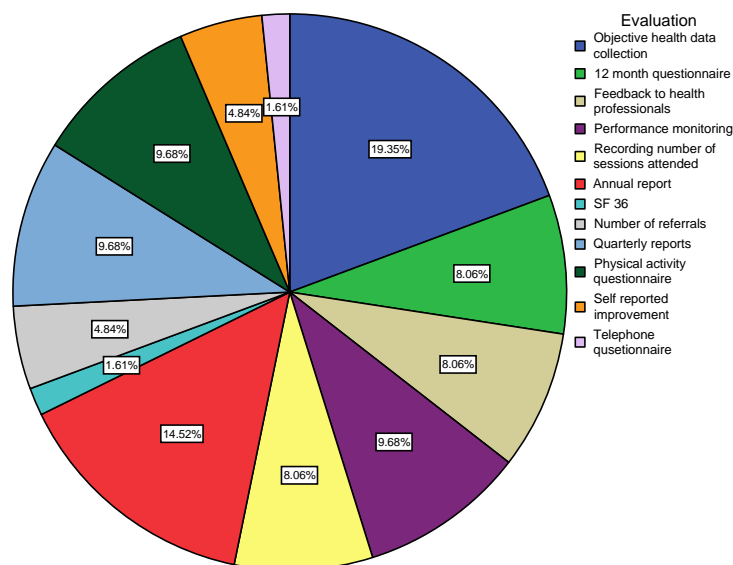
Evaluation

All locations apart from one reported conducting evaluation as part of their schemes (Chart 6)

Evaluation is extremely important, both in terms of monitoring effectiveness and securing continuous funding. It is notable that none of the Schemes appear to have a dedicated budget for evaluation despite the recommendation in a number of papers that more evidence of effectiveness being necessary.

It is extremely positive to find that the vast majority of schemes are evaluating effectiveness and actively collecting evidence to demonstrate this. However, what has emerged is a rather chaotic picture as each location is using different methods and measures (Table 2). From a strategic perspective this makes comparisons with one scheme against another extremely challenging.

Chart 6 Evaluation



This finding is in line with other reports that suggest the general evidence on the effectiveness of physical activity interventions across England is scarce and that interventions using robust evaluation methods are required (NICE, 2007). According to Dugdill and Stratton (2007) the World Health Authority recommends “that between 10-20% of total intervention costs should be spent on evaluation”.

Table 2
Methods used to demonstrate evidence of effectiveness

Number of health professionals referring to the scheme	Number of practices/clinics referring to the scheme	Number of referrals	Monitoring of at risk patients at 10 weeks	Retention
12 month questionnaire	Quarterly reports	Improved health condition	Increased physical activity	Case studies
Client forum	Report to PCT	Users satisfaction survey	Audit	Annual report

The National Institute for Health and Clinical Excellence (NICE) have recently released a Best Practice Statement on Exercise Referral (NICE 2007) stating that “Practitioners, policy makers and commissioners should only endorse exercise referral schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness”.

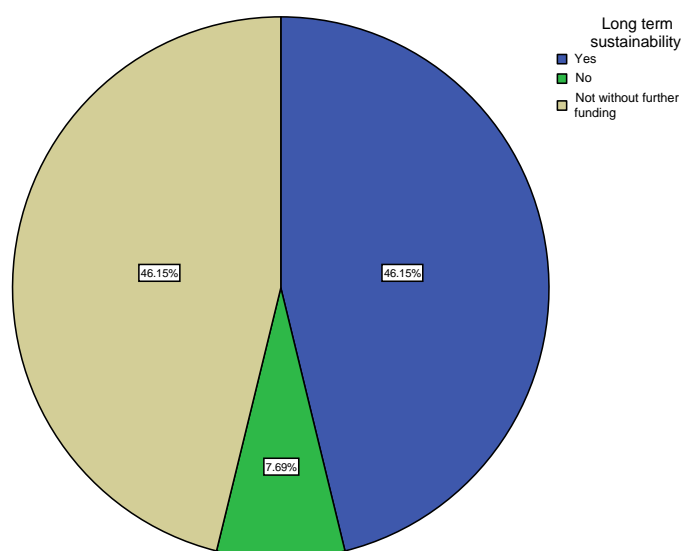
We would recommend that schemes should make use of a core set of questions in order to define a minimum data set that could be used across the county or indeed across the whole country. Two such data collection methods are the North West Public Health Observatory Lifestyle Surveys Core Questions and Methods document

(McCormick et al 2006) and the template under construction to monitor the SPAA projects (this should be available in 2008 from Sport England).

Long term sustainability

Just less than half the schemes reported that they are likely to be sustainable into the future with a clear majority reporting that they envisaged staying more or less the same size. Profiling the scheme at a strategic level is essential. A robust evaluation and clear reports will help inform senior members of organisations of the importance of the programme(s).

Chart 7. Long term sustainability



Costs

There is a huge difference in the cost of the Exercise Referral Schemes across Lancashire (Table 3). This is mainly due to the staffing costs (number of staff and sessions available). However it notable that some schemes manage to access funds from partners and government and others rely solely on Health and Leisure. Preparing an application for funding takes time and expertise. The schemes with senior members of staff that do not 'deliver' the programme are able to access other funding streams and collaborate with partner agencies.

The cost of the activities offered by the schemes ranges from free to £2.65 per session. The organisation hosting the activity dictates this. All schemes offer low cost activity and offer concessions for those people on benefits. A consideration should be to offer low cost activity for lower paid individuals and families also, as well as those on benefits. Cost can be a significant barrier to physical activity, particularly if a family is juggling a tight budget.

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Table 3. Costs

Location	Approximate overall cost 2007/08	Partner Contribution	Cost to participants
Blackburn	£250K	£100K PCT £45K Acute Trust	£1.75 per session
Blackpool		£30K PCT	£2.20 per session
Burnley	£252K	66K PCT 26K Lancashire childrens fund 48K Acute Trust	£14.50 for 10 week course £ 7.25 if from LSEG
Chorley	£350K		£1.00-£1.50 per session depending on the activity
Fylde	£20K	10.5K PCT	£2.50 Gym & Circuit £1.00 walk £2.25 aqua aerobics £1.00 swimming
Hyndburn	£120K		£1.50 per session £2.00 for cardiac rehabilitation
Lancaster (no scheme)			
Pendle	£108K	46K PCT 20K Pendle Leisure Trust 38K Childrens Fund 35K NRF	£2.65 or free
Preston	£225K	£47K NRF £38.5K SRB £5K MEND £15K PCT £8K Lancashire Teaching Hospitals £25K Natural England £46K City Council £10K other	Free or £1.00 if at leisure centre
Ribble Valley	£100K	£65K PCT	£1.90
Rosendale			£1.60
West Lancs	£500	None	£15 for 10 week course
Wyre	£86K	£70K PCT £5K YMCA £11K Borough council	£1.00 £2.00 for Gym
South Ribble	£20K	£20K Local authority	Free
	£1,531,500		

Conclusions

This study has demonstrated a wide variety of successful schemes most of which target priority groups. Perceptions are that the schemes are effective at promoting healthy lifestyles, however, systematic formal evaluation is limited and it is currently very difficult to compare schemes due to the disparate nature of the evaluation processes. There is a clear commitment by scheme leaders to engage in evaluation activities, which has been highlighted by the 100% response rate to this study, what does seem lacking though are clear guidelines for evaluation. With this in mind we would once again recommend that schemes should make use of a core set of questions in order to define a minimum data set that could be used across the county. Two such data collection methods are the North West Public Health Observatory Lifestyle Surveys Core Questions and Methods document (McCormick et al 2006) and the template under construction to monitor the SPAA projects. All scheme leaders also demonstrated great enthusiasm for sharing good practice and barriers to the development of further capacity and issues regarding the securing of further funding. Scheme leaders have supplied their details to the Cumbria and Lancashire Public Health Network so that interested parties can contact them.

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