

For publication

Shaping Healthy Places – Staveley area

Meeting: Community, Customer and Organisational Scrutiny Committee

Date: 28 November, 2019

Cabinet portfolio: Health and Wellbeing

Report by: Assistant Director, Health and Wellbeing

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Purpose of reviewing the topic	To consider health and wellbeing activities undertaken within the Staveley area and their contribution to the Council Plan objective of: <ul style="list-style-type: none">• 'Help our communities to improve their health and wellbeing'
Objectives of the review	<ul style="list-style-type: none">• To consider the impact of health and wellbeing activities in the Staveley area on improving the health and wellbeing of residents in that area;• To consider any lessons learned which could be transferred for application in shaping healthy places in other parts of the borough
Key Issues for Review	<ul style="list-style-type: none">• Link to and role of Health and Wellbeing partnership groups within Staveley area• Access to facilities – premises, GP services, activities, transport – car/bus• How to enable individuals to be healthy• Physical activity as a tool to tackle isolation

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| | <ul style="list-style-type: none">• Impact of investment in the Healthy Living Centre, including exercise referral programme |
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1.0 **Background**

- 1.1 The Exercise by Referral Derbyshire Framework that Chesterfield Borough Council delivers through a direct commission from Derbyshire County Council aims to; support people to live healthier lives across through decreasing physical inactivity and sedentary behaviour, by equipping individuals living with long term conditions with the knowledge, skills, confidence and self-efficacy to maintain long term physical activity behaviour change.
- 1.2 The projects objectives are; to provide equitable access to physical activity services for people with specific medical conditions.
- 1.3 Deliver physical activity services at a range of convenient and appropriate times in locations across the area.
- 1.4 Improve general access to physical activity services by promoting physical activity opportunities in the local area and supporting individuals to develop a Personal Action Plan. This plan should be used as a tool to help individuals participate in a range of different activities to reduce sedentary behaviour and increase physical activity levels and sustain this long-term.
- 1.5 Ensure the intervention is guided by the clients' personal goals as identified at the initial assessment and included in their personal action plan.
- 1.6 Highlight potential physical activity opportunities for clients and their families to participate in; for example, walking groups, community and leisure-based activities.

- 1.7 Help individuals and families to sustain behaviour change to benefit their long-term health, with an emphasis on increased physical activity levels long term.
- 1.8 Link effectively with Primary Care, other healthcare professionals, Live Life Better Derbyshire services and other physical activity partners to ensure pathways are integrated to Health Referral and other wider physical activity options.
- 1.9 Develop and follow a clear pathway for the client from the point of referral to a supported programme of activities.
- 1.10 Support the development of specialist programmes including cardiac, pulmonary and cancer rehabilitation.

2.0 **Current position and key milestones**

- 2.1 The exercise referral programme has been running for several years and is very much established as a method of directly supporting people to improve their personal health and wellbeing.
- 2.2 People are eligible for the scheme if they meet all of the following criteria:
 - Aged 19+ years
 - Resident/registered GP in Derbyshire County
 - Be inactive or sedentary, i.e. those doing less than 150 mins per week but primarily targeting those doing less than 30 minutes physical activity per week
 - Have not previously completed the Derbyshire Health Referral Programme

AND

- Meet at least one of the health inclusion referral criteria listed below:

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none">• Diabetes type I & II• Hypertension systolic <180 and diastolic <100 mmHg)• Hyperlipidaemia• Musculoskeletal conditions: joint replacement, simple non-mechanical low back pain, rheumatoid arthritis, osteoarthritis, osteoporosis• Stroke/TIA• Stable mental health condition and accessing mental health services (DCHFT, IAPT, Rethink etc.)• Undergone a NHS Health Check and identified with a CVD risk of >20%	<ul style="list-style-type: none">• Uncontrolled/poorly controlled Diabetes• Uncontrolled/poorly controlled hypertension (resting systolic blood pressure \geq 180 mmHg; DBP \geq100mmHg)• Musculoskeletal disorders exacerbated by exercise• Stroke/TIA - Recent (<3 months ago)• Unstable mental health condition/ Not accessing mental health services• A BMI measurement indicating that an individual is overweight or obese as a single reason for referral• Anyone who has completed the programme previously unless under exceptional

<p>Specialist Element</p> <ul style="list-style-type: none"> • Cancer – pre, undergoing & post treatment and has received cancer diagnosis within last 5 years • Cardiovascular diseases such as myocardial infarction, chronic heart failure, heart surgery and completed phase III cardiac rehabilitation programme • COPD/Emphysema/Bronchiectasis or Pulmonary Fibrosis <p>*Specialist Element</p> <ul style="list-style-type: none"> • Requires minimum staff competency so may be area specific initially • Providers to support the development and maintenance of referral pathways with primary and secondary care • Develop and maintain a consistent service approach across County 	<p>circumstances</p> <ul style="list-style-type: none"> • Cancer diagnosis > 5 years • Unstable angina • Resting blood pressure of 180/100 • Ventricular aortic aneurysm • A significant drop in blood pressure on exertion • Uncontrolled tachycardia - 100 beats per minute at rest • Unstable/acute heart failure • Uncontrolled arrhythmia • Febrile illness
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2.3 Appendix one includes two case studies that help to articulate the positive impact that the exercise referral programme has on the people that it supports but also the direct impact that the Healthy Living Centre at Staveley has on its local community.

2.4 Appendix two outlines total referral data for Chesterfield showing the last two quarters of 2018 and the first two quarters of 2019. Unfortunately at the time of writing

centre specific data regarding the Healthy Living Centre and Queens Park Sports Centre was not available

3.0 **Barriers/obstacles**

- 3.1 The exercise referral programme is a really important intervention for those people who are eligible for the scheme. It has through the case studies, improved the health and wellbeing of those that have gone through the programme.
- 3.2 The leisure service is committed to the delivery of this programme given the health improvement benefits identified, however the risk associated with the programme is the loss of funding to deliver the programme.
- 3.3 The service is working closely with colleagues at Derbyshire County Council to ensure that the service delivered is as effective as possible in improving health outcomes for those that are engaged and as a result the programmes continues to be part of core funding to support the delivery of positive health intervention programmes across the districts and boroughs of Chesterfield.

4.0 **Future plans**

- 4.1 Exercise referral is a key part of our community health and wellbeing engagement programme and as such it remains at the very heart of service delivery.
- 4.2 Through working with colleagues at Derbyshire County Council the leisure team are actively seeking to enhance programme delivery to ensure it remains relevant to the nature of conditions and illnesses being faced by the local population.

4.3 The programme complements the range of health and fitness activities that the council provides and is seen as an essential part of supporting those who through ill health are vulnerable.

5.0 **Conclusion**

5.1 The exercise referral programme is well respected locally and has supported a significant number of people to improve their personal health and wellbeing.

5.2 To date in the financial year 2019 – 20, three hundred and seventy-four (374) people have been referred to the service with over one hundred and thirty (130) completing the full twelve week programme of which and importantly over one hundred and twenty (120) have as a result of this programme increased their levels of physical activity.

5.3 The outcomes for those that have been part of the programme and importantly completed the programme are all positive and this is something that the leisure service are suitable proud of as they are directly making a difference to an individuals wellbeing.

6.0 **Suggested scrutiny activity**

6.1 No further areas at this time

Document information

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Background documents	

These are unpublished works which have been relied on to a material extent when the report was prepared.

This must be made available to the public for up to 4 years.

Appendices to the report - NOT for PUBLICATION

Appendix	<i>Appendix one</i> <i>Appendix two</i>
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