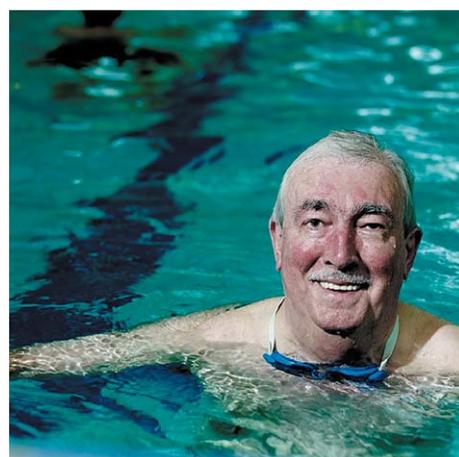
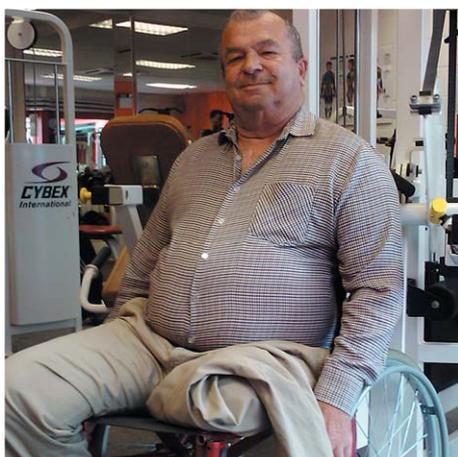


# Cambridge City Council's Exercise Referral Schemes



**Annual  
Report  
2012-13**

supported by



# Cambridge City Council's Exercise Referral Schemes

## Annual Report 2012-13

This report provides a detailed summary of Cambridge City Council's exercise referral schemes, including information on the demography of referrals plus observations and testimonies from clients who have enrolled on the programme.

Special thanks to all key partners, particularly the public health team at Cambridgeshire County Council, who provide financial and directional support for the exercise referral schemes. Additional key partners include local leisure and community facilities, who host activities and provide resources in order that the scheme can operate City wide.

The statistics highlighted in green show an increase or a positive outcome on results from the previous year.

### Background

The Start-Up and ExSite exercise referral schemes, have been helping residents of Cambridge City and beyond to become more physically active for 18 years. It offers a number of opportunities for clients who have a medical condition/s or disability to become more active, as a way of managing or improving health or as a way of preventing additional health needs. Physical activity opportunities provided by the programme include: tailored, individualised gym programmes, group based classes (exercise to music, specialist long-term condition circuits, beginners pilates), older adult sessions (chair based, aqua mobility), plus swimming and home based programmes.

The Start-Up scheme operates from the Abbey and Chesterton sites. Clients who enrol on this scheme have specific, more serious or disabling long term medical conditions, and as a result, require an enhanced level of instruction. The ExSite scheme operates at the Abbey, Chesterton, Hills Road and Kelsey Kerridge sites. Clients

who enrol on this scheme have a medical condition which has been stratified as a less serious risk and require support to commence and maintain a programme of activity. The British Heart Foundations Toolkit for Exercise Referral has been used a reference to help quantify the level of assistance a client may require based on health need.

All exercise referral instructors have specialist exercise training, compliant to Levels 3 or 4 on the Register of Exercise Professionals (REPS). REPS offers a system of self-regulation for all instructors working in the exercise and fitness industry. Registration is achieved and maintained through gaining professional qualifications and training, which are nationally recognised and which are linked to the National occupational standards for exercise and fitness. Level 4 is currently the highest registration.

Upon enrolling on an exercise referral scheme, clients attend an initial assessment which covers a succinct medical history, motivational interviewing, goal/hope setting and a brief health assessment. Clients are offered the opportunity to attend another shorter assessment at 6 and 12 weeks with their allocated instructor to discuss progress, problems plus alternative and exit opportunities following the scheme.

The scheme aims to meet best practice guidance as stated by the DoH National Quality Assurance Framework (2001), DoH Statement on Exercise Referral (March 2007), BHF Exercise referral toolkit, plus NICE guidance on specific medical conditions and local guidance as cited in relevant Joint Strategic Needs Assessments. As such, the exercise referral schemes are continually evolving to meet the public health needs of the City.

### Demographic findings 2012-2013

During 2012-13, Cambridge City Council helped 191 people enrol onto an exercise referral programme, at one of the four sites across the City.

**Table 1** below provides demographic and equality data for all clients who enrolled on either Start-Up or ExSite and makes comparisons to data from previous years.

**Table 1**

	2012-2013	2011-2012	2010-2011
Number of referrals	191	189	314
Start-Up referrals	72.3%	69%	61%
Top 3 reasons for referral	Musculoskeletal: 19% Obesity: 15% Mental Health: 12%	Musculoskeletal: 26% Obesity: 24% Diabetes: 10%	Obesity: 23.9% Musculoskeletal: 23.6% Mental Health: 14%
Female	64.4%	58.3%	65%
Working Age (19-64)	68%	76%	72%
Older adults (65+)	32%	23%	27.7%
Disability	15.2%	16.6%	15.2%
Ethnic Minority	16.6%	19%	20%
City residency	93%	84%	90%

The scheme encourages health professionals to refer patients with medical conditions where the evidence base for exercise is strongest and in relation to guidance from NICE and in response to the DoH statement on Exercise Referral (March 2007)

Target conditions and percentage of referrals for the year were:

- Cardiac Rehabilitation (4%),
- Coronary Heart Disease >1 Risk Factor (4%),
- Type 1 & 2 Diabetes (7%),
- Hypertension (2%),
- Mental Health (12%),
- Obesity: BMI >30 (15%),
- Cancer (4%),
- Arthritis (5%),
- Back pain (8%),
- Respiratory (2%),
- Osteoporosis (5%),
- Neurological conditions (11%).

In 2012-13 72% of referrals were for targeted conditions, accounting for all Start-Up referrals. This has increased significantly in recent years.

We welcome referrals for other conditions. The evidence base for exercise in the treatment and prevention of the majority of diseases is very strong with new evidence emerging all of the time.

## Activity and attendance figures

See Table 2 below.

There has been a significant increase in the number of attendances to an exercise referral session this year. This indicates that clients attending the scheme during this period were taking part in more frequent bouts of activity. The results show that there has been an increase in attendance figures across all activities. "Other classes" include beginners pilates, aqua mobility,

chair based/strength and balance sessions and exercise to music classes.

41% of new referrals were seen at the Abbey, 47% at Chesterton, 8% at Kelsey Kerridge and 4% to Hills Road, a consistent ratio of referrals at each site to what has been seen in previous years.

There has been a significant increase in completion rates on 2011-2012. Of particular note, completion rates have increased by 20% at the Abbey from the previous year.

## Links to Forever Active

The exercise referral scheme is pleased to support and link with the Forever Active Forum, which provides a comprehensive programme of over 40 activities for older adults in Cambridge City and South Cambridgeshire. The number of older adults enrolling on the exercise referral scheme this year has increased significantly on the previous two. Acknowledging this, the exercise referral scheme directs eligible clients to the most suitable classes as part of the programme. Classes as part of the programme range from chair based, strength and balance to exercise to music, pilates, aqua mobility, t'ai chi, plus sport specific sessions. Clients with the most complex needs are recommended classes as part of the programme which are taught by the most highly skilled instructors, qualified to levels 3 or 4 on the Register of Exercise Professionals.

Results from the Forever Active evaluation appear to show that health professionals are signposting patients to the Forever Active programme, possibly as an alternative to the exercise referral schemes.

## Changes in health status and physical activity levels

See Table 3 overleaf.

The number of evaluation questionnaires returned has increased significantly over the last two years. However, the numbers returning questionnaires post 6 and 12

**Table 2**

	2012-13	2011-12	2010-2011
<b>Total # attendances to Exercise referral session</b>	5432*	4753*	Not available
<b>Breakdown of attendances by activity</b>	Gym sessions: 1591 (29%) Long-term condition classes (x4): <b>1568 (29%)</b> Cardiac Rehab: 278 (5.1%) Other classes: 1995 (37%)	Gym sessions: 1414 (30%) Long-term condition classes (x3): 1290 (27%) Cardiac Rehab: 262 (6%) Other classes: 1787 (38%)	Not available
<b>Participants completing 12-week programme</b>	<b>63.6%</b>	52.7%	68.6%
<b>Participants signposted to sessions available as part of the Forever Active Forum**</b>	Recommended by ER instructor: <b>10.5%</b> Referred by HP: 11.1% (n=153)	Recommended by ER instructor: 5.7% Referred by HP: 18.2% (n=209)	Recommended by ER instructor: 7.5% Referred by HP: 10.3% (n=165)

\*Not including gym attendances to Hills Road or Kelsey Kerridge.

\*\*Results taken from Forever Active annual evaluation.

**Table 3**

	Initial	12-week	6 months	12 months
Feeling well/healthy	38.5%(n=62)	66.7% (n=51)	52.4% (n=21)	18.2% (n=11)
Consider yourself to be physically active	58.5% (n=65)	83.3% (n=48)	73.7% (n=19)	37.5% (n=8)
Less than 30 mins of activity	64.9% (n=57)	30% (n=47)	80% (n=20)	100% (n=10)
Less than 3x per week	55.5% (n=57)	20.4% (n=49)	28.6% (n=21)	30% (n=10)

months of starting the intervention remains very low, and these results should be treated with great caution. Nevertheless, results do suggest that clients engaging on the exercise referral schemes do perceive themselves to feel more healthy/well, be more physically active, and participate in more than 30 minutes of activity on more than three occasions a week, following the 12-week programme.

## Satisfaction results and client testimonies

**Table 4**

	'Very' or 'Fairly' Satisfied
Level of monitoring & assistance	96% (n=50)
Value for money	100% (n=50)
Mental Health improvement	83.4% (n=48)
Change in medical condition/s	75.6% (n=45)

We believe that the excellent level of service provided by the exercise referral scheme is reflected through the very positive satisfaction scores recorded.

The staff working on the programme see first-hand the impact that regular physical activity can have on improving quality of life, health and well-being, which in turn may help to reduce the associated treatment costs for budget holders and the NHS.

Here are a couple of examples of what our customers have had to say in the past year...

**"I am very pleased with my progress and intend to keep using the gym ... The programme has been hard work but I have enjoyed it. Coming to the gym has got me out of the house and interacting with other people on the scheme. This has improved my wellbeing. I found the instructor helpful, understanding and motivating and I highly recommend the scheme."**

Patient referred with injury/trauma

**"The exercise referral scheme has been well worth it and I certainly would not be so far ahead in my recovery without exercise. I loved going to the gym, I felt pumped up, great, which lasted for a few hours after the gym. Also going to the gym really cheered me-up as I would go to the gym and see people, I've made friends, have a chat and workout with them ... I am so happy that I**

**came on the referral scheme, not only due to having reduced my pain but that I was able to sail again as it is my passion. I'm so made-up and feel alive again".**

Patient referred with cardiovascular disease

## Ambitions of programme

From October 2013, the City Council will be working in partnership with Greenwich Leisure Limited to provide an extensive programme of exercise referral services across Cambridge City Council facilities. Looking forward, the desire is to provide the following across these sites:

- An increase in the scheme's capacity by increasing staff resource
- a three-tiered discounted membership rate
- specific healthy living courses in areas such as weight management, cardiac rehabilitation and Falls Prevention.

In addition, should funding be secured post April 2014, City wide ambitions are to:

- Increasing number of referrals generally, but specifically amongst clients with long-term medical conditions.
- Increasing and improving links with cardiac rehabilitation services.
- Increasing and improving links with obesity and weight management services.
- Offering more extensive exercise referral services at Hills Road and Kelsey Kerridge sites, plus looking at the options to extend to other host venues.
- Offering more specialist, older people activity services, linking with the Forever Active programme.
- Improving links with health professionals, particularly in improving referral literature and the ways that this can be accessed.
- Improve the robustness of data collected by implementing and using validated tools of evaluation.

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