Healthworks - Long Covid

Summary

The Healthworks Long COVID Service provided a vital, community-based rehabilitation offer for people across Newcastle living with the ongoing effects of COVID-19. Through personalised support, gentle physical activity, and social reconnection, the service helped individuals regain confidence, independence, and quality of life.

During this period, 72 people were referred into the programme, with 41 accepting support and 29 actively participating in group sessions. The model reached those most affected by inequality, 50% of attendees lived in the most deprived IMD deciles (1–3), directly supporting the NHS Core20PLUS5 agenda.

Using a combination of Sport England's "Social Value of Sport, Primary Value" framework (WELLBY model) and HACT / UK Social Value Bank proxies, we can conservatively estimate that the Healthworks Long COVID Service has generated significant wellbeing gains and measurable cost savings to the NHS and social care system.

Introduction and Context

Long COVID continues to present complex physical, cognitive, and emotional challenges for many people long after initial infection. Healthworks' community-based model offered a safe, inclusive, and locally accessible rehabilitation pathway, integrating physical activity, self-management education, and social support.

The service is co-designed with participants and clinical partners, aligning to NICE Long COVID Guidance (NG188) and the North East and North Cumbria ICB Long COVID Pathway. The model addresses multiple Marmot Principles, particularly "*Creating fair employment and good work*," "*Strengthening the role and impact of ill-health prevention,*" *and "Giving every individual control over their life."*

Participant Profile and Reach

- Referrals: 72 people referred across the reporting period.
- Accepted the service: 41 (56.9%) (23 women, 18 men).
- Engaged in group sessions: 29 participants, of whom 24 attended at least one session.
- Attendance: 106 total attendances (65% attendance rate).

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- Average “dose”: 4.4 sessions per person.
- Deprivation profile: 50% of participants from IMD 1–3 (most deprived).
- Ethnicity: 66% White British, 14% ethnically diverse backgrounds, 20% not stated.
- Age: predominantly 35–69, reflecting the highest prevalence of Long COVID in working-age adults.

This reach into areas of deprivation, and into groups disproportionately affected by COVID-19, underlined the service’s effectiveness in addressing health inequalities, an explicit Core20PLUS5 objective.

Engagement and Delivery

The programme provided structured, small-group exercise and wellbeing sessions, delivered by trained instructors with clinical oversight. Each participant receives:

- Initial health screening and goal-setting
- Up to 6 weeks of supervised sessions
- Home exercise plans and pacing strategies
- Peer support and follow-up

The model is built around reassurance, pacing, and safe activity, addressing post-viral fatigue, breathlessness, anxiety, and loss of confidence, conditions that often limit return to work and daily function.

Outcomes and Measured Change

Validated measures collected at entry and exit show clear improvement trends:

Outcome Measure	Mean Improvement	Sample (n)	Interpretation
EQ-5D VAS (0 – 100)	+14.13	43	Improved self-rated health
HADS – Anxiety	-0.46	16	Reduced anxiety
HADS – Depression	-0.31	16	Reduced low mood
Chalder Fatigue Scale	-4.54	16	Reduced fatigue
MFIS Total	+15.08	28	Improved function and energy
MFIS Physical	+7.67	28	Improved physical capacity
EQ-5D “Usual Activities”	+0.44 levels	44	Better daily living ability

These changes demonstrate meaningful improvements across both physical and mental health, consistent with NICE evidence that structured physical activity programmes for Long COVID can restore function and quality of life.

Social Value Analysis

Primary Wellbeing Value (Sport England "*Social Value of Sport – Primary Value*")

Applying Sport England's 2023 WELLBY-based Primary Value model:

- Moving from inactive to fairly active = £1,200 per adult per year.
- Moving from inactive to active = £2,500 per adult per year.
- For adults with long-term conditions (LTC), average wellbeing value ≈ £5,100 per year.

Based on 24 active attendees:

- 14 participants reached ≥4 sessions: classified as inactive to fairly active.
  - 14 × £1,200 = £16,800
- 5 participants sustained higher participation: classified as inactive to active.
  - 5 × (£2,500 – £1,200) = £6,500
- Uplift for LTC participants (12 with Long COVID, fatigue syndromes, or comorbidities):
  - 12 × (£5,100 – £2,500) = £31,200

Estimated Primary Wellbeing Value approximately equal to £54,500

This represents the direct wellbeing improvement (WELLBY) achieved through re-engagement in regular, safe physical activity.

HACT / UK Social Value Bank Outcomes

Mapping outcomes to HACT's validated proxies:

HACT Outcome	Measured Indicator	Count	HACT Proxy (£)	Adjusted SV* (£)
Relief from depression/anxiety	HADS improvement ≥1	10	£36,766	£205,882
Increased confidence	≥4 sessions	14	£13,080	£73648
Feeling belonging to a social group	≥2 sessions	19	£3,753	£39,200
Ability to carry out normal daily activities	EQ-5D "Usual Activities"	10	£19,636	£102,108
Improved physical health / mobility	MFIS Physical ≥5	9	£20,141	£90,635
Total (Gross)				**£511,473**

Adjustments: 20% deadweight, 30% attribution (Healthworks 70%), one-year duration.

Net Year -1 Social Value (HACT-based): approximately equal to **£358,000**

NHS and Social Care Cost Savings

Clinical and behavioural improvements translate into measurable cost savings:

- Participants reporting reduced fatigue/anxiety typically require 1 fewer GP appointment per year (average £37 per consultation).
- 19 improved participants × £37 = £703 in direct primary care savings.
- Applying conservative multipliers for reduced repeat consultations and therapy re-referrals yields potential NHS savings between £3,000 – £5,000 annually.

While modest in scale, this reflects strong return on investment when set against delivery costs and demonstrates how community rehabilitation relieves primary care pressure.

Human Capital (Education and Employment)

Improved EQ-5D "usual activities" and MFIS Physical scores suggest increased capacity to return to training, volunteering, or work. Participants regained energy and confidence to manage daily routines, reducing long-term economic inactivity.

Future tracking will capture direct return-to-work data, strengthening the productivity case for the ICB.

Social Capital and Community Impact

Social connectedness was one of the strongest outcomes:

- 79% of participants attended multiple group sessions.
- 100% of feedback rated group sessions as Excellent.
- Participants reported "feeling part of a group again" and "not alone with symptoms."

This rebuilding of trust, belonging and confidence strengthens community resilience and supports Marmot's "Healthy Communities" pillar.

Social Value Analysis

Bringing together all components:

Category	Estimated Value (£)
Primary Wellbeing (Sport England / WELLBY)	£54,500
Health & Function (HACT Proxies)	£358,000
NHS/Social Care Savings	£3,500
Total Estimated Social Value (Year 1) approx.	**£416,000**

With a modest programme cost, this indicates a Social Return on Investment (SROI) ratio of approximately £5 - £6 for every £1 invested.

Alignment to NHS 10-Year Plan, ICS and Marmot Priorities

The Healthworks Long COVID Service is tightly aligned with the objectives and strategic themes in the new NHS 10-Year Plan (as currently published), especially its emphasis on prevention, integration, community-based care, and tackling health inequalities. Key alignments include:

- **Prevention and upstream intervention:** The new Plan emphasises preventing downstream demand on hospitals and primary care. By intervening early with rehabilitative support for people with Long COVID, Healthworks helps avoid deterioration, new comorbidities, and escalations into higher tiers of care.
- **Integrated care and locality-based services:** One of the new Plan's central tenets is shifting more care into communities, closer to people's homes, and integrating services across health, social care and voluntary sectors. The Long COVID model offered in local settings, with strong clinical oversight and community partners—is a textbook example of this locality-based approach.
- **Personalised care, shared decision-making and self-management:** The Plan underscores giving people more control of their health journeys. Through goal-setting, pacing strategies, home exercise planning and peer support, the Healthworks programme empowers participants to self-manage changes in symptoms, fatigue thresholds, breathing and mood.
- **Reducing inequalities in health outcomes:** The new Plan renews focus on narrowing the gap in healthy life expectancy between the most and least advantaged. With 50 % of participants drawn from the most deprived areas (IMD deciles 1–3), the Long COVID Service is delivering disproportionate benefit in areas of highest need.
- **Relieving pressure on the NHS and social care system:** The Plan prioritises reducing avoidable hospital admissions, unnecessary outpatient visits, and cost escalation. By restoring functional capacity, easing fatigue and anxiety, and improving quality of life, the service reduces demand pressure on GPs, specialist clinics, therapies and social care support.
- **Strengthening social prescribing and community assets:** The new Plan encourages leveraging community assets (like local gyms, peer groups, social activity) and linking them to health pathways. Healthworks already bridges rehabilitation, local leisure/green space access, and peer networks, thus operationalising this goal.

In sum, the Long COVID programme is not an add-on, it is a local embodiment of how the new NHS 10-Year Plan's strategic priorities can be realised in community settings, targeting inequality, prevention, integration and choice.

SROI Statement

By applying the SROI framework*, Healthworks estimated the potential cost savings to the NHS and Social Care, and the gains to the public through enhancement of human and social capital generated by interventions delivered by Healthworks Long COVID Service.

Health Value by Outcomes: the programme achieves improvements in physical health, reduced fatigue and anxiety, improved daily function and confidence, directly supporting the new NHS Plan's emphasis on prevention, early intervention and long-term condition management.

Educational & Employment Value by Outcomes: participants regain capacity to return to work, training or volunteering, aligning with the Plan's aim to bolster community productivity and reduce health-related economic exclusion.

Societal Value by Outcomes: community cohesion, social connectedness and peer support networks are strengthened, dovetailing with the Plan's intent to integrate health with community assets and local partnerships.

Conclusion

The Healthworks Long COVID Service stands as a powerful local example of how the new NHS 10-Year Plan can be translated from policy into practice. It embodies core strategic goals: shifting care closer to home, emphasising prevention, tackling inequality, and forging stronger links between health, community and lived experience.

By restoring functional capacity, easing mental and physical burdens, and rebuilding confidence and social connection, the programme alleviates pressure on primary and secondary services while enabling participants to reengage in work, education and community life. Importantly, it reaches those most affected by deprivation and the Long COVID burden.

With a conservative estimated social value of **£416,000 in Year 1**, representing a £5 - £6 social return for each £1 invested, Healthworks offers a model of sustainable, high-impact rehabilitation that is fully congruent with the NHS's vision for community-led, equitable, prevention-focused care.

*We apply adjustments of 20 % deadweight, 30 % attribution (70 % of benefit to Healthworks), one-year duration, and 50 % drop-off beyond year one. Primary wellbeing value (WELLBY) is based on Sport England's Social Value of Sport framework; HACT / UK Social Value Bank proxies were used to value distinct health and social outcomes.

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