



## **CABINET - 15 SEPTEMBER 2023**

### **PHYSICAL ACTIVITY PROGRAMME REDUCTIONS**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

#### **PART A**

##### **Purpose of the Report**

1. The purpose of this report is to seek the Cabinet's approval to consult on the revised delivery model for physical activity programmes.

##### **Recommendations**

2. It is recommended that
  - a) The commencement of consultation on the draft physical activity delivery model be approved.
  - b) A further report be submitted to the Cabinet in December 2023, regarding the outcome of the consultation exercise and a proposed final model.

##### **Reasons for Recommendation**

3. The Medium-Term Financial Strategy 2023/24 – 2026/27 includes a requirement for savings via a review of physical activity delivery.
4. Following a review of the current delivery model, a revised delivery model is proposed which will achieve the required savings. Permission from the Cabinet to undertake a formal consultation exercise on the revised delivery model is now sought.

##### **Timetable for Decisions (including Scrutiny)**

5. Subject to the Cabinet's approval it is intended that the consultation will commence in September. The Health Overview and Scrutiny Committee will receive a report as part of the consultation exercise at its meeting on 1 November 2023.
6. It is intended that the outcome of consultation and proposed final model will be submitted to the Cabinet on 19 December 2023.

### **Policy Framework and Previous Decisions**

7. The Medium-Term Financial Strategy 2023/24 – 2026/27 (agreed by the Council on 22 February 2023) includes a requirement to save £250,000 from 1 April 2024 through a review of physical activity services.
8. The proposal is aligned with the Public Health Strategy “Delivering good health and prevention services 2022-2027”, the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 “Staying Healthy, Safe and Well”, and the County Council’s Strategic Plan 2022-26, in particular the outcome keeping people safe and well: 8.3 People enjoy long lives in good health.
9. The Cabinet at its meeting on the 8 February 2019 considered a report “Active Lives Survey 2018 - Physical Activity Levels in Leicestershire” and supported the need for a co-ordinated and coherence approach to improving physical activity levels.

### **Resource Implications**

10. The proposed model is expected to achieve savings of £250,000 per annum which would contribute to the Medium-Term Financial Strategy (MTFS) savings target.
11. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Circulation under the Local Issues Alert Procedure**

12. This report will be circulated to all members.

### **Officer(s) to Contact**

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## **PART B**

### **Background**

13. The Council has a statutory duty to improve the health and wellbeing of the population and receives a ring-fenced grant for that purpose to be spent on public health functions including physical activity programmes.
14. In Leicestershire, 1 in 4 adults (21-26%) do less than 30 minutes of physical activity per week (are inactive) and 1 in 3 residents do not meet the Chief Medical Officer guidelines for physical activity (150 minutes per week of moderate to vigorous physical activity).
15. There are significant inequalities associated with inactivity whereby people from marginalised groups, with disabilities, older people, women and those living in material disadvantage are least active. Barriers to inactivity include the cost of programmes and equipment, proximity of opportunities to area of residence, quality of the environment, beliefs, confidence and self-efficacy and cultural appropriateness of programmes.
16. It is important therefore that programmes exist that address the known barriers to physical activity, are local and targeted to those at highest risk of inactivity.
17. In Leicestershire, the Public Health grant funds the delivery of physical activity programmes via an annual grant to district councils and School Sports and Physical Activity Networks (SSPANs) and core funding to Active Together, the Active Partnership. The Public Health budget for physical activity is £1.146 million in total; of this £692,986 is allocated to district councils, SSPANs and central coordination via Active Together.
18. The Medium-Term Financial Strategy 2023/24 – 2026/27 (agreed by the Council on 22 February 2023) includes a requirement to save £250,000 by 1 April 2024 through a review of internal infrastructure physical activity grant-funded programmes (budget lines PH5SR and PH10SR).

### **Current Service Provision**

19. The current delivery model for physical activity provision is set out in **Table 1** below. It comprises four levels of delivery for adults and levels 1-3 for children, delivered by district councils and SSPANs (in schools):
  - Level 4: Specialist health condition specific programmes
  - Level 3: Physical activity referral and specialist provision
  - Level 2: Targeted community / setting-based sessions
  - Level 1: Population level interventions, brief advice, sign posting self-help

**Table 1 – Current delivery model for physical activity**

	<b>Children*</b>	<b>Adults</b>
Level 4 (specialist programmes)	Not applicable	Specialist instructors and referral systems to deliver specialist level 4 programmes for people with e.g. cancer or cardiopulmonary problems. These programmes interface with NHS-funded services and ensure a 'step down' pathway into continued physical activity.
Level 3	Specialist provision by SSPANs for: <ul style="list-style-type: none"> <li>• Fundamental Movement Skills, helping children develop the skills they need for lifelong physical activity (e.g. balance, catching a ball, hopping etc)</li> <li>• HE-HA children's weight management services delivered by Public Health</li> </ul>	Contribution to leisure centre-based exercise referral programmes aimed at people who are inactive and have a health condition.  Specified evidence-based level 3 interventions. Programmes include: <ul style="list-style-type: none"> <li>• Steady Steps plus (falls prevention programme)</li> <li>• Escape Pain (for osteoarthritis of the back, hip and knee)</li> </ul>
Level 2	School-based programmes targeting least active children.	Locally-specified targeted programmes based in the community
Level 1 (universal programmes)	Leadership support for a whole school approach, health and wellbeing ambassadors, link to healthy schools, Let's Get Moving  Active Travel officer jointly funded by the Environment and Transport Dept. supports schools to encourage journeys to and from school through active modes	Utilisation of campaign materials (via Active Together), signposting to local provision, advocacy work with other departments e.g. planning  Delivery of centrally-specified programmes such as Walking for Health, to meet local need
	Population Interventions, brief advice, signposting, self-help, 'Let's Get Moving' comms delivery	
Other	Graduate Training programme to build the physical activity workforce	

\* This is in addition to the statutory requirement for schools to offer PE provision and the School Games provision through the SSPANs, funded by the Youth Sports Trust

### **Proposal**

20. The proposed changes are summarised in **Table 2** below and reductions are indicated in red.

**Table 2 – Summary of proposed revised delivery model for physical activity**

	<b>Children*</b>	<b>Adults</b>
Level 4 (specialist programmes)	Not applicable	Specialist instructors and referral systems to deliver level 4 programmes for people with, for example, cancer or cardiopulmonary problems.
Level 3	Specialist provision by SSPANs for: <ul style="list-style-type: none"> <li>• Fundamental Movement Skills, helping children develop the skills they need for lifelong physical activity (e.g. balance, catching a ball, hopping etc.)</li> <li>• HE-HA children's weight management services delivered by Public Health.</li> </ul> [new provision] Children's exercise referral programme	<del>[removal of] Contribution to leisure centre-based exercise referral programmes aimed at people who are inactive and have a health condition.</del> [new provision] Community-based exercise referral options  Specified evidence-based level 3 interventions. Programmes include: <ul style="list-style-type: none"> <li>• Steady Steps plus (falls prevention programme)</li> <li>• Escape Pain (for osteoarthritis of the back, hip and knee)</li> </ul>
Level 2	<del>[removal of] School-based programmes targeting least active children*.</del>	<del>[removal of] Locally-specified targeted programmes based in the community</del>
Level 1 (Universal programmes)	Leadership support for a whole school approach, health and wellbeing ambassadors, link to healthy schools, Let's Get Moving Active Travel officer jointly funded by the Environment and Transport Dept. supports schools to encourage journeys to and from school through active modes  Population Interventions, brief advice, signposting, self-help, 'Let's Get Moving' comms delivery	Utilisation of campaign materials (via Active Together), signposting to local provision, advocacy work with other departments e.g. planning Delivery of centrally-specified programmes such as Walking for Health, to meet local need
Other	<del>[removal of] Graduate Training programme to build the physical activity workforce</del>	

\*Schools have a statutory requirement to offer PE provision and primary schools have access to the school PE and sport premium funding which can be used in a targeted way. There is also School Games provision through the SSPANs, funded by the Youth Sports Trust.

### **Consultation**

21. Subject to the Cabinet's agreement, a 6-week public consultation exercise will take place from 20 September 2023 to 1 November 2023 to seek feedback on the proposed model.

22. The consultation will seek the views of the general public, users of existing services, service providers, and a range of additional stakeholders including NHS service providers, district councils and voluntary sector providers. The survey will be accessible online on the County Council's website and available as a hard copy on request. The survey will be promoted on social media and through printed material in community locations, through circulars and newsletters.
23. The Health Overview and Scrutiny Committee will consider the proposed model at its meeting on 1 November 2023 as part of the consultation process.
24. Initial consideration of the proposals suggests that the new delivery model would support programmes that have a strong evidence base and are less likely to be funded by private/leisure service providers. It would maintain input from across the referral systems (NHS, districts, SSPANs and Active Together) and target those at highest risk of inactivity and poor health. It would also maintain expertise in higher-tier provision (e.g. cancer, falls) and school programmes and retain population-level and specialist interventions. These will be among the issues to be explored during the proposed consultation period, along with possible disbenefits such as the effect of the removal of funding on activity provided by other local authorities and SSPANs.

### **Equality Implications**

25. An Equality Impact Assessment (EIA) has been completed and the impact of a change in service model will be informed by the outcomes of consultation. Local data shows that there are existing inequalities in how active groups with protected characteristics are compared to the others. Inactivity increases with age, is higher in women and in people who are socioeconomically disadvantaged, identify as LGBTQ+, are in Asian or Black ethnic groups, have Hindu or Muslim faiths, have a disability or are pregnant or with a child under one.
26. Initial findings of the EIA on the proposed model are that the impact of funding reductions have been mitigated by focusing remaining resources on the provision of programmes for people with protected characteristics. There is a loss of provision of Level 2 programmes, but these are less targeted towards inactive people or people with existing long-term conditions. The post-consultation EIA will be presented to the Public Health Departmental Equalities Group for approval.

### **Human Rights Implications**

27. There are no human rights implications arising from the recommendations in this report.

**Health Implications**

28. Reducing the availability of provision would lead to some programmes ceasing and participants needing to find alternative programmes. If in doing this, barriers are introduced (e.g. because activities are further away or cost more) then there is a risk that participation in physical activity would decrease.

**Background Papers**

Report to the Cabinet on 8 February 2019 – Active Lives Survey 2018 – Physical Activity Levels in Leicestershire -

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MID=5600#A158606>

Report to the County Council on 22 February 2023 - “Medium Term Financial Strategy 2023/24 - 2026/27” and minutes of that meeting -

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=6913>

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