



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1 NOVEMBER 2023

PHYSICAL ACTIVITY PROGRAMME REDUCTIONS

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to seek views of the Committee around the proposed reductions to physical activity programmes as part of the consultation.

Policy Framework and Previous Decisions

2. 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.
3. 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.
4. 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 coherent approach to improving physical activity levels. This report has informed the revisions to the delivery model for physical activity programmes set out in this report.
5. The Cabinet at its meeting on the 15 September 2023 gave approval to consult on this revised delivery model.

Background

6. 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.
7. 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).
8. 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.

9. 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.
10. 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 of programmes via Active Together.
11. 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

12. The current public health-funded delivery model for physical activity is set out in **Table 1** below. It comprises four levels of delivery for adults (levels 1-4) and three for children (levels 1-3), 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

	Children*	Adults
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"> • Fundamental Movement Skills, helping children develop the skills they need for lifelong physical activity (e.g. balance, catching a ball, hopping etc) • HE-HA children's weight management services delivered by Public Health 	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"> • Steady Steps plus (falls prevention programme) • Escape Pain (for osteoarthritis of the back, hip and knee)
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 to physical activity, health and wellbeing ambassadors, link to healthy schools, Let's Get Moving Active Travel officer jointly funded by the Environment and Transport Dept who 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

13. 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

	Children*	Adults
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"> Fundamental Movement Skills, helping children develop the skills they need for lifelong physical activity (e.g. balance, catching a ball, hopping etc.) HE-HA children's weight management services delivered by Public Health. [new provision] Children's exercise referral programme	Contribution to leisure centre-based exercise referral programmes aimed at people who are inactive and have a health condition. [new provision] Community-based exercise referral options Specified evidence-based level 3 interventions. Programmes include: <ul style="list-style-type: none"> Steady Steps plus (falls prevention programme) Escape Pain (for osteoarthritis of the back, hip and knee)
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 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	Graduate Training programme to build the physical activity workforce	

*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. The government has published the School sport and activity action plan to support more pupils with access to PE (<https://www.gov.uk/government/publications/school-sport-and-activity-action-plan>). There is also School Games provision through the SSPANs, funded by the Youth Sports Trust.

Consultation

14. The consultation was approved by Cabinet on the 15 September 2023 and launched on 20 September 2023. It will conclude after six weeks on the 1 November 2023. This report forms part of the consultation.

15. The consultation is seeking 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. It includes a survey, accessible online on the County Council's website and available as a hard copy on request. The survey is being promoted on social media and through printed material in community locations, through circulars and newsletters.
16. At the time of writing this report [16/10/23], 205 responses to the survey had been received. The responses had been received by members of the public (77%) and other organisations (9%).
17. Current feedback indicates: 43% strongly agree or tend to agree with the proposal and 49% strongly disagree or tend to disagree (the remaining 8% neither agree nor disagree).
18. Whilst analysis is still underway, some of the key points are as follows:
 - there is strong support for physical activity as a preventative, physical and mental health promoting measure that is important to fund from the public health budget.
 - Whilst respondents did not necessarily agree with funding being reduced, there is some support for focusing the remaining budget on those at highest risk of inactivity and its consequences (targeted, secondary prevention) and also continuing to promote physical activity to all (universal, primary prevention).
 - Some comments referred to estates and delivery that is not funded by public health (e.g. leisure centres and school PE) and is therefore out of the scope of this consultation.
 - Many respondents commented on the long-term benefits of physical activity for individuals and for preventing costs to the health and care systems and the support and encouragement that some people need to be active.
 - There is strong support for continuing to fund programmes for children.
 - Overall 71% of people strongly agreed or tended to agree that programmes for people with long-term conditions should be prioritised.

Resource Implications

19. 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.
20. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

21. It is intended that the outcome of consultation and proposed final model will be submitted to the Cabinet on 19 December 2023.

Conclusions

22. In conclusion, members of the committee are invited to comment on the proposed revisions to the delivery model for public health-funded physical activity programmes, noting in particular a removal of funding from the Level 2 programmes for children and adults, but a continuation of funding for level 1 (universal), 3 and 4 (targeted) programmes.

Background papers

23. Report to the County Council Cabinet on the 15 September 2023 “Physical Activity Programme Reductions”
https://politics.leics.gov.uk/documents/s178502/Cabinet%20Report%20-physical%20activity%20MTFS%20Sept%202023_cleanFinalDraft.pdf
24. 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>
25. Report to the County Council Cabinet on Friday 8 February 2019 on “Active Lives Survey 2018 – Physical activity levels in Leicestershire”
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MID=5600#A158606>

Circulation under the Local Issues Alert Procedure

26. None

Equality Implications

27. 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.
28. 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

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

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