

**CABINET – 19 DECEMBER 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 advise the Cabinet of the outcome of the consultation on the proposed new service model for physical activity, to seek approval of the final model and to proceed to the grant award stage.
2. Detailed consultation responses are set out in Appendix A and the Equality Impact Assessment can be found in Appendix B.

Recommendations

3. It is recommended that the Cabinet:
 - (a) Notes the outcome of the public consultation on the proposed new model for physical activity across Leicestershire, in particular the risks identified during the review and set out in this report;
 - (b) Approves the final service model for physical activity detailed in paragraphs 20-25 of this report;
 - (c) Authorises the Director of Public Health, following consultation with the Director of Law and Governance, to implement the final model for physical activity as set out in this report and proceed to prepare grant agreements to commence 1 April 2024.

Reasons for Recommendation

4. The Medium-Term Financial Strategy 2023/24 – 2026/27 includes a requirement for savings via a review of physical activity delivery.
5. Following a review of the current delivery model, a revised delivery model is proposed which will achieve the required savings.
6. The revised model focuses provision on population-based approaches, encouraging a wide range of residents to be active and providing signposting

to local opportunities, and specialist evidence-based programmes to support inactive people who have existing health conditions to be more active.

7. Whilst concerns were raised through the consultation regarding the reduction of funding for physical activity programmes in general, there was support for retaining a focus on both population-based and targeted approaches.

Timetable for Decisions (including Scrutiny)

8. The Health Overview and Scrutiny Committee received a report on 1 November 2023 and its comments are set out in paragraph 27 below.

Policy Framework and Previous Decisions

9. The Cabinet, on 15 September 2023, agreed to consult on the proposal.
10. 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 of keeping people safe and well: 8.3 People enjoy long lives in good health.

Resource Implications

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 from 1 April 2024 through a review of physical activity services. The proposed model is expected to achieve savings of £250,000 per annum.
12. 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

13. This report will be circulated to all members of the County Council.

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PART B

Background

Physical activity and health

14. 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.
15. 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).
16. 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.
17. 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 and are based on best available evidence of effectiveness.

The funding context

18. 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.
19. 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

Proposals/Options

20. Based on a review of the current funding of physical activity programmes, responsibilities of the County Council, and a review of the consultation responses, the recommended proposal is for savings to be achieved through the model proposed in Table 1 below.
21. The aim of the proposed model is to preserve highly specialised, evidence-based programmes for people with specific health needs (e.g. cancer or cardio-pulmonary conditions), programmes aimed at inactive people with one

or more stable health conditions, and programmes aimed at providing population-level interventions, brief advice and sign posting for self-help. This model complements other funding and provision within the system, for example school PE and programmes funded by the Integrated Care Board.

Table 1 - 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	<p>Specialist provision by SSPANs for:</p> <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. <p>[new provision] Children's exercise referral programme</p>	<p>[removal of] Contribution to leisure centre-based exercise referral programmes aimed at people who are inactive and have a health condition.</p> <p>[new provision] Community-based exercise referral options</p> <p>Specified evidence-based level 3 interventions. Programmes include:</p> <ul style="list-style-type: none"> Steady Steps plus (falls prevention programme) Escape Pain (for osteoarthritis of the back, hip and knee)
Level 2	[removal of] School-based programmes targeting least active children*.	[removal of] Locally-specified targeted programmes based in the community
Level 1 (Universal programmes)	<p>Leadership support for a whole school approach, health and wellbeing ambassadors, link to healthy schools, Let's Get Moving</p> <p>Active Travel officer jointly funded by the Environment and Transport Dept. supports schools to encourage journeys to and from school through active modes</p>	<p>Utilisation of campaign materials (via Active Together), signposting to local provision, advocacy work with other departments e.g. planning</p> <p>Delivery of centrally-specified programmes such as Walking for Health, to meet local need</p>
	Population Interventions, brief advice, signposting, self-help, 'Let's Get Moving' comms delivery	
Other	[removal of] Graduate Training programme to build the physical activity workforce	

22. This model preserves, where possible, input from across the system (NHS, districts, SSPANs and AT) and is aimed at both universal and targeted levels.

23. However, reductions in funding are not without risks. It is possible that the proposed funding reduction will have a 'tipping point' effect on capacity in the SSPAN and district councils, with loss of staff where their posts are not underwritten by their authority. Removal of funding from smaller SSPANS may mean their working model is not viable without support from the district council, or by pooling activity across the county. There is also a risk that level 2 programmes cease to exist if alternative funding is not found from other sources.
24. To mitigate these effects, it is proposed that a proportionate reduction of funding will be applied across the network, with ringfenced minimum allocations for SSPANs and district councils, and allocation of the grant based on need. This is done using a funding formula that includes weightings, for example the index of multiple deprivation (and area-based socio-economic metric), the proportion of children receiving free school meals and proportion of children who are overweight or obese.
25. If the proposal is approved, the County Council will work collaboratively with districts councils, SSPANs and other key stakeholders to ensure that programmes for children who are inactive, have long-term health conditions and/or are from underserved communities are a priority for provision, alongside adults with long-term conditions. Work will continue to be undertaken on wider determinants of health and creating healthy, more active environments and to support active travel initiatives.

Consultation

26. The consultation exercise was approved by the Cabinet on 15 September 2023. It ran between 20 September and 1 November 2023.
27. As part of the consultation process, the Health Overview and Scrutiny Committee considered a report on the proposed model. Members of the Committee noted that it was unfortunate that the physical activity programmes had to be reduced but acknowledged that there are alternative options in communities for the public to be involved in physical activity. The Committee supported the proposed reductions to physical activity programmes.
28. The consultation also sought 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 included a survey (accessible on the County Council's website and available as a hard copy on request) and was promoted on social media and through printed material in community locations, through circulars and newsletters.
29. The questionnaire asked for respondents' views on the following:
 - the proposed changes,
 - their opinion on the principle of the proposal
 - ideas of alternatives to the proposal

30. A total of 321 responses were received online along with two letters from district councils via email and one email from a member of the public. Types of organisations that submitted responses included district councils (6), SSPANs (3), schools and colleges (15), NHS (2), leisure providers and sports clubs (8), voluntary sector (6), religious (1).
31. Themes emerging from the consultation, along with responses/clarifications and mitigations are set out in Table 2 below.

Table 2 - Emergent themes from the consultation responses

Headline Themes	Response, clarifications and proposed mitigation
<p>Many respondents commented that physical activity funding should not be reduced at all, with the main concern being the impact on individuals' health in the longer-term and future demands on services.</p>	<p>The model includes programmes that promote physical activity in the general population through e.g. campaigns, information, advice and guidance and promotion of programmes such as walking and cycling groups. This primary prevention (before the onset of illness) aims to establish active habits in the population. The model also includes programmes that are aimed at inactive people with a health condition, to help manage illnesses and ideally reverse or stabilise them (secondary prevention). There is also considerable work being undertaken by the county council to encourage active travel and to support the design of places that builds in physical activity opportunities (this is our Wider Determinants of Health work). The model and additional activity undertaken in the authority aims to support people's health using different approaches.</p>
<p>If funding does need to be reduced, then focusing on those with long-term conditions makes sense but also primary prevention important.</p>	<p>As described above, the model does include primary prevention activity. It is also important to note that primary prevention and the promotion of physical activity is not the preserve of the County Council, and other system partners such as NHS, district council and voluntary sector partners also have opportunities to promote physical activity and the County Council is further supporting this through its work on 'Making Every Contact Count'.</p>
<p>It should be ensured that people with long term conditions are not prevented from accessing physical activity opportunities.</p>	<p>Many people responded in this way. To clarify, anyone with a health condition, who is inactive, would be eligible to participate in the level 3 and appropriate level 4 programmes. This includes mental health problems.</p>

<p>Children will be disproportionately affected as they are least likely to have long term conditions but most capacity to benefit over a lifetime.</p>	<p>It is true that focusing only on people with long-term conditions risks disadvantaging children. However, the model aims to support children to develop physical activity skills through the Fundamental Movement Skills programme (teaching children to e.g. hop, skip, catch a ball, develop core strength etc) and there will still be a provision for programmes to meet the needs of inactive children through the grant. Schools also have their PE provision and primary schools have the sports premium ('sugar tax') funding that can support a more general programme of physical activity. See also paragraph 33 below.</p>
<p>The current Level 2 offer is targeted and that this was not accurately reflected in the consultation.</p>	<p>It is the case that level 2 programmes are targeted at inactive people. However, because of the nature of programmes delivered at this level, they may not have been exclusively delivered to inactive people previously and the proposed model has a much stronger emphasis on inactive participants (at levels 3 and 4). The County Council will work with other providers of physical activity programmes to ensure join-up and pathways of provision.</p>
<p>Some comments fell outside the scope of the consultation or were not in response to the physical activity opportunities funded by public health.</p>	

32. A high proportion of organisational responses were from schools in which concerns were raised about a reduction in provision for children. It is important to recognise that the School Sports Physical Activity Networks (SSPANs) will continue to receive funding and that there are other funding sources available to schools for physical activity. Schools have a statutory requirement to offer PE provision and primary schools have access to the school PE and sport premium funding which should be used to further develop a quality and sustainable physical activity offer. The government has published the School Sport and Activity action plan to support more pupils with access to PE, extracurricular activity and competitive opportunities. There is also Government funding for School Games provision, delivered through the SSPANs, and for targeted schools, the opportunity to apply for Opening Schools Facility funding to open sports facilities outside of school hours.
33. When asked for ideas about alternative models, apart from comments suggesting that savings should come from elsewhere in the Public Health budget, respondents commented that it is important to increase links with private and voluntary services to signpost to existing opportunities, ensure that there is a focus on education and promotion approaches such as supporting national physical activity campaigns, increasing awareness of being active, promoting digital opportunities, low cost activities and activities people can do themselves. Respondents commented that there needs to be greater join up with NHS provision, more emphasis on active travel and adherence to the evidence-base.

34. The proposed model has therefore not significantly changed because of the consultation, but clarifications have been set out in the table above.

Conclusion

35. A revised physical activity model has been proposed that achieves a saving for the MTFS of £250,000 with effect from 1 April 2024. The model has two areas of focus: continued support for universally available programmes that encourage a wide range of people to be active and includes campaigns, information, advice and guidance and signposting to local delivery; and support for specialist, evidence-based programmes for children and adults who are inactive and have existing health conditions. Delivery would continue to be through district councils, school sports and physical activity networks (SSPANs) and Active Together (the active partnership). Emphasis will be placed on supporting people from groups known to face barriers to access, such as people with disabilities, from minority ethnic communities, people living in socio-economically deprived areas and older adults.

Equality Implications

36. An Equality Impact Assessment (EIA) has been undertaken. As one of the aims of the proposed model is to focus on people who are inactive and have existing health conditions, including mental health problems, the impact on people with protected characteristics will be minimised. It is however important that system partners continue to work together to ensure that there is a range of provision available to residents of Leicestershire, and that funding streams complement each other where possible.
37. Members of the equalities challenge group were asked to comment on the EIA. Members either had no comment, or one member recommended ensuring that active travel continues to be supported, which it will. Other comments were in relation to programmes that are out of scope of this proposal including free school holiday clubs and school swimming facilities, which are funded outside of the grant from Public Health. An important comment was made in relation to system join up where community health and wellbeing plans include physical activity in them. These plans are led by NHS and district council colleagues and will be best placed to align activity with the grant funding from Public Health.

Human Rights Implications

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

Background Papers

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%2023_cleanFinalDraft.pdf

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>

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>

School sport and activity action plan -

<https://www.gov.uk/government/publications/school-sport-and-activity-action-plan>.

Appendices

Appendix A – Consultation report

Appendix B – EIA

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