

SUMMARY REPORT OF PUBLIC CONSULTATION AND ENGAGEMENT: HAVE YOUR SAY ON PHYSICAL ACTIVITY PROGRAMMES

1. Acknowledgements

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to provide their views and feedback as part of the consultation process.

2. Purpose of the report

This document provides a summary of the findings of a public consultation undertaken between Wednesday 20 September to Wednesday 1 November 2023, on the review of Physical Activity programmes funded by Leicestershire County Council's Public Health Department. This report reflects the findings of the engagement sessions with partners, formal consultation questionnaire and additional responses received during the consultation period.

3. Background

Leicestershire County Council has a duty to improve the health of people living in Leicestershire. Living an active life at all ages reduces the risk of and helps with the management of many common diseases, supports positive mental wellbeing and provides opportunities for social connections.

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).

However, we are facing financial challenges and need to make difficult decisions regarding the services we provide. A saving of £250,000 from the current physical activity budget of £693,000 is being proposed as part of our budget plans, which were consulted on in December 2022. This funding is not the only funding available to partners to deliver a physical activity programme and does not fund the whole physical activity offer across Leicestershire.

4. Proposed model

It was proposed that Public Health funding would target those that are most likely to be inactive or have long-term health conditions, as this is our key priority. This would include:

- Physical activity programmes that target those experiencing the highest levels of ill health, including those aimed at preventing falls in older adults, improving recovery from cancer surgery and recovery from heart or lung conditions.
- Physical activity programmes targeted at adults with an existing health condition including helping people to lose weight, helping people with

chronic pain and supervised activity programmes for people who are inactive but have a health condition.

- Physical activity programmes targeted at children to improve basic movement skills and support those with existing health conditions. Examples include physical activity for children that need support to lose weight and programmes that help children develop core skills such as catching a ball, skipping, hopping and core strength.
- Physical activity programmes to target and support the inactive population to become more active such as walking and running groups, and delivering marketing, campaigns and giving information and advice.

It was proposed that Public Health funding would no longer continue to contribute towards:

- Physical activity programmes delivered in the community which are aimed at the general population who are already active and those without a health condition.
- Physical activity programmes already costed into existing contracts with providers.
- The physical activity graduate trainee programme, which provides graduates with training opportunities in the physical activity sector.
- Physical activity programmes that are delivered in schools that target children and young people who are already active.

However, it is important to reiterate that the public health funding allocation is not the only funding to support physical activity in Leicestershire, and therefore some of these programmes may continue.

5. Consultation and engagement methods

The formal consultation ran from Wednesday 20 September to Wednesday 1 November 2023 seeking views on the proposed model from:

- Leicestershire residents
- Professionals who support physical activity development
- Professionals who support the improvement of people's health

The consultation documentation detailed the proposed change and was available through the Leicestershire County Council Have Your Say webpage. This documentation included:

- Information including Frequently Asked Questions on a webpage (Appendix A),
- A questionnaire (Appendix B)

A telephone number and email address were provided to enable all residents and stakeholders to ask questions about the consultation if they needed to. They were also able to use these methods of communication to ask for a paper copy of the questionnaire.

A detailed communications plan was developed to support promotion of the consultation. The consultation was promoted through several routes, including social media, the council website, current providers and emails to key stakeholders. These were repeated throughout the consultation.

Prior to the formal consultation four engagement sessions were held with current providers, partners and wider public health portfolio holders. Sessions were held on 24th April (2 sessions), 27th April and 15th May. Two further engagement sessions took place with current providers in August (14th and 31st) with a focus on the financial viability of the proposed model.

6. Overview of the engagement feedback

The initial engagement sessions were designed to support the development of a new proposed model for physical activity, for consultation, and asked opinions on: what should a whole-system redesigned physical activity offer look like, what would the physical activity offer be without public health funding and what elements of the physical activity offer should public health fund?

Key feedback themes from the sessions were:

- A need for a whole system / collaborative approach. The public health contribution should not be seen in isolation. The local physical activity offer is delivered by multiple partners with various funding streams to provide a collective offer. Loss of funding in one area will impact on the ability to deliver on other areas.
- Agreement on the need for a targeted approach, however, there was also a strong opinion that there also needs to be a universal offer to; support people once they become active, to support work around the wider determinants of health and to prevent others becoming inactive.
- Public health funding should focus on market failure, funding opportunities that the traditional sport and leisure market do not cover for the targeted audience.
- Enabling and advocacy is important work to enable a whole systems approach, which means there may not always be programme delivery. However, capacity is still required to deliver this.
- There should be join up with existing services and wider commissioned activity.
- The local delivery approach is important and provides added value, such as links to the existing leisure offer, collaboration within wider partnerships, local knowledge and recognition of being a trusted partner.
- There should be consideration of narrowing down the requirements for public health funding, with the need to ensure that there is an evidence-based approach to what is being funded.
- Without public health funding there would be a loss of locally identified targeted provision and capacity to enable a whole systems approach. There is little additional or new funding within partner networks.

The follow up engagement sessions had a focus on the local implications of the proposed model, its strengths, areas for improvement or development and its financial viability.

Key feedback themes:

- Positives of the proposed model were that it;
 - Targets those most at need.
 - Provides an evidence-based and life-course approach.
 - Facilitates delivery of specialist programmes.
- Viability of Model:
 - The financial models would have different impacts for current providers.
 - The provider network sought to explore a model which impacts them equally.
 - Finance reductions will likely lead to redundancies, loss of capacity and skills, and will impact on delivery of services for the community.
 - Concerns were raised about where replacement funding will come from and the ability to maintain services within local budgets.
- Limitations of proposed model:
 - Several concerns were raised at the loss of level 2 interventions and the impact on the population that these serve.
 - Further information is needed on what the level 1 and targeted children's offer would look like.
 - Concerns of the impact on links with other funded programmes.

7. Overview of the consultation responses and themes

The questionnaire asked for respondents:

- Views on the proposed changes
- Opinions on the principle of the proposal
- Ideas of alternatives to the proposal

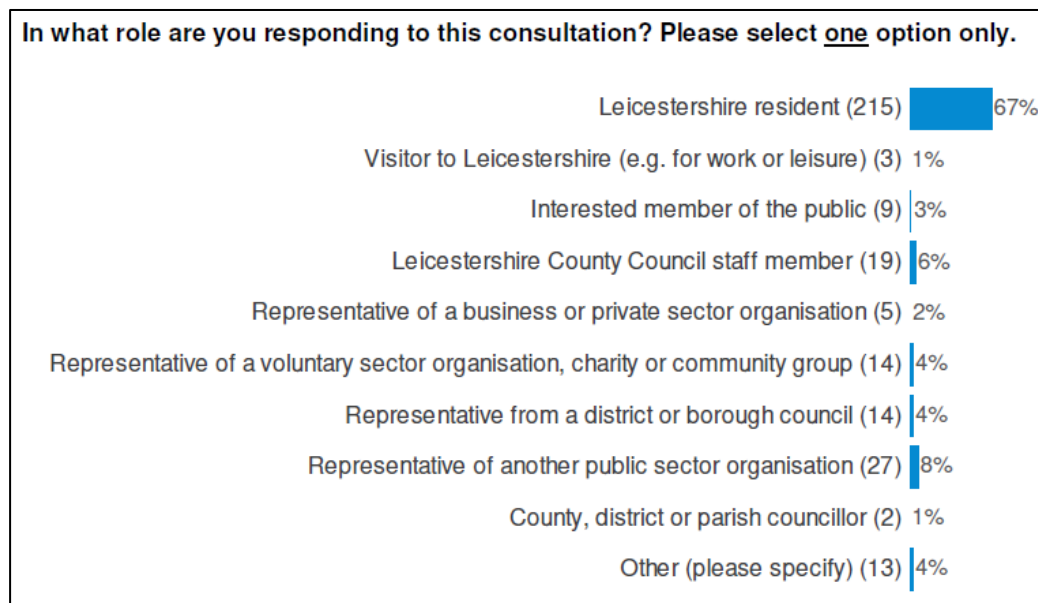
There was a total of 321 online individual responses to the survey and 3 email responses.

7.1. About the online respondents

7.1.1. Role of the respondent

Graph 1 outlines in what capacity respondents replied to the consultation. The majority of respondents, 215 (67%), were Leicestershire residents. 60 (18%) respondents indicated they were responding in their capacity of working within a local organisation. The types of organisations that submitted responses were categorised and included district councils (6), School Sport and Physical Activity Networks (3), schools and colleges (15), NHS (2), leisure providers and sports clubs (8), voluntary sector (6) and religious (1).

Graph 1: Role of respondents



Most responses for Leicestershire residents came from Blaby and Charnwood, with the response rate being lowest in Harborough, Melton and Oadby & Wigston.

For those who responded in a professional capacity, the majority worked in Blaby, Harborough, Hinckley & Bosworth and across Leicestershire as a whole. The lowest response rate for professionals was in North West Leicestershire.

7.1.2. Demographics of respondents

Optional demographic data questions were included in the consultation. Of those that responded:

- 184 (82%) were female and 40 (18%) were male and all identified their gender as at the same as their sex registered at birth.
- 1 (1%) reported they were Under 15, 19 (9%) aged 25-34, 30 (14%) aged 35-44, 49 (23%) aged 45-54, 56 (26%) aged 55-64, 40 (19%) aged 65-74, 15 (7%) aged 75-84 and 3 (1%) aged 85 and over.
- 63 (28%) were parents or carers of a young person aged 17 or under as follows: 0-4 (15 [25%]), 5-10 (30 [49%]), 11-15 (24 [39%]), 16-17 (12 [20%]).
- 30 (14%) were a carer of a person over 18.
- 195 (91%) reported that they were White ethnicity, 5 (2%) Mixed, 9 (4%) Asian or Asian British, 2 (1%) Black or Black British and 3 (3%) other ethnic group.
- 93 (44%) had no stated religion, 102 (48%) were Christian, 2 (1%) were Buddhist, 5 (2%) were Hindu, 3 (1%) were Muslim, 1 (1%) Sikh and 8 (4%) other religion.
- 202 (96%) stated they were heterosexual, 2 (1%) Bi, 4 (2%) Gay or Lesbian and 3 (1%) stated they use another term.
- 89 (41%) stated they had a long-standing illness, disability or infirmity.

7.1.3. Physical Activity Levels

Respondents were asked questions relating to their physical activity levels. Of those that provided responses:

- 34 (15%) stated they undertook less than 30 minutes of physical activity a week, meaning they are classified as inactive in accordance with the Chief Medical Officer (CMO) Physical Activity Guidelines.
- 185 (54%) stated they undertook between 30 and 149 minutes of physical activity a week, meaning they are classified as fairly active in accordance with the CMO Physical Activity Guidelines.
- 68 (31%) stated they undertook over 150 minutes of physical activity a week, meaning they are classified as active in accordance with the CMO Physical Activity Guidelines.
- 52 (38%) stated they undertook strength activities less than 2 days a week, which does not meet the CMO Physical Activity Guidelines.
- 130 (60%) stated they undertook strength activities on 2 or more days a week, which meets the CMO Physical Activity Guidelines.

Therefore, when reading the responses, it should be recognised that the consultation reached a higher proportion of those who are active than those who are inactive.

7.2. Survey Responses

7.2.1. Thematic summary

A total of 95 pages of comments were received in the online consultation. Responses were analysed using thematic analysis.

Common themes were identified across all responses, and these have been collated to develop a high-level summary. The overarching themes reported were:

- A high proportion of respondents felt that physical activity funding should not be reduced at all, with the main concern being around long-term effects and further demands on services in the future.
- However, it was recognised that if funding does need to be reduced, then focusing on those with long term conditions is logical but primary prevention remains important.
- It should be ensured that people with long term conditions are not prevented from accessing physical activity opportunities.
- There is still a role to be undertaken in relation to primary prevention to enable all residents to be active for positive health and wellbeing.
- It was felt that children could be disproportionately affected as they are least likely to have long term conditions but can benefit most from being active during their lifetime.

- Several comments indicated that the current Level 2 offer is targeted and that this was not accurately reflected in the consultation.

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- There were also several responses where the comments fell outside the

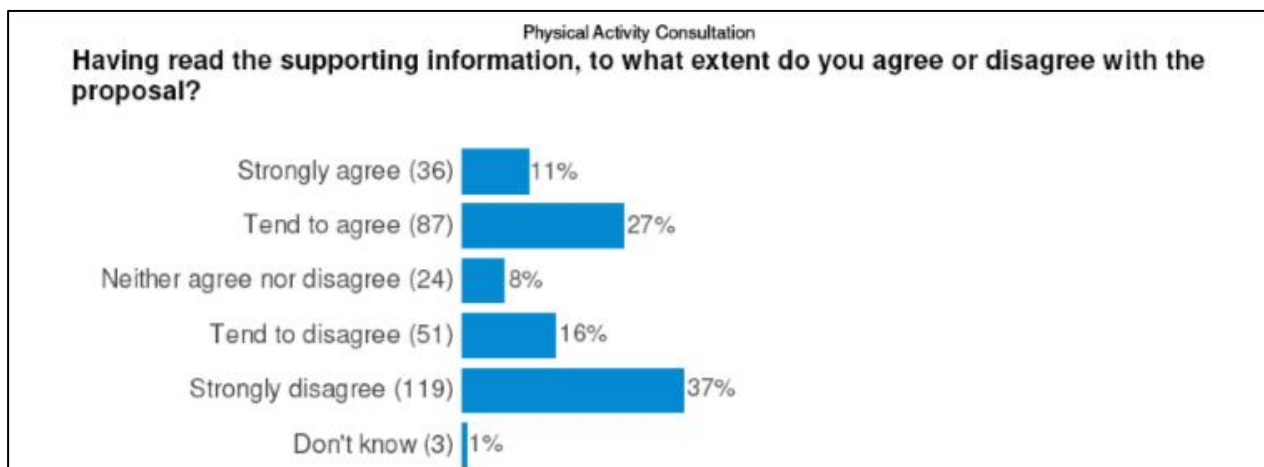
scope of the consultation or were not in response to the physical activity opportunities that public health fund.

Whilst the above provides a summary of the major themes, the following sections of 7.2.2 –7.2.8 provide an overview of the analysis for each question asked as part of the consultation.

7.2.2. Agreement or disagreement with the proposal

Respondents were asked the extent to which they agreed or disagreed with the proposal. Graph 2 indicates the overall responses:

Graph 2: Responses to agreement or disagreement with the proposal



More than half, 53% (170) of respondents said they tended to disagree or strongly disagreed with the proposal, while 38% (123) of respondents said they tended to agree or strongly agreed with the proposal and 8% (24) said they neither agreed nor disagreed.

When asked 'why do you say this?', key themes of the responses were:

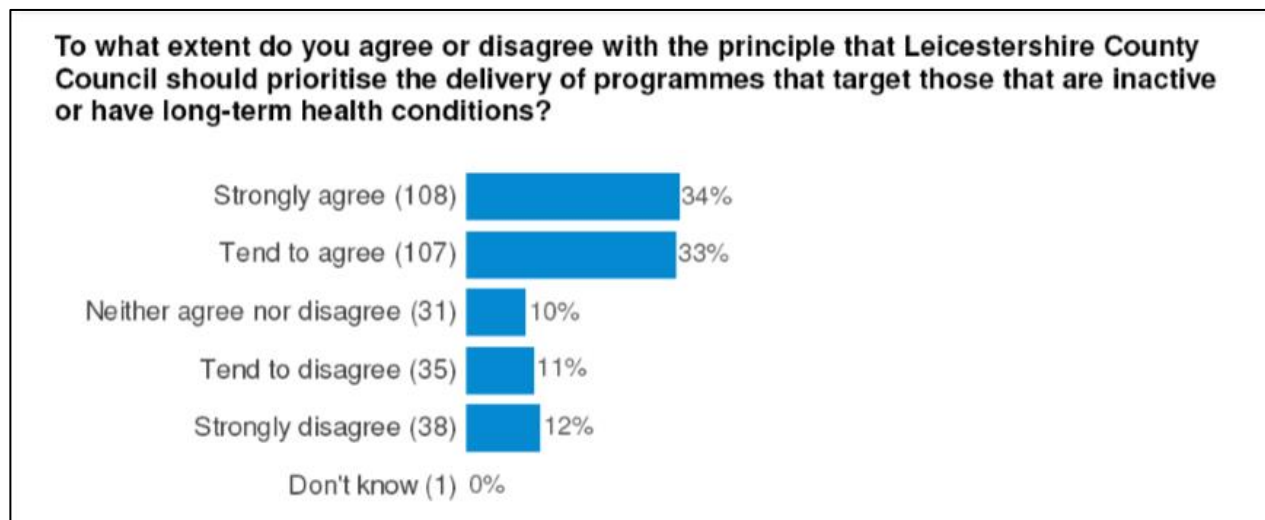
- In relation to the positive aspects of the proposal:
 - There was recognition that the focus of physical activity services should be for those who need it most;
 - There being a need for specialised services.
 - Current services should cater for minority groups and be more accessible.
 - It should not be the council's responsibility to fund physical activity services for everyone including healthy and active people.
 - There is a need for health promotion and primary prevention.
- In relation to the negative aspects of the proposal:
 - It was reported that respondents felt that cuts would likely result in unintended consequences including:
 - Long term negative effect on health and health services.
 - Risk of widening health inequalities.

- Critical reduction in capacity of existing providers.
- Long term negative effect on mental health.
- Services should be available for all, not just those with health conditions.
- Children and schools should have access to all services.
- Other comments included:
 - Respondents felt that budget cuts should come from elsewhere.
 - Some felt that the proposal needed to be clearer regarding which services and groups will be affected.

7.2.3. Agreement or disagreement of the principle of prioritising delivery of programmes that target those that are inactive or have long-term health conditions.

Respondents were asked to what extent they agreed or disagreed with the principle of prioritising the delivery of programmes that target those that are inactive or have long-term health conditions. Graph 3 indicates the overall responses:

Graph 3: Responses to proposed principles



67% (215) agreed with the prioritisation of programme delivery, while nearly a quarter, 23% (73) disagreed with this approach and 10% (31) neither agreed or disagreed with it.

When asked 'Why do you say this?', themes of the responses were:

- Those in support said:
 - Agreement with the need to support those with long term conditions.
 - The need to serve this group better as they are often harder to reach and are those that need the most support to find appropriate activity.
 - The least active need more support and will gain the most benefits from becoming active.
 - With funding reductions needing to be made, this is a sensible approach.
- Those less supportive said:
 - It appears that this is a short-term reactive approach, which will have an impact on services later on.

- More primary prevention is needed to support people from needing specialised physical activities later in their life.
- Level 2 programmes also target inactive people and there will be an impact if these are reduced.
- There should be a provision that provides for all of the population.
- It was questioned whether those with long term conditions and who are inactive will access the provision that is provided.

There were several responses that described the prioritisation model as being the most appropriate approach if funding reductions needed to take place. However, they felt alternative solutions to reducing funding could be found.

7.2.4. What is liked about the proposal?

Respondents were asked, through a free text question, to provide comments on what they liked about the proposal.

The key themes of the responses were:

- That the funding is not being completely cut and that funding is being managed in an appropriate way.
- There appears to be appropriate prioritisation of funding aimed at the inactive and those with long-term conditions.
- The targeted approach will support those who have the greatest need.
- The respondents appreciated that the public is being consulted on service provision.

Others commented:

- That they did not like the proposal as they are not in favour of cuts and that budget cuts should be made elsewhere.
- There will be unintended consequences and long-term impacts of the funding reductions.
- Physical activity provision should be available for all and not just those who are inactive or have a long term condition.

7.2.5. What is disliked about the proposal?

Respondents were asked, through a free text question, to provide comments on what they disliked about the proposal.

The key themes of the responses were:

- Funding reductions should be found elsewhere, and the physical activity budget should be maintained.
- The proposal is short-sighted and will have consequences for the population's longer-term health and on the demand of other healthcare services.
- More information is required on the impacts that the proposal will have on children and young people. Some respondents felt that all children and young people should have access to services.
- The proposal will impact on current providers and their capacity to deliver programmes. This in turn will have a knock-on effect on the whole system's approach to physical activity.
- There should be a primary prevention and universal approach, which all can access.
- Concern of the impact of reduction in services will have on current service users.
- Further clarification is required on who will be most impacted with the proposed reductions and the definitions of who will be able to access services moving forwards.

7.2.6. Proposed alternative approaches

Respondents were asked, through a free text question, to propose any alternative approaches.

The key themes of the responses were:

- Funding reductions should come from elsewhere and the budget for physical activity services should be maintained.
- Increase links made with private and voluntary services to signpost to existing opportunities.
- 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.
- Suggestions were received for the type of provision that should be provided including activity types, timings and access requirements.
- There needs to be work with the NHS to provide and join up services.
- There should be service provision available for all and existing services should remain.
- More emphasis could be placed on active travel.
- Delivery should be through an evidence-based approach.

7.2.7. Impact of the proposal

Respondents were asked, via a free text question, to provide comments on what impact the proposals would have on specific groups.

The key themes of the responses were:

- Concerns about cutting programmes for children and in particular the needs of children with special educational needs and disabilities.
- There would be impacts on people with mental health problems and people who feel isolated.
- Older adults and families on low incomes would also be impacted.
- There would be less opportunities for people to be active within their communities.
- The proposal will increase demand on other services.
- Concerns that will lead to a decrease in activity levels of those already active.
- Less preventative work will create more health problems in the longer term.
- It will negatively impact on the providers of the current services.
- It will support the groups who are identified in most need within the proposal.

7.2.8. Any other comments

Respondents were asked, through a free text question, to state any other comments or suggestions they have on the proposal.

The key themes of the responses were:

- Funding should be retained to support the existing network and provision and to promote health and wellbeing to a wider audience.
- Further links should be made with other internal and external services to facilitate join up and signposting opportunities.
- Further consideration be given to the offer for those with a disability and children and young people.

There were several comments outlining support for existing funded provision, providing ideas for new provision and suggestions for improvements to provision (some of which sit outside the offer that is currently funded by public health).

7.2.9. Email Responses

Two letters were received from borough councils, using the same template. The letter stated a lack of support for the cuts and that the consultation had been simplistic for what is a complex commissioning/provision landscape. In particular, they felt that there is a challenge in categorising programmes as aimed at inactive or active people as there has been much focus over recent time on targeting inactive people. The letters stated a disproportionately high level of cuts was being made to physical activity compared to other areas and that the proposal did not put enough emphasis on prevention.

One email was received from a member of the public who asked for consideration to be given to activities for older adults as well as the accessibility and affordability of activities.

8. Conclusion

We would once again like to thank everyone who has taken the time to provide their views and feedback. The information gathered from this consultation will be used to shape future service delivery for physical activity.

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