

# Equality Impact Assessment Form

Before completing this form, please refer to [the supporting guidance document](#)

The purpose of this form is to aid the Council in meeting the requirements of the Public Sector Equality Duty contained in the Equality Act 2010. This requires the Council to have “due regard” of the impact of its actions on the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not.

The assessment is used to identify and record any concerns and potential risks. The following actions can then be taken to address these issues.

- Remove risks: abandon the proposed policy or practice
- Mitigate risks – amend the proposed policy or practice so that risks are reduced
- Justify policy or practice in terms of other objectives

<b>1- Policy details</b>	
<b>Name of policy</b>	Physical activity programme reductions
<b>Department and service</b>	Public Health – Health Improvement

<b>Who has been involved in completing the Equality Impact Assessment?</b>	Simon Tunster (Specialty Registrar in Public Health) Elizabeth Orton (Consultant in Public Health)
<b>Contact numbers</b>	0116 3050705

## 2- Objectives and background of policy or practice change

Use this section to describe the policy or practice change  
What is the purpose, expected outcomes and rationale?  
Include the background information and context

<b>What is the proposal?</b>	<p>A £250k reduction in the physical activity budget has been included in the latest MTFS, which will take effect April 2024.</p> <p>Physical <u>inactivity</u> is a leading cause of morbidity and mortality. People who are physically active are at lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who lead a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of conditions including diabetes, obesity, osteoporosis, and colon/breast cancer and improved mental health. In older adults, physical activity is associated with increased functional capacities.</p> <p>In Leicestershire, around 1 in 4 adults are inactive (they do less than 30 minutes of physical activity per week), with a further 1 in 3 not meeting the Chief Medical Officer guidelines of 150 minutes of moderate physical activity per week. There are significant inequalities associated with inactivity whereby people from marginalised groups,</p>
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with disabilities, older people, women, and those living in material disadvantage are least active. Barriers to activity 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. To address these inequalities and barriers, priority areas have been developed to guide Public Health spending on physical activity as below:

- Moving the Inactive to active
  - Helping to support inactive residents to do some activity
  - Ensuring that we are delivering any universal services at a scale which is proportional to need, and targeting these services at inactive residents
  - Having the right offer at the right time in the right place for the individual
- Reducing inequality
  - Focus on engaging those individuals who face the highest inequality and providing opportunities to people and communities that are most at need
- Ensuring a joined-up physical activity pathway
  - Strengthening the physical activity pathway and create opportunities for participants to access provision of choice
  - Support a consistent offer across Leicestershire
  - Join up with existing provision from other services/sectors to ensure a one system approach
- Advocacy and enablement
  - Undertake transformational work and not just project delivery
  - Respond to new opportunities when they arise
  - Support partnership working to ensure there is joined up thinking and working between sectors such as NHS, Transport, Social Care, Planning, Environmental Health, VCS etc
- Build Local Capacity

	<ul style="list-style-type: none"> <li>○ Support others to champion, deliver and promote physical activity within in place and settings they work, live and support.</li> </ul> <p>Thus, whilst physical activity programmes aim to increase the activity levels of all residents, the focus is on improving access to sport and physical activity services for those who need them most.</p> <p>Delivery of physical activity programmes in Leicestershire is funded through the Public Health grant via an annual grant to district councils and School Sports and Physical Activity Networks (SSPANS) in addition to core funding to Active Together, Leicestershire’s Active Partnership. The Public Health budget for physical activity is £1.146 million in total, with £417,962 allocated to Active Together and £692,986 allocated to district councils, SSPANS and central coordination via Active Together.</p> <p>Cabinet have approved the £250k saving to be included in the MTFs for 2023/24 – 2026/27 on 10<sup>th</sup> February 2023 and this decision was approved by Full Council on 22<sup>nd</sup> February 2023. Cabinet approved the request to consult on the draft proposal on 15 September 2023 and proposals were taken to Health Overview and Scrutiny on the 1 November 2023 as part of the consultation.</p>
<p><b>What is the rationale for this proposal?</b></p>	<p>Our financial outlook remains extremely tough, with the council’s budget gap set to rise to over £90m by 2026, and, along with many other service areas, we will need to review our approach to non-statutory provision which includes homeless support.</p> <p>The saving is proposed to be achieved by removing the contribution towards the Graduate Training Programme (£47,175), with the remainder (£202,825) achieved through a rationalisation of existing programmes to focus on high risk groups (people with particular health conditions (e.g. cardio-pulmonary conditions) or who are inactive and have an existing health condition) and population-based programmes and signposting to self-help.</p>

This approach is based on the following principles:

1. Reduced funding should focus on the provision of fewer programmes, ensuring they have a strong evidence-base and target populations with the highest capacity to benefit
2. Retain programmes that are specialist in nature and less likely to be delivered in commercial or mainstream services
3. Ensure consistency of provision at place, achieved through:
  - Central specification of programmes and associated resources
  - Co-ordinated monitoring and opportunities for shared learning and continuous improvement activity
  - Cross-boundary participation (as residents don't see boundaries)
  - A centralised Public Health physical activity brand
4. Maximise what is available locally (in all sectors) through signposting, supporting applications for new funding and supporting VCS provision where there are gaps

The service reduction will predominantly impact services provided at level 2. These are programmes that are most closely aligned with the core business of leisure services and voluntary and community groups and are thus most feasible to be incorporated into existing provision in some format. The public health grant therefore becomes more focused on programmes least likely to be provided through the private and commercial leisure sector.

The main benefits of this approach are:

- Focus on programmes that are not funded by private/leisure service providers
- Maintains input from across the system (NHS, districts, SSPANs and AT)
- Targets those at highest risk of inactivity and poor health
- Maintains expertise in higher tier provision (e.g., cancer, falls) and school programmes
- Retains population-level and specialist interventions

Alternative options that were considered and rejected include:

	<ul style="list-style-type: none"> <li>• Continue with the current model of provision across all tiers, but reduce the amount of activity incrementally to achieve savings</li> <li>• Population approach only: focus on universal campaigns, mass participation events, supporting local community groups, focus on active planning policy; no targeted offer</li> <li>• High risk targeted approach only - no universal offer</li> <li>• Disinvestment in school provision</li> </ul> <p>This 'two-pronged' approach supports the retention of highly skilled instructors who can support people with existing health conditions, maintains specialist provision in schools and promotes physical activity to a wider population to be more active.</p>
<p><b>What change and impact is intended by the proposal?</b></p>	<p>The current model of adult physical activity programmes comprises four levels of delivery, with programmes at levels 1 and 2 for children:</p> <ul style="list-style-type: none"> <li>• Level 4: Specialist condition specific programmes</li> <li>• Level 3: Physical activity referral programme (previously referred to as Exercise on Referral)</li> <li>• Level 2: Targeted community / setting-based sessions</li> <li>• Level 1: Population level interventions, brief advice, sign posting self-help</li> </ul> <p>The proposed targeted approach will see funding for programmes at level 2 cease, with the priority being to ensure, as far as possible, continuity of programmes that are specialist in nature (levels 3 and 4) or reach a wide audience (level 1). The proposed future model and changes from previous provision (in red) area set out in table 1 below:</p>

<b>Table 1 – the proposed model and changes to the current model in red.</b>		
	<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	[removal of] 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"> <li>Steady Steps plus (falls prevention programme)</li> <li>Escape Pain (for osteoarthritis of the back, hip and knee)</li> </ul>
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)	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	[removal of] 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. There is also School Games provision through the SSPANs, funded by the Youth Sports Trust.

### 3- Evidence gathered on equality implications - Data and engagement

What evidence about potential equality impacts is already available?

This could come from research, service analysis, questionnaires, and engagement with protected characteristics groups

**What equalities information or data has been gathered so far?**

**What does it show?**

Reports and data sources gathered to date include:

- Review of District Council Equality Impact Assessments for Physical Activity Commissioning
- Public Health Outcomes Framework Indicators
- Sport England: Active Lives Adult Survey
- Sport England: Active Lives Children and Young People Survey
- Active Together: Leicestershire, Leicester and Rutland Physical Activity and Wellbeing Residents' Survey 2022
- Understanding and Addressing Inequalities in Physical Activity: Evidence-based Guidance for Commissioners (PHE)
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**What does it show?**

District Equality Impact Assessments

District Councils undertake Equality Impact Assessments as part of their Sport & Physical Activity grant agreements. Whilst the overarching objective of physical activity programmes is to increase physical activity across the whole population, there is a focus on improving activity levels amongst the least active or those who face barriers to activity. To achieve this, some programmes are targeted at specific groups based on protected characteristics, including:

- Age
- Disability
- Sex
- Pregnancy & Maternity
- Religion or belief



- Other groups: socioeconomic deprivation

### **Public Health Outcomes Framework**

The Public Health Outcomes Framework provides summary data on physical activity, inactivity and related conditions.

#### Definitions of “Active”

Adults: At least 150 minutes of moderate intensity activity a week

Children: An average of at least 60 minutes a day

#### Key Indicators

##### *C17a - Percentage of physically active adults (18+)*

- Leicestershire (66.8%) is comparable to England (67.3%)
- Oadby and Wigston (57.6%) is significantly lower (worse) than England

##### *C17b - Percentage of physically inactive adults*

- Leicestershire (21.4%) is comparable to England (22.3%)
- Oadby and Wigston (26.8%) is significantly higher (worse) than England
- Charnwood (18.7%) and Harborough (18.6%) are significantly lower (better) than England

##### *C10 - Percentage of physically active children and young people*

- Leicestershire (51.3%) is higher (better) than England (47.2%)
- Hinckley and Bosworth (55.5%) and Charnwood (54.8%) are higher (better) than England
- Data is not available for Blaby, Harborough, or North West Leicestershire

#### Related conditions

##### *C16 - Percentage of adults (aged 18 plus) classified as overweight or obese*

- Leicestershire (64.1%) is comparable to England (63.8%)

- North West Leicestershire (70.7%), Melton (70.7%) and Oadby and Wigston (68.5%) are higher (worse) than England
- Hinckley and Bosworth (58.4%) and Harborough (58.2%) are significantly lower (better) than England

*C09a - Reception: Prevalence of overweight (including obesity)*

- Leicestershire (21.1%) is lower (better) than England (22.3%)
- Oadby and Wigston (17.6%) is lower (better) than England

*C09b - Year 6: Prevalence of overweight (including obesity)*

- Leicestershire (33.2%) is lower (better) than England (37.8%)
- All districts (except Melton (36.9%)) are significantly lower (better) than England

*Summary*

- Adults: Adults in Oadby and Wigston were less physically active than those in other districts, corresponding with higher levels of overweight and obesity, which were also observed in North West Leicestershire and Melton
- Children: Levels of activity and overweight/obesity amongst children within Leicestershire and its districts are either comparable to or significantly better than the national average

**Sport England: Active Lives Adult Survey (2021-22)**

<https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2023-04/Active%20Lives%20Adult%20Survey%20November%202021-22%20Report.pdf?VersionId=ln4PN2X02DZ1LF18btgaj5KFHx0Mio9o>

- Completed by 177,551 individuals aged 16+. Data are used to calculate PHOF indicators, but use different definitions of adults:
  - PHOF: 18+
  - Active Lives Survey: 16+

- In England, 63.1% of those aged 16+ are active, with 25.8% considered inactive
- The figures for Leicestershire are comparable to the national picture, with slightly fewer being active (61.5%) and slightly more being inactive (26.1%)
- Activity levels differ according to a range of protected characteristics, as outlined below. Whilst data is available at a local level for some factors, most analyses are based on national data.

*Gender*

- Men were more likely to be active than women in England (65.6% vs 60.8%), but this was not apparent in Leicestershire with 61.4% of men and 61.6% of women classed as active
- Women were more likely to be inactive than men in England (27.1% vs 24.1%) and Leicestershire (26.9% vs 25%)
- Overall, there was a trend for increasing activity levels year-on-year amongst both men and women, although the rate of change was slower for women
- In response to the question “I feel I have the opportunity to be physically active”, 38% of men strongly agreed compared to 29% of women

*Socio-economic group*

- The proportion of adults that were physically active was higher amongst those from the least deprived areas (68.1%) than those from the most deprived areas (55.3%)
- Similarly, the proportion of adults that were inactive was lower amongst those from the least deprived areas (20.6%) than those from the most deprived areas (33.8%)
- Whilst the proportion of physically active adults in the least deprived areas has been increasing over time, there has been little change in the most deprived areas
- 39% of those in the least deprived areas strongly agreed that they had the opportunity compared with 26% in the most deprived areas.

*Age*

- At the national level, more adults are physically active in younger age groups compared to older age groups, with over two-thirds (69.6%) of those age 16-34 considered physically active compared to around 62% of those aged 55-74 and 41% for those age 75+

- A similar trend was observed in Leicestershire, although fewer adults aged 55-74 (59.5%) or 75+ (36.2%) were physically active compared to the national average
- More than twice as many adults age 75+ were inactive compared to those aged 16-34 (46.4% vs 20.6%), although there is an increasing trend over time amongst older age groups
- Whilst around half of those age 16-34 strongly agreed they had the ability to be physically active, only 17% of those age 75+ did so

#### *Sexual orientation*

- 64% of those who identify as heterosexual were physically active (25.2% inactive)
- 76% of those who identified as gay or lesbian were active (16.5% inactive)
- 70% of those who identified as bisexual were active (20.6% inactive)

#### *Ethnicity*

- The proportion of adults who were physically active ranged from 70.8% for those of mixed ethnic backgrounds to ~55% for those from Asian (excluding Chinese) or other ethnic backgrounds:
  - Mixed 70.8%
  - White other 66.8%
  - White British 64.4%
  - Chinese 60.4%
  - Black 56.1%
  - Asian (excl Chinese) 55.0%
  - Other ethnic groups 54.7%

#### *Disability and long-term health conditions*

- In England, 47.5% of adults with a disability or long-term health condition were active (43.1% for Leicestershire) and 41% were classed as inactive (42.6% for Leicestershire)
- Only 17% of those with a disability or long-term health condition strongly agreed that they had the *ability* to be active
- Only 16% strongly agreed that they had the *opportunity* to be active

#### *Faith*

- The proportion of adults who were physically active ranged from 69% for those with no religion to 47.5% for those of Muslim faith.
  - No religion 69.0%
  - Jewish 64.3%
  - Buddhist 63.4%
  - Sikh 62.9%
  - Christian 61.8%
  - Other faith 58.2%
  - Hindu 55.7%
  - Muslim 47.5%

*Maternity*

- In England, 59.9% of women who were pregnant or had a child under the age of 1 were active (64.4% for Leicestershire)
- In England, 28.1% of women who were pregnant or had a child under the age of 1 were inactive (18.0% for Leicestershire)

*Other groups: Rurality*

- 65.9% of adults living in rural areas were active compared to 62.4% of those in urban areas
- 23.1% of adults living in rural areas were inactive compared to 26.4% of those in urban areas

**Sport England: Active Lives Children and Young People Survey (2021-22)**

[https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-12/Active%20Lives%20Children%20and%20Young%20People%20Survey%20Academic%20Year%202021-22%20Report.pdf?VersionId=R5\\_hmJHw5M4yKFsewm2vGDMRGHWW7q3E](https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-12/Active%20Lives%20Children%20and%20Young%20People%20Survey%20Academic%20Year%202021-22%20Report.pdf?VersionId=R5_hmJHw5M4yKFsewm2vGDMRGHWW7q3E)

Completed by 104,404 pupils (years 3-11) or parents of pupils (years 1-2).

- In England, 47.2% of children were active, achieving an average of 60 minutes of activity each day, compared to 51.3% in Leicestershire

- In contrast, 30.1% of children in England and 27.3% of children in Leicestershire were considered less active (less than 30 minutes of activity per day)

As for adults, activity levels amongst children varied according to a range of factors.

*Gender*

- In Leicestershire, 54% of boys were active compared to 50% of girls, figures that were slightly higher than the national average (Boys: 49.8%, Girls: 44.9%)

*Socio-economic group and family affluence*

- 43.8% of children living in the most deprived areas were active compared to 49.4% of those living in the least deprived areas
- 34.2% of children living in the most deprived areas were less active compared to 27.2% of those living in the least deprived areas

*Age*

- Active:
  - Years 1-2: 52%
  - Years 3-6: 43.1%
  - Years 7-11: 48.7%
- Less active:
  - Years 1-2: 18.4%
  - Years 3-6: 36.0%
  - Years 7-11: 29.9%

*Ethnicity*

- Around 50% of those from White or mixed backgrounds were active compared to around 40% for those from Asian, Black or other ethnic backgrounds
- Around 1 in 4 of those from White backgrounds were less active compared to around 1 in 3 of those from Asian, Black, mixed, or other ethnic backgrounds

*Other groups: Rurality*

- Activity levels were comparable for children living in urban (47.1%) and rural (47.6%) areas

- The proportion of less active children was comparable for urban (30.4%) and rural (28.2%) areas

#### *Active Travel to School*

- Over half of all children and young people use active travel (walk, ride, scooter) to get to school, however two-fifths of journeys are taken by car, with those in years 3-6 the most likely to be taken by car
- 66% of primary schools and 84% of secondary schools monitor how their pupils travel to school
- 44% of primary schools and 57% of secondary schools promote active transport to their pupils

#### **Active Together: Leicestershire, Leicester and Rutland Physical Activity and Wellbeing Residents' Survey 2022**

<https://www.active-together.org/researchandvidence/physical-activity-and-wellbeing-residents-survey-2022-summary-report>

2,788 responses from adult residents (aged 18+) living in Leicestershire, Leicester and Rutland (LLR) (77% from Leicestershire)

#### Key findings

- Many residents stated that the increasing cost of living impacts their opportunity to be active
- Inactive residents would prefer to participate in activity indoors at community venues (gym/village hall)
- Parents report that receiving financial help and access to affordable opportunities would support their children to be more active, alongside better accessibility, opportunities and availability
- Unlike most groups, over half of respondents from ethnically diverse communities stated that alongside recreational/social activity, group activities appealed to them
- Older adults who felt they didn't have the opportunity to be active gave the top reason for this as not being aware of local activities as opposed to cost that was highlighted amongst other groups

Understanding and addressing inequalities in physical activity: Evidence-based guidance for commissioners

This report is the result of a University of Derby study that sought to further understand levels of inequalities in physical activity across and within protected characteristic groups, using data from Active Lives surveys as well as interviews with practitioners delivering physical activity interventions. Similar to those described above, the report identified a range of inequalities in physical activity levels according to different protected characteristics and made a number of recommendations for commissioners of physical activity programmes to address inequalities.

Whilst recommendations to address inequalities are perhaps more applicable to the commissioning of Level 2 services, the report provides some insight as to barriers to physical activity that exist for certain groups. Key findings of the report included:

- Barriers to participation across protected characteristic groups involved cost linked to transport or inaccessibility of marketing materials or communications
- For some groups (e.g., sexual orientation, ethnicity), the primary barriers were societal, with peer activities suggested to help facilitate engagement
- Further inequalities and intersectionality were seen, especially between poverty and long-term health conditions and/or disability
- The significance of partnership working was viewed as essential to enable more effective outcomes related to physical activity
- There was a pronounced advocacy for working in partnership with a wide range of stakeholders for greater advances in addressing inequalities and sustainable participation in physical activity across communities
- Meaningful consultation is important in building understanding of true lived experiences and uncovering any hidden barriers, ultimately allowing physical activity interventions to be adapted accordingly
- Local targeted interventions are deemed more successful when aligned with and considerate of demographic data of that area
- A needs-driven, supply-demand approach was deemed as valuable



**Other Groups:**

**Asylum seekers and refugees**

Very little data exists on physical activity levels by asylum seekers and refugees. The main data set that we utilise for monitoring physical activity levels (Active Lives (Sport England)) does not report on data specifically for refugees and asylum seekers. Districts do not report uptake by these groups routinely, although they may run one off projects in their area targeting these groups.

**Covid impact**

During Covid-19 activity levels were impacted and older adults suffered deconditioning due to increased time spent in the home. The latest Sport England Active Lives data set (which includes a full year reporting post covid) indicate that nationally activity levels are recovering towards those pre Covid-19 pandemic, although rates are recovering at a much slower rate in Leicestershire compared to national and we have not yet seen a notable return towards pre-pandemic levels.

**Cost of Living Crisis**

We are also assessing the impact of cost of living on activity levels – our latest residents survey indicated “cost of living continues to impact physical activity and many local residents state that they feel this impacts their opportunity to be active. The partnership should continue to offer and promote low cost/free activities.” Sport England produce regular updates with some of the latest national findings;

- Nearly two thirds of adults (62%) have reported that they have ‘less’ disposable today compared to a year ago.
- 2 in 5 (40%) people said the cost-of-living increase was having a ‘negative impact’ on their ability to be active, a NET increase of 6.6% between March 2022 and February 2023.
- Going forwards, just over half of adults (53%) say that the rising cost of living is ‘unlikely’ to have a negative impact on their ability to be physically active, whilst 47% say it is ‘likely’ to have a negative impact.
- Around two thirds of adults have made changes to their sport and physical activity behaviour because of cost of living increases, not all of them negative.

	<ul style="list-style-type: none"> <li>• The insight suggests that inequalities are likely to have widened, as nearly 1 in 10 (7%) of those negatively impacted have stopped activity altogether due to the cost of living increases</li> <li>• Change in types of activities people are undertaking – increase in active travel, free &amp; low costs activities, activity at home</li> </ul> <p>As well as on participation rates, cost of living is impacting on providers ability to sustain sessions e.g. cost of utilities, venues not open, change in careers, drops in membership / people paying for activities etc</p>
<p><b>What engagement has been undertaken so far?</b></p> <p><b>What does it show?</b></p>	<p>Stakeholder engagement on current service provision, and initial discussions on how best to achieve budget savings, took place during April, May and August 2023. The following stakeholders were involved:</p> <ul style="list-style-type: none"> <li>• Integrated Care Board members</li> <li>• Active Together</li> <li>• District Councils, SSPANS &amp; Health Leads</li> </ul> <p>Public consultation ran between 20 September and 1 November 2023.</p> <p><b>What does it show – Stakeholder Engagement?</b></p> <p>Stakeholder engagement identified several key strengths of the existing programme, including:</p> <ul style="list-style-type: none"> <li>• Strong relationships with providers (district councils and their leisure providers and Active Together) who have knowledge of local need and facilitates influence on wider policy</li> <li>• All partners are signed up to the LLR Physical Activity Framework addressing inactivity and inequality as core components</li> <li>• Added value from partners; funding brought into district councils, Active Together and SSPANS from other sources for physical activity, including traded services, provides additional value for money per £1 public health spent. Partners also offer hosting arrangements such as placements for registrars and apprentices</li> <li>• Critical mass of instructors in the system means that district providers are able to respond to new opportunities e.g., NHS tenders, using the existing delivery infrastructure</li> <li>• Hub and spoke model allows for local need to be responded to</li> </ul>

- There is a collective voice for physical activity across Leicestershire

Areas for development included:

- Need to further develop the 'One Team One Philosophy' approach – all working together to one local action plan, one set of priorities, one message – building on the whole system approach; there are still some inconsistencies in delivery across Leicestershire
- Support for developing one central brand, service specifications, monitoring etc but with local delivery
- Rather than having a broad offer, the funding from Public Health could support a narrower range of evidence-based programmes
- Opportunities to further situate physical activity within existing pathways within the ICS/NHS
- Build on Health in All Policies work to extend links with other LCC departments

Gaps in existing provision and service design were:

- A lack of community-based level 3 programmes to support adults and children with long-term conditions to be more active
- No hub and spoke model for the universal programmes (e.g. walking and cycling programmes), similar to that in place for the targeted provision

Overall, stakeholders during engagement stages agreed that public health funding should focus on areas of 'market failure' where leisure provision hasn't stepped in to meet the need for specialist provision. Furthermore, it was recognised that supporting inactive people to do some activity would have the greatest health benefits although this group may also be the hardest to support behaviour change in.

#### **What does it show – Public Consultation?**

A total of 321 responses were received through the online survey and a further 3 through other routes (two were letters from district councils and one was an email from a resident). Of those that answered the monitoring questions, 82% (184) were female and 18% (40) were male; all had identified with a gender the same as their sex registered at birth; 28% (63) were parents or carers of a young person under 17 and there

was a normal distribution of ages with the median age range 55-64 years of age; 91% (195) identified as white, 4% (9) as Asian or Asian British, 2% (5) as mixed, 1% (2) as Black or Black British and 1% (3) as Other ethnic group; 44% (93) had no religion, 48% (102) were Christian, 1% (2) Buddhist, 2% (5) Hindu, 1% (3) Muslim, 1% (Sikh) and 4% (8) Other religion; 96% (202) were Straight/Heterosexual, 2% (4) Gay or Lesbian, 1% Bi (2) and 1% (3) Used another term.

Of the respondents to the online survey, 53% (170) either strongly disagreed or tended to disagree with the proposal and 38% (123) either agreed or tended to agree with the proposal. When asked to what extent they agreed or disagreed with the principle that Leicestershire County Council should prioritise the delivery of programmes to target those that are inactive or have long term conditions, 67% (215) strongly agreed to tended to agree, 23% (73) strongly disagreed or tended to disagree.

Whilst there was an overall feeling that funding should not be cut to the physical activity budget, if cuts were to be made then prioritising people at highest risk of inactivity or those who had a health condition already was appropriate. This was not unanimous. Some respondents pointed out that any cuts to funding now may lead to further demand on services in the future, impacts on mental health and have a critical impact on district councils' capacity to deliver any programmes. Concerns were raised that people on low incomes, especially families with children, may be disproportionately impacted by reductions to provision. Some respondents did not think it was the county council's responsibility to fund physical activity programmes and that there is a range of existing provision in the community, other respondents felt that savings should be found from elsewhere in the authority. Detailed qualitative analysis is still ongoing.

#### 4- Benefits, concerns and mitigating action

Please specify if any individuals or community groups who identify with any of the [protected characteristics](#) may **potentially** be affected by the policy and describe any benefits and concerns including any barriers.

Use this section to demonstrate how risks would be mitigated for each affected group

Group	What are the benefits of the proposal for those from the following groups?	What are the concerns identified and how will these affect those from the following groups?	How will the known concerns be mitigated?
<b>Age</b>	<p>Specific programmes aimed at improving strength and balance to prevent falls in older adults, and programmes to improve fundamental movement skills in young children, will be retained.</p>	<p>The proportion of adults who are physically active decreases with age, whilst the proportion of adults that are inactive increases with age</p> <p>Around 50% of children are classed as active, with those in years 3-6 the least likely to be active</p> <p>The proportion of both children and adults who are physically active is lower in the most deprived areas than in the least deprived areas</p> <p>The main concern related to age is the potential cessation of Level 2 provision targeted at specific age groups:</p> <ul style="list-style-type: none"> <li>• Some adult physical activity programmes delivered at level 2 are targeted at specific age groups (for example over 50s), and cessation of these programmes will have a direct impact based on age</li> <li>• Similarly, the cessation of school-based programmes targeting the least active children will have a direct impact on this age group</li> </ul>	<p>The proposed model aims to retain programmes that need the most specialised instructors to deliver them, thus securing some of the age-specific programmes.</p> <p>Since older adults are more likely to have long term health conditions or disabilities, the retention of provision of programmes at levels 3 and 4 should ensure that secondary and tertiary prevention is in place and retention of level 1 programmes (campaigns and advice/guidance) can make people aware of low-cost self-directed physical activity opportunities.</p> <p>Physical activity programmes for children that will continue to be funded by other sources include statutory PE provision and the School Games provision through the SSPANs. Schools and SSPANs have been informed of the proposals and consulted on ways to strengthen existing provision and identify ways in which existing provision could better reach the least active children. The Government has published the School sport and activity action plan to support more pupils with access to PE (<a href="https://www.gov.uk/government/publications/school-sport-and-activity-action-plan">https://www.gov.uk/government/publications/school-sport-and-activity-action-plan</a>).</p>

<b>Disability</b>	Whilst the proposed budget reduction is unlikely to have direct benefits, the targeted approach in which funding for provision at Levels 3 and 4 is maintained should minimise the impact on those with the greatest need	The proportion of adults with a disability or long-term health condition who are active is lower than for those without a disability or long-term health condition. Furthermore, the proportion of adults with a disability or long-term health condition who are active is lower in Leicestershire than the national average.  Changes to the provision of Level 2 services may have an adverse impact on service accessibility for children and adults, particularly those on lower incomes.	As stated above, protecting provision at Levels 3 and 4, and widening the range of programmes at level 3, should minimise the impact on this group.
<b>Race</b>	The proposal is open to all races.	n/a	n/a
<b>Sex</b>	There are no sex-based distinctions in the remaining provision and so no specific benefits to people depending on their sex.	Women are less likely than men to be active and more likely than men to be inactive  Some Level 2 programmes are targeted specifically at either men or women	No specific mitigations were identified as being needed during the consultation. Provision of physical activity programmes targeted for men or women only could potentially be delivered through commercial providers. Evidence on popularity/attendance could be used to encourage commercial provision of such programmes.
<b>Gender Reassignment</b>	It is unlikely that the new model will have additional benefits or barriers regarding people with gender reassignment	n/a	n/a

	compared with the current model.		
<b>Marriage and Civil Partnership</b>	It is unlikely that the new model will have additional benefits or barriers regarding people in a marriage or civil partnership compared with the current model.	n/a	n/a
<b>Sexual Orientation</b>	It is unlikely that the new model will have additional benefits or barriers in relation to people's sexual orientation compared with the current model.	People who identify as heterosexual are more likely to be active than those who are gay, lesbian or bisexual.	The existing model does not include programmes that are specifically aimed at non-heterosexual people and so the funding changes will not specifically disadvantage these groups.
<b>Pregnancy and Maternity</b>	None	Some provision at Level 2 is targeted at pregnant women or those with a child under 1	Information and advice related to physical activity during pregnancy will continue to be available, as will clinical champions training that includes training for midwives so that they feel more able to provide advice around physical activity during pregnancy.
<b>Religion or Belief</b>	None	The proportion of physically active adults varies between belief groups, with some provision targeted at specific belief groups. Cessation of such targeted provision would thus have a negative impact.	56% of people who disclosed whether or not they had a religion identified as Christian, Buddhist, Hindu, Muslim, Sikh or any other religion. Whilst no specific mitigations related to religion were identified in the consultation feedback, all programmes should be delivered in a culturally competent manner. Monitoring of uptake of programmes should be undertaken to determine if further mitigation is needed.

<p><b>Other groups: e.g., rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, armed forces.</b></p>	<p>None</p>	<p>Rurality – there may be challenges for people living in more rural areas accessing programmes</p> <p>Deprivation – reducing subsidised programmes may mean that access to structured programmes is too expensive.</p>	<p>Rurality - The funding for programmes will continue to be directed at all district councils for local delivery.</p> <p>Deprivation – The cost of remaining provision should not increase, though there may still be a charge. The campaigns will emphasise low- or no-cost opportunities to be active (e.g. outdoor exercise, home exercise).</p>
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### 5- Action Plan and Recommendations


Use this section to describe concerns further

Produce a framework to outline how identified risks/concerns will be mitigated.



What concerns were identified?	What action is planned?	Who is responsible for the action?	Timescale
<p><b>What concerns were identified?</b>            Whilst the potential risks have been minimised by protecting funding for programmes that serve those in greatest need, there are risks related to the potential cessation of Level 2 provision. Some of this provision is targeted at specific groups based on protected characteristics such as age, sex, maternity and if alternative funding cannot be obtained, then there will be a disproportionate impact on such groups.</p> <p>People on lower incomes may be disadvantaged by the loss of Level 2 programmes if these do not continue to be provided by district councils instead.</p>	<ul style="list-style-type: none"> <li>• Programmes aimed at improving the physical function of older adults will be retained as will the promotion of mass participation events, health promotion campaigns and support to schools through the school sports partnerships.</li> <li>• Reducing the funding to leisure-centre based exercise on referral is proposed. However alternative level 3 provision will be made available in the community. This will increase the type of exercise on referral opportunities available for inactive people with a health condition.</li> <li>• Raising awareness and improving engagement with education settings through the Healthy Schools programme could support schools to increase physical activity amongst their pupils. Schools in the most deprived areas will be identified and</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Activity MTFS Project Delivery Group will ensure that the proposed model is described in the refreshed sport and physical activity priorities document, that districts use to develop their delivery plans. This will include the retention of level 3 and 4 programmes, expansion of level 3 programmes into the community, retention of specialist provision for children and young people and support for level 1 programmes.</li> <li>• Stakeholders include:               <ul style="list-style-type: none"> <li>○ District Councils</li> <li>○ Active Together</li> <li>○ Integrated Care Board</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The proposed model will be shared with Cabinet in December 23.</li> <li>• If the new model is supported by Cabinet, districts will be asked to produce their delivery plans by March 24 with a view to the new grant commencing in April 24.</li> </ul>

	<p>actively encouraged to seek accreditation through the scheme.</p> <ul style="list-style-type: none"> <li>• Whilst recognising the challenging financial climate, a concerted effort to identify and secure alternative sources of funding should commence</li> </ul>		
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<b>6- Way forward</b>	
<b>How will the action plan and recommendations of this assessment be built into decision making and implementation of this proposal?</b>	<p>Regular meetings of the Physical Activity MTFS Project Delivery Group are scheduled until implementation of the budget reduction in April 2024</p> <p>Relevant meeting dates for Cabinet and other relevant scrutiny groups have been identified to ensure papers are submitted for consideration and decision at the appropriate stage</p> <p>Informed by these meeting dates, a project delivery plan has been prepared outlining key milestones and dates, up to and including the Benefit Realisation Reporting. Updates are provided at regular meetings and tasks are RAG rated to identify risks to delivery.</p>
<b>How would you monitor the impact of your proposal and keep the EIA refreshed?</b>	<p>The impact of the budget reduction will be monitored through future PHOF releases as well as through results of future Active Lives Surveys and Active Together Resident’s Surveys.</p> <p>Monitoring reports will be requested from the district councils to determine unanticipated impacts.</p>
<b>Sign off by DEG Chair/Director or Head of Services</b>	 <p>Adrian Allen – Assistant Director and DEG Chair</p>

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