

Leeds Health & Wellbeing Board

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Report of: Director of Public Health, Leeds City Council

Report to: The Health and Wellbeing Board

Date: 12th January 2016

Subject: Leeds Let's Get Active

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The withdrawal of the scheme will have direct implications for those people most in need in support in the cities most deprived areas where we have the highest health inequalities.		
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number: Appendix number:		

Summary of main issues

The Health and Wellbeing Board received an update report back in September outlining the significant and successful impact that the Leeds Let's Get Active scheme has had in engaging people to be physically active, especially those who had been previously inactive, with over 500 previously physically inactive people taking part every week.

The quantitative and qualitative evidence produced so far points towards some exciting and encouraging results. The scheme continues to grow in reaching out to new people with over 350,000 visits having now been made overall, nearly half of which from people previously declaring as being inactive, however, funding runs out at the end of March 2016 with as yet no source of funding to allow continuation

The Health and Wellbeing Board is being asked to consider possible short term funding (up to 1 year) solutions to enable the scheme to continue and allow further evaluation of the impact of the project on health outcomes within the context of overall budget provision.

Recommendations

The Health and Wellbeing Board is asked to:

- Note and discuss the contents of the report
- Consider the contribution it is making to the overarching ambition of the city's Joint Health and Wellbeing Strategy of ensuring that those who are the poorest improve their health fastest
- Consider funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research commissioned by Public health to be evaluated and reported upon, ideally up to March 2017.
- To bring forward a fuller evaluation report in October 2016 to allow discussion about the longer term funding of the scheme and the impact on health and wellbeing outcomes.

1 Purpose of this report

- 1.1 To discuss funding options for the short term continuation of the Leeds Let's Get Active scheme and seek agreement for continuation of funding.

2 Background information

- 2.1 In 2013 Sport & Active Lifestyles Service was successful in applying for £500k of Sport England funding from their "Get healthy get into sport" pilot grant programme. LLGA was one of 14 national pilots looking at different ways of increasing the activity levels of those who are currently inactive.
- 2.2 The Sport England £500k was matched by Public Health who also committed funding of £60k, continued from the previous Bodyline Access Scheme project, making the funding for the first 18 months (October 2013 – March 2015) of delivery £1,060,000.
- 2.3 Following the first 18 months of delivery, the project was extended following a re-profiling of the loss of income expenditure from years 1 and 2 and additional financial support from Public Health to the value of £145,000. This has allowed for one full additional year of delivery which is due to end March 2016.
- 2.4 The LLGA scheme provides an offer that includes; free, universal access to all City Council Leisure Centres (which includes gym, swim and exercise class provision); free physical activity opportunities in local parks and community settings and a continuation of the Bodyline Access Scheme.
- 2.5 By way of current update the LLGA Scheme is achieving the following outputs and outcomes:

From our previous report in September it was found that;

- 48% were classified as inactive at baseline

- 86.9% did not meet the chief medical officer's recommendations of 150 minutes per week.
- There were 250,000 visits of these 135,000 visits were made by inactive people.
- 14,994 people are from deprived areas
- There were 500 participants a week classified as inactive at baseline who were regularly engaging with LLGA.

Since April 2015 we changed the research based on funding provided by Public Health, the latest results are very promising, providing information about lifestyle behaviour;

- LLGA is attracting participants from target areas of deprivation- the area with the highest proportion of participants was LS12.
- 28% reported no academic qualifications
- 88.5% of participants were not physical active enough for health each week.
- 88.2% did not consume enough fruit and vegetables.
- 17.3% were current smokers
- 38.7% reported hazardous and/or harmful alcohol consumption
- 17.9% were diagnosed with a long term condition in the last 12 months
- 7.7% presented with a mental health condition
- 18.5% reported their life satisfaction as 'very low'
- There have been 348,128 visits, 45% of these visits were made by participants who were classified as inactive at baseline.
- 85% of these visits were made by participants reporting lifestyle risk factors in combination (2 or more)

2.6 Furthermore it should be noted that Sport England have adopted a much stronger position on Health and Wellbeing and this is going to strengthen as a consequence of the launch of the Government's new Sport and Physical Activity Strategy (Sporting Future: A New Strategy for an Active Nation) which will require Physical activity to be a named key priority in Health and Wellbeing strategies for funding to be secured from Sport England in the Future.

3 Main issues

3.1 Central Government reductions in Council and Public Health funding have conspired to put the continuation of the existing LLGA scheme at risk before a full evaluation of the scheme can be produced and despite some very encouraging interim findings. As the Board is aware the cuts in funding are severe and the in year cuts in funding to Public health in particular are potentially jeopardising schemes/projects that are worthy of long term support.

3.2 The outcomes referred to above are really encouraging and failure to continue the scheme is highly likely to have adverse impacts on those people who have already benefited from the scheme as well as those people who are yet to benefit.

3.3 In developing options officers have tried to look a variety of funding options. These options can be summarised below, but in truth whilst there are a number of permutations that could apply, it is difficult to know their relative potential impacts compared to the scheme as currently operated. There are 2 main approaches that could be adopted.

- Firstly the scheme could be extended by 6, 9 or 12 months in full to allow evaluation to be considered in full by the Board.
- Secondly the Board could consider a lesser offer within the Leisure centres (but still retain the community offer as it is much smaller and relatively inexpensive). So for example the Board could consider reducing the scheme by allowing either swimming or Gym only at each leisure centre, or alternatively only offering the free swim and Gym at those 4 sites in the most deprived wards. The difficulty with reducing the scheme is that it would fundamentally alter the offer that is seemingly being effective already and the changes could undermine the programme before Leeds Beckett University have undertaken their evaluation.

Option 1 - carry on scheme as it is.	£433k
Option 2 - carry on scheme but without staffing funding& Research Partnership.	£358K
Option 3 - swimming only - all possible sites	£140k
Option 4 - gym only - all possible sites	£278k
Option 5 - Deprived areas (Middleton, Armev, Fearnville, John Charles Centre for Sport)	£179k

- The preferred option is to continue the scheme for 12 months up until the end of March 2017.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 LLGA continues to engage a wide variety of stakeholders as part of the project delivery. Importantly the project team consider community groups already working with key target groups as being essential in ensuring that the project reaches those people who are inactive and based in the highest areas of deprivation as they will have some of the best communication channels. A series of workshops and events continue to be delivered as part of this holistic approach. In addition to this the project is also engaging directly with, for example, Sport Leeds, West Yorkshire Sport, Public Health, Children's services, Adult Social Care, Resources (revenues and benefits).

4.1.2 In addition to a previous communication audit with Leeds Beckett University, LLGA has pooled resource with the National Governing Body Place Pilot (A project led by S&AL funded by Sport England) to commission a large scale insight report with the following objectives;

- Understand how to better engage inactive people in physical activity and sporting opportunities in Leeds
- Understand how barriers to sport and physical activity can be removed
- Understand how to better influence the range of emotional responses people have regarding physical activity
- Understand supportive and engaging messages, channels and credible advocates for increasing physical activity in the inactive.
- Provide recommendations to Sport and Active Lifestyles service to help in responding, planning and the implementation of services to encourage an increase in activity levels with a focus on those currently inactive.

This insight work will support S&AL to better engaging inactive people following in-depth qualitative research with large number of residents. This work has also incorporated focus groups and co-creation workshops to ensure projects are innovative and accessible with communication methods and channels working to maximum effectiveness.

4.1.3 The Scrutiny Board (Sustainable Economy and Culture) considered the LLGA Scheme proposals at its meeting on 16 July 2013 and received an interim report/update on 16 December 2014. Members of the Board strongly welcomed the scheme and its aims and objectives. They were pleased that the council has been successful in obtaining the funding for the pilot from Sport England and Public Health, and are keen to play a part in seeing the project succeed.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 These proposals have previously been screened for issues on Equality, Diversity, Cohesion and Integration as part of the Executive Board report on the 24th April 2013. In general, such considerations are integral to this whole report as one of the major aims of the proposals is to narrow health inequality, a key council objective. The screening noted:

- The pilot project is designed to provide more assistance to get active in more deprived communities.
- The free swim and gym offer will be doubled at Armley, Fearnville and the John Charles Centre for Sport – all measured as having the most deprived catchment areas among the council's leisure centres.
- The community offer and the pathways to the Bodyline offer will be focused on areas and individuals where the health need is highest.
- The free offer will be available to the whole population and across the whole council leisure centre portfolio.
- Consider whether some free sessions should be female only.
- Consider how access to free sessions is extended to disabled groups as far as possible and practical.

These notes have been actioned as the project has progressed.

4.2.2 In the event that funding is not confirmed from April 2016 the areas of Leeds with the highest inequalities will be greatly impacted as the project has focussed its resource most intensively in these areas.

4.3 Resources and value for money

Continuing this pilot on the same scale as previously was neutral to the council's budget in 2014/15. The budgeted cost for 2014/15 of £631k was met with £349k from Sport England (note, includes £28k that wasn't claimed in year 1), £82k from Public Health, £40k from Public Health funding Bodyline Access Scheme and £160k in-kind officer time funded by the Council in its base 2014/15 revenue budget. LLGA runs in year three based on a re-profile of £195k of Public Health money (year 2) alongside an additional £145k additional support to build evidence base.

Year 4 funding is being requested to continue LLGA beyond March 2016 and up until March 2017 to allow further evaluation of the scheme.

In terms of value for money,

- There has been a positive impact on physical activity levels of previously inactive people particularly on the targeted less affluent areas of the city
- This therefore should have long-term benefits in lower health and social care expenditure on a range of physical and mental conditions linked to inactivity.
- The project is also intended to improve our understanding of the level of social and long-term economic return from investing in promoting healthy activity in this way and this research is on-going.
- This paper sets out options for the continuation of funding beyond April 2016, by either scaling back the scheme in scope (i.e. fewer sites and a lesser offer and therefore with unknown consequences on impact and value for money) or by providing funding for a more limited time eg 6 or 12 months.
- The preferred option would be to allow the scheme to continue for 12 months up until the end of March 2017.

4.4 Legal Implications, Access to Information and Call In

- 4.4.1 The provision of sport services by councils and their pricing or subsidy is not subject to statute so the main legal criteria are that these proposals are reasonable. The Board are reminded of the project development taking due regard to consultation on groups impacted. There is no access to information and call-in implications arising from this report.

4.5 Risk Management

- 4.5.1 The main financial risk is that the free offer diverts more paying customers than anticipated, widening the loss of income and reducing the space in pools for previously inactive newcomers. This would increase the cost and reduce the effect of the free swim part of the offer and it might have to be curtailed early to avoid loss to the council. To manage the risk the income loss and numbers of new participants continue be monitored for any disproportionate loss of income.
- 4.5.2 The main policy risk is that this pilot produces an expectation of free access to high cost facilities and activities at a public subsidy that cannot be sustained. To mitigate this risk, efforts will be made to offer additional paid sessions to new customers and to build up evidence of the benefits of the offer, so as to encourage future funding or sponsorship.
- 4.5.3 There is now a significant risk of funding not being secured and ceasing. The cessation of the scheme will have significant impacts on those individuals who have been previously inactive and now enjoying the benefits of the scheme, as well as potentially taking away the opportunity for currently inactive people taking part in the future. The reputational risk the Board and its constituent members of not being able to secure funding would be significant.

5 Conclusions

- 5.1 The LLGA scheme has already provided some really encouraging evidence of increasing physical activity levels, including those areas that have the highest health inequalities. It is especially noteworthy that the scheme continues to grow with some 350,000 visits having now taken place with nearly half of these being from people previously declaring themselves as inactive and 500 previously inactive people taking part every week. The Health and Wellbeing Board are being asked to discuss further funding sources thereby enabling the continuation of the LLGA scheme for a further 12 months and in turn further evaluation of the positive health and wellbeing impacts. A further report will be brought back to this Board to allow a more detailed discussion about the long term future of the LLGA scheme.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note and discuss the contents of the report
 - Consider the contribution it is making to the overarching ambition of the city's Joint Health and Wellbeing Strategy of ensuring that those who are the poorest improve their health fastest
 - Consider funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research commissioned by Public health to be evaluated and reported upon, ideally up to March 2017.
 - To bring forward a fuller evaluation report in October 2016 to allow discussion about the longer term funding of the scheme and the impact on health and wellbeing outcomes.