
Meeting: Sustainable Communities Overview and Scrutiny Committee
Date: 25 July 2013
Subject: Physical Activity Strategy
Report of: Cllr Brian Spurr, Executive Member for Sustainable Communities - Services
Summary: To consider the draft Physical Activity Strategy attached at Appendix A for comment prior to consideration by the Executive on 24 September 2013.

Advising Officer: Marcel Coiffait, Director of Community Services
Contact Officer: Jill Dickinson, Head of Leisure Services
Public/Exempt: Public
Wards Affected: All
Function of: Executive

CORPORATE IMPLICATIONS

Council Priorities:

1. The Physical Activity Strategy will support the following Council priorities;
 - Promote health and wellbeing and protecting the vulnerable.
 - Great universal services – leisure.

Financial:

2. The Physical Activity Strategy will direct the work programme for Leisure Services included in the 2013/14 leisure revenue budget. Any additional staffing requirements identified as the work programme develops will be budgeted for by delivering compensatory savings elsewhere within the service.

Legal:

3. The Physical Activity Strategy will help the Council respond to its new public health responsibilities, specifically the Health and Social Care Act 2012 and NHS Act 2006 (amended), which gives responsibility for health improvement to unitary authorities.

Risk Management:

4. The following risks have been identified, which are considered in more detail below:
 - Failure to deliver the Council's priorities
 - Reputational risks
 - Risk to customer satisfaction

5. The development of the Physical Activity Strategy, part of the Council's Medium Term Plan is planned for consideration and adoption by the Executive on 24 September 2013. It will help to deliver the Council's priorities by directing resources to services which promote health and wellbeing and deliver great universal services.
6. The methodology undertaken to develop the strategy has involved a robust assessment and analysis of health, physical activity and population data combined with facility and participation information from a range of key stakeholders and partners.

Staffing (including Trades Unions):

7. Not Applicable.

Equalities/Human Rights:

8. Public authorities have a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
9. There are demographic and economic differences in regular participation levels, including lower proportions of females than males, lower proportions of disabled people compared to non-disabled people, lower proportions of people from less affluent socio economic groups and lower levels among some black and ethnic minority groups taking part. The Physical Activity Strategy aims to reduce the barriers to participation, promote equality of opportunity, and make sport and physical activity a regular part of life for all.

Public Health

10. The evidence for increasing physical activity is compelling¹ and there is a wealth of information and research that supports this. Leisure Services is a key public health resource. The Physical Activity Strategy aims to ensure local communities have every opportunity to engage in regular physical activity to help prevent ill health, generate long term improvements in overall levels of health and wellbeing and thereby reduce the costs to society for the NHS and social care.

Community Safety:

11. Under section 17 of the Crime and Disorder Act the Council has a statutory duty to do all that is reasonable to prevent crime and disorder within its areas. Leisure facilities and the activities that they offer provide positive opportunities, particularly to young people, who may otherwise engage in activities that may be criminal or anti-social.

Sustainability:

12. Extending and improving opportunities that increase the number of people accessing and participating in sport and physical activity through a network of good quality, accessible and readily available public sport and recreation facilities and open spaces, reduces the need for customers to travel to other local authority areas to participate in these activities.

¹ Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers. Department of Health (2011).

Procurement:

13. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

- 1. Consider and comment on the draft Physical Activity Strategy prior to it being considered for adoption by the Executive on 24 September 2013.**

Introduction

14. The Physical Activity Strategy is the fourth chapter of the Leisure Strategy, itself part of the Medium Term Plan which will provide;
 - (a) A comprehensive picture of leisure facilities and opportunities within Central Bedfordshire up to 2031.
 - (b) Supplementary Planning Documents (SPD) strategies in compliance with Local Development Framework (LDF) requirements for securing new and improved leisure facilities in association with new development, and for securing and spending Section 106 and Community Infrastructure Levy funds.
 - (c) Strategic direction for the delivery of leisure facilities and opportunities for all potential stakeholders across the area.
 - (d) Direction for CBC capital investment proposals to meet customers needs
15. The Leisure Strategy is broad in scope and the timetable for its development is phased as set out below
 - (a) Chapter 1: Leisure Facilities, considered by Sustainable Communities Overview and Scrutiny Committee on 13 December 2012, adopted by the Executive on 8 January 2013.
 - (b) Chapter 2: Recreation and Open Space (a defined range of green spaces, providing formal and informal recreational activity facilities and opportunities).
 - (c) Chapter 3: Playing Pitches (outdoor formal, grass and artificially-surfaced sports playing pitches).
 - (d) Chapter 4: Physical Activity (a defined range of physical activity classes, sports, exercises etc. undertaken indoors and outdoor).
16. The key drivers that underpin the Physical Activity Strategy include both national and local policy to:
 - (a) Increase levels of physical activity – moving from inactive to active, and being more active, more often
 - (b) Deliver public health outcomes by providing opportunities for positive lifestyle choices and by reducing health inequalities
 - (c) Engage local people in shaping their local services
 - (d) Ensure value for money in provision of services
 - (e) Reduce costs to society for the NHS and social care.

17. The Physical Activity Strategy considers a range of sport and recreation activities undertaken indoors and outdoors including;

Activities:

- Walking
- Cycling
- Running/Jogging
- Seated Exercise
- Dance
- Keep Fit Classes
- Gyms
- Sports opportunities

Locations where activities take place:

- Village and Community Halls
- Leisure Centres
- Sports Clubs – that have their own grounds
- Schools, Colleges and Universities
- Town & Parish Councils
- Military Defence establishments – where public access is available
- Children Centres
- Golf clubs
- Sheltered accommodation and care homes

18. The strategy excludes a number of activities. Those out of scope are either specialist sports/activities involving a small percentage of the population, requiring purpose built, 'destination' facilities, or are activities which people can undertake as part of their everyday lives, including :

- Gardening
- Housework
- Ice skating / snowboards / skiing
- Paragliding
- Hotel Activities
- High Ropes
- Private Health Clubs
- Centre Parcs
- Extreme Sports
- Parkour (free running)

Methodology

19. The methodology has involved three stages.
- (a) Stage 1 - an audit and assessment comprising a review of national and local health, population and physical activity data, national and local participation and facility data, and local stakeholder consultation, set out in Appendix 1.
 - (b) Stage 2 - analysis of the audit and assessment evidence to identify a range of key themes and issues which are set out in the Chapter 4 Physical Activity Strategy Issues and Options report, available as a background paper. A summary of the key issues is set out in paragraph 20.
 - (c) Stage 3 - development of emerging strategic priorities which address the key issues for Central Bedfordshire Council, and form the basis of the Physical Activity Strategy.

Key issues

20. A summary of key issues from the audit and assessment is set out below:
- (a) National data
 - The cost of primary and secondary care due to physical inactivity nationally in 2009/10 totalled £900m. Locally it totalled £3.6m.
 - Participation in regular physical activity reduces the risk of the six most prevalent non communicable diseases: coronary heart disease, stroke, diabetes, cancer, hypertension, depression, and improves a range of health outcomes including living longer, cardio respiratory health, metabolic health, weight management, musculoskeletal health, cancer and mental health.
 - (b) Local participation data
 - Almost half (48%) of the Central Bedfordshire population are inactive.
 - Activity levels in Central Bedfordshire are generally slightly higher than the regional or national average, with broadly similar levels of sport and active recreation being maintained since 2005/6.
 - Against our comparator unitary authorities, levels of adult participating in 30 minutes of activity 3 times a week are lower than 3 authorities in that group (Cheshire West and Chester 34.6%, Bedford 33.9%, Cheshire East 28.1%)
 - Information from The Director of Public Health report 'Inequalities in Central Bedfordshire' summarises that men who live in the 20% most deprived areas live an average of 7 year's less than those who live elsewhere in Central Bedfordshire; for women the difference is over 5 years.
 - Differences in regular participation levels exist, with women, disabled people, lower socio economic groups and some black and ethnic minority groups taking part less.

- Despite the wide range of providers and physical activity opportunities, activities on offer are not always targeted to the demographics of the local population or specific vulnerable groups in order to best address health inequalities.
 - A significant proportion of adults want to start playing sport or do more, but for the barriers which are often related to social or economic inequalities.
- (c) Information from key stakeholders
- There is a lack of information and awareness about how to take part in physical activity, including the type of activity available, location, price and how to book.
 - There are a number of uncoordinated programmes of activity which have lead to duplication, competition and ad hoc opportunities for people to take part.
 - Short, time limited funded programmes of activity have limited impact and are not sustainable.
 - For some customer facing staff there is a gap in knowledge, understanding and experience in working with vulnerable groups and individuals.

Development of emerging strategic priorities

21. The key issues from the audit and assessment identify a number of linked emerging strategic priorities for consideration which seek to address the identified barriers to participation;
- (a) Communication: Improving internal and external communication and raising awareness of the wide number and range of physical activity opportunities that already exist so that residents are aware of, and can influence future delivery.
 - (b) Coordination: Coordinating physical activity opportunities, partnership activity and funding to maximise value, impact and long term benefits for those involved.
 - (c) Access: Limiting barriers that people face when choosing to participate such as physical access, price and targeted pathways.
 - (d) Positive outcomes: Assessing the impact of participation in physical activity with consistent robust data to evidence broad health and wellbeing outcomes.
 - (e) Workforce development: Ensuring that customer facing staff have the appropriate skills and awareness to work with a range of customers with varying needs.

Consultation

22. A range of key stakeholders have been consulted during the audit and assessment stage and on the draft strategy, and are listed at appendix B.

Summary

23. The evidence to support increasing physical activity amongst our local population to improve health outcomes is compelling, everyone can benefit from appropriate physical activity. The majority need to be more active more of the time; the greatest benefit is to those going from no or low levels of physical activity to moderate levels. Sustaining appropriate levels of physical activity throughout their life course into older age can increase people's healthy life for longer. It is independently better for individuals and economically better for social care and health budgets.
24. The strategy addresses the key issues raised from a robust review of policy, and audit and assessment of national and local data and identifies a number of linked emerging strategic priorities which support our customers to have every opportunity to engage in regular physical activity to help prevent ill health, generate long term improvements in overall levels of health and wellbeing and thereby reduce the costs to society for the NHS and social care.
25. This report invites Overview and Scrutiny Committee to consider the Physical Activity Strategy and to recommend it to Executive for approval.

Appendices:

Appendix A - Physical Activity Strategy

Appendix B – Summary of audit information

Appendix C – Consultees

Background papers and their location: (open to public inspection)

Physical Activity audit and assessment and Issues and options Report

<http://www.centralbedfordshire.gov.uk/leisure/sports-clubs-andcentres/leisure-strategy.aspx>