

COMMUNITY OVERVIEW AND SCRUTINY PANEL – 17 SEPTEMBER 2013

HEALTH AND LEISURE CENTRES AND WELL BEING A SCOPING PAPER

1. PURPOSE OF THE REPORT

1.1 The following task is contained in the Panel's work programme:

Examine how well the centres are contributing to the wellbeing of the District with an interim report in September and a detailed report to follow in January 2014.

1.2 This paper therefore provides background to the issues and asks the Panel which aspect(s) it would wish to consider in more detail at the January meeting.

1.3 The Council's vision and aims state:

2. BACKGROUND

2.1 The Council's corporate plan states:

Our Vision:

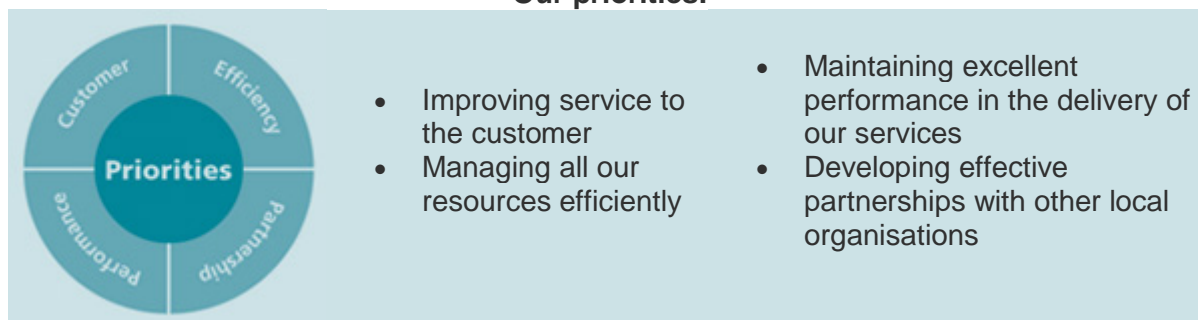
Is to be an outward looking council, working closely with the community and in partnership with others to enhance the quality of lives of present and future generations by:

Conserving the environment of the New Forest district for the peaceful enjoyment of residents and visitors.

Helping to create and maintain a local economy that brings opportunities for jobs and economic benefit to the area.

Understanding and fulfilling local needs through creating and maintaining healthy and safe communities for the enjoyment of all.

Our priorities:



Which will be delivered in the Health and Leisure Portfolio by:

- "Quality facilities are provided to encourage active, healthy and vibrant communities"
- Local agencies are supported to provide leisure and culture for local people
- "The health and wellbeing of local people is promoted"
- "Children and young people are provided for within the Council's activities"

2.2 This illustrates the position where the Council recognises the wider benefits of provision and also sets challenging financial targets. The Service also operates in a dynamic environment where change and improvement are an essential part of service delivery. At the same time, there is the substantial body of evidence, nationally and locally, that active lifestyles have benefits for well being.

3. CONTEXT FOR PROVISION

3.1 The District has five health and Leisure Centres – Applemore; Lymington; New Milton; Ringwood and Totton. They are all what are termed “joint provision” sites where the Centre is based at a host school or college as the key partner. This approach has been adopted by the Council to fit with the needs of the District and:

- Provide Centres in the main towns to enable easy access and raise participation.
- Make the best use of land and buildings in public ownership.
- Forge strong links with young people.
- Receive a revenue funding stream from the host for use of facilities.

3.2 The number of visits to the Health and Leisure Centres are recorded and the pattern has been positive over the past few years, growing from 1.4m visits in 2010/11 to over 1.6m visits in 2012/13.

3.3 There is a very wide customer base, reflecting the social / community role that the Centres have. An analysis of our user data base shows a very even spread across the full age range of adults from 18 to 80+in users and members. Further illustration is the number of young people subscribing to Club 816 (664) and those over 60 subscribing to Club Active (540).

3.4 Additionally, our programmes cater for the full range of ability levels. Some of our programmes are targeted at regular exercisers and athletes and at the other end of the spectrum , we provide programmes for those with chronic health issues, the elderly and those new to exercise/activity

3.5 In respect to specific activities, the Swim Academies (one at each Centre) now have 4475 children learning to swim on a weekly basis (excluding 1:1 lessons). This is an increase of 16% over the last 3 years and we are still seeing increased demand for swimming tuition. The introduction of new software to manage the academy should improve efficiency and customer service

3.6 We have approx 6100 people on fitness direct memberships who pay annually or monthly which we see as a measure of customer loyalty and commitment. This has increased by 20% since 2010, however we are now seeing this trend beginning to plateau, as gyms and programmes reach capacity. There is evidence of additional demand that cannot be fulfilled locally but there is also a need to be mindful of strong completion from new gyms and particularly from the low cost gym model and provision in Southampton and Bournemouth.

4. SPECIFIC CONTEXT FOR WELL BEING

4.1 There is a strong connection between well being agenda and the role of leisure / activity. It is consistently presented as such in the public health arena. Particularly pertinent to Health and Leisure Centres physical activity has been identified as preventing and helping to manage over twenty chronic diseases and health conditions; including coronary heart disease, excess weight management, diabetes, some cancers as well as supporting positive mental health.

- 4.2 It is well documented that there are significant health issues included in the above, which are presenting nationally and also locally. The Health and Leisure Centres can have a role in universal prevention (all the community being active all the time); early intervention with target groups (specific individuals before a condition becomes of particular medical concern or a group which is more likely to benefit from activity) and finally, rehabilitation and management (post operative and post diagnosis programmes of activity).
- 4.3 The issues and provision in the district is shaped by its characteristics. Perhaps understandably with the number of older people, addressing high levels of need exist for example in falls prevention and dementia. There are also many young people in the District (over 30,000 between 0 – 19) and there are significant issues concerning self harm and over weight.
- 4.4 Alongside this, it has been regularly recognised that the District contains pockets of deprivation. This has been underlined by the findings of Hampshire County Council's 2011 study into child poverty, which ranked Local Super Output Areas (LSOA) across the County. Those listed first had the most adverse incidence and impact. LSOAs in the New Forest were the top 6 and 45 of the top 100 – more than any other District in the County.
- 4.5 As well as benefits from the point of view of improving public health, there is a financial dimension. As an indication, in 2009/10 the British Heart Foundation Research Group identified the cost of inactivity across five disease areas as being in excess of £2,500,000
- 4.6 There is specific provision in the Health and Leisure Centres in response to particular health needs. Examples are:
- Heart
Our cardiac rehab programme works with the health professionals working locally to rehabilitate people after Cardiac surgery and has been running for over a decade
- Falls
We have recently introduced Falls prevention classes to help elderly people strengthen bones and reduce the risk of falls and broken bones
- Backs
A partnership with local back clinics provides specific activities for those people diagnosed with back problems, acute and chronic
- Weight
We have a number of programmes to help people understand the role that activity can play in controlling weight
- Increased access
We have also piloted projects with the aim of increasing activity within the population, particularly in areas of deprivation. In August 2012, we promoted a successful pilot in the Totton area which resulted in 30 families or individuals increasing their participation over the summer and committing to this in the longer term
- Case studies
The health programmes also build awareness of the benefits of regular activity and we have many case studies to illustrate the benefits

- 4.7 There are good working relationships with the health sector both through officer contact and groups such as the Health and Well Being Partnership Board and Sports and Physical Activity Alliance

5. THE FUTURE DIRECTION

- 5.1 In a setting where the Health and Leisure Centres are providing both social and financial objectives, it is critical that there is a close eye is kept on the changing environment around the Service. Clearly changes in the commissioning of health services and social care services have to be mirrored in the links that the Service maintains with them. In practice this will likely mean a changing suite of programmes that the Centres support and the need to keep employees up to date with training and special skills.
- 5.2 The review task is specifically about the H&LCs and this has been the focus of the paper. However it is a trend in the Service to do more partnership work out from the centres into the community – ranging again from mass participation events (like shows/fairs) to specialist programmes (like falls prevention). This is a trend which will continue. Also there are others means that the Portfolio supports the well being / health agenda, through its funding partnerships with external organisations. Examples are programmes operated by arts and environment partners on emotional health. These too will continue.

6. FINANCIAL IMPLICATIONS

- 6.1 The Health and Leisure Centres have been able to make provision across the range of services described at the same time as reducing the net operating costs. As mentioned above, this overall level of investment can be seen as impacting on a very large number of users and their well being
- 6.2 The main performance measure that is being used to assess the overall financial performance of the Leisure Centres is the calculation of the recovery rate, i.e. how well the Centre's cover their total expenditure through the generation of income. The table below shows the summary figures and shows how the recovery rate has improved year on year from 2011/12 outturn, through to the latest 13/14 budget;

	2011/12 £'000	2012/13 £'000	2013/14 Budget £'000
Expenditure	6,679	6,923	6,787
Income	(5,084)	(5,429)	(5,348)
Net Expenditure	1,595	1,494	1,438
Recovery Rate	76%	78%	79%

- 6.3 The cost of health programmes to the service is around £50,000 however there are indirect financial benefits to the service, as our health programmes targets individuals who may not otherwise have considered activity through a local leisure Centre, and our aim is always to make regular activity a part of people's lifestyles.

7. INPUT FROM THE PANEL

- 7.1 Given the potentially wide-ranging scope of the Service, the Panel may wish to consider which element it would wish to be covered in the January report and whether they would welcome a perspective from partner organisations such as HCC Public Health or a GP involved in delivery.

8. EQUALITY AND DIVERSITY IMPLICATIONS

- 8.1 The Centres are all accessible and encourage universal use. There are also specific programmes and clubs which cater for additional needs.

9. CRIME AND DISORDER IMPLICATIONS

- 9.1 Provision within this sector can often have a positive impact on behaviour and value to achieve benefits in this regard. Local networks between services and local programming has been a strong foundation for targeted programmes in the past.

10. ENVIRONMENTAL IMPLICATIONS

- 10.1 There are no particular implications from this item.

11. RECOMMENDATIONS

- 11.1 It is recommended that the Panel consider the scoping paper and determine the future work required for a return to the subject at the January meeting

For further Information contact:
Martin Devine
Head of Leisure and Employment
Tel: 02380 285588
E-mail: martin.devine@nfdc.gov.uk

Background Papers:
Published reports