

THE IMPACT OF LEISURE SERVICES ON COMMUNITY HEALTH AND WELLBEING**1. Introduction**

- 1.1 The Community Overview and Scrutiny Panel met in September 2013 and considered a scoping paper on the service's contribution to the wellbeing of the district.
- 1.2 It was agreed that, at the January meeting the Panel would discuss the health programmes and their contribution, as well as further ways of managing capacity issues at the Health and Leisure Centres. It was suggested that the Health Programme Coordinator attend the January meeting to answer more specific questions on the programmes and also that the Health and Policy development manager for Public health provide expertise on the broader policy.

2. Background

- 2.1 There is considerable evidence that supports the contribution that regular activity can make to an individual's and also, a community's wellbeing. As a service we provide facilities that are not just about fitness, but also about learning, personal development, relaxation and social interaction. In some ways, the 'local leisure centre' has replaced the pub or the church, and is a place within the community where people feel a sense of belonging and where they enjoy activities with friends and with family, therefore the Centres make a contribution to wellbeing within the district in the broadest sense and not just through specific programming.
- 2.2 A decent home, clean water, good nutrition, education, sufficient income, healthy habits, safe neighbourhood, a sense of community and citizenship are all fundamentals for improving public health and well-being and reducing inequalities. Local government is a key player in creating the conditions for material wellbeing, through increasing employment opportunities, regenerating the physical environment and strengthening the local economy. We influence many of the big "building blocks" for health – health and leisure is integral to this, along with spatial planning and design; housing and education and sport. The Health and Leisure service works with many partners and also with the Public Health and Community Safety service who have a key role to play in community health.
- 2.3 With over 6 million visits a year, the Health and Leisure Centres are clearly providing a substantial input to activity levels in the District. These individuals are making their own decisions about their lifestyle. The Service encourages membership of the Centres and regular participation.
- 2.4 The Council has set objectives for the Service to balance financial performance (reducing the net deficit) whilst providing a programme that meets the needs of the wider community. It is believed that it is a balance which is, on the whole, being achieved. This is indicated by the fact that throughput is rising, health programmes are increasing in scale and yet the net deficit is falling, year on year.
- 2.5 However, there are also specific health programmes, which are targeted to support particular needs. What these programmes frequently achieve, is introducing people

to the benefits of regular activity through their GP or health professional. These are often individuals who may not have considered Centre based programmes without the intervention of a health professional, and our aim is to achieve a long term change in lifestyle (to incorporate regular activity).

- 2.6 In relation to capacity, whilst overall the number of visitors has grown over the last few years, within the business there are a range of facilities and activities, and each activity has its own life cycle. In efforts to ensure that Centre facilities are well supported and optimum levels of usage are achieved, it is inevitable that in some areas, capacity will be reached and that will limit the ability to develop the business further in that area.

3. Health programmes

- 3.1 For over 10 years, the health programmes have been funded by the Hampshire Primary Care Trust, however with a restructure within the National Health Service and the development of Clinical Commissioning Groups, the funding has now ceased because direct support for delivery is no longer part of their strategy. However, the Council has been able to continue support of the programmes because of the improved overall financial performance of the Centres; the recognition of indirect community benefits and also because there are direct financial benefits to the Service in getting more people active.

- 3.2 The Health Programme Coordinator works in partnership with the SPAA (Sports and Physical Activity Alliance) in the New Forest, and the Sport Hampshire and Isle of Wight Partnership within Hampshire. Both of these are multi-agency groups which aim to increase participation and there have been a number of successful projects. Additionally, the service works closely with Public Health and Community Safety.

- 3.3 Appendix 1 shows the range of our current health Programme (Active Lifestyles) together with the target market and the desired outcomes. It also gives details of some of our more recent partnership projects. Active Lifestyles Advisors (Instructors who deliver the programmes) will be in attendance at the meeting to assist with the discussion.

- 3.4 In terms of impact, in the period April 2012 to March 2013, the following number of people participated in our health programmes:

- Exercise referral had 614 referrals with a 42% completion rate (12 week programme)
- Postural stability classes had 444 visits
- Classes at Fenwick had 589 visits
- 102 people registered for Healthy walks and attended at least 1 walk

- 3.5 The target for completion on Exercise referral is 50%, however many of those referred have chronic conditions and most people have no history of regular activity, making adherence to the programme a real challenge. Although this is short of the target, it is considerably higher than the national average for Exercise referral programmes (NICE report).

- 3.6 The Service has a team of Fitness Instructors who have additional qualifications in exercise referral and cardiac rehabilitation, and we have invested further by funding training in postural stability, and cancer and exercise. Retention of, and investment in Instructors is a key element of the programme's success and longevity

3.7 We know that the Forest has known areas of deprivation, and there are also initiatives and programmes that benefit community health by targeting everyone including those possibly on low incomes. Examples include free swimming for all under 8's, and also our concessionary scheme which gives discounted activity prices to anyone on benefits or with a long term health condition.

4. What is being done for the future?

4.1 At a population level, statistics continue to show the dangers of individuals not taking enough exercise. Therefore, continuing to promote activity and successfully recruiting individuals from all across the community is paramount. It also underpins financial performance.

4.2 For the population as a whole, we have to be in tune with the market (demand driven) and this will involve initiatives such as developing our learn to swim programmes, broadening our group exercise programme and ICT developments to communicate with customers (and encourage two way communication) and improve accessibility.

4.3 Public health are working with colleagues within West Hampshire and with West Hampshire Clinical Commissioning Group (CCG) to ensure that our strategy for the future strongly reflects the needs of the broader health Strategy within West Hampshire and the priorities of the CCG.

4.4 For those with specific needs the desire is to continue to configure the contribution made by the District to the needs seen by the Health Sector and make services available across the Centres, so there is access from across the whole District. For example Junior Referral, 'cancer and exercise', and 'postural stability'. As currently, this will involve both in-centre programmes and outreach into other venues. As well as meeting the needs of customers (the main focus), it does allow the development of some capacity in what the Service is able to offer.

5. Managing Capacity

5.1 Inevitably, when we continue to develop programmes and respond to, and create demand, not all areas of the business will grow at the same rate, and this can result in capacity issues. The key areas where we currently have capacity issues are swimming pools, gyms, (specifically free weights areas), and studio/sports hall availability. Demand at peak times (midweek 5.00pm to 9.00pm) cannot always be met, and most facilities are at, or close to, maximum capacity

5.2 The key factors that have contributed to capacity issues are:

- The Council's continued investment in facilities has sustained a growth in demand
- Demand for swim lessons and increased demand for public swim sessions and club use. This is further compounded by the need for children to have swimming lessons at appropriate times i.e 4.00pm to 6.00pm, which encroaches on sessions preferred by adult swimmers and clubs (5.00pm to 8.00pm)
- Increasing numbers of Fitness direct members visiting gyms between 5.00pm and 8.00pm

- Conflicting demand for sports hall/studio space at peak times (group exercise classes, club use and sports courses)
- Increasing popularity of 'free weights' particularly amongst young males

5.3 The chart below summarises some of the options for managing capacity

Potential Option	Advantages	Disadvantages	Action
Address supply and demand through 'pricing'	Where demand is high, it may control demand and increase income to the Council	It could develop an elitist culture by significantly reducing access for a proportion of the community or lead to reduced total revenue	Pricing is used to balance supply and demand, and we do not advocate an 'across the board' % increase
Develop off peak usage by creating incentives (currently through off peak pricing)	Should encourage some 'shift' to less busy times	In reality, people are restricted by work, family and other commitments and attempts to promote this have had little effect in the past	We have a range of off peak prices to encourage use at quieter times and release capacity at peak times
Invest in Centres by amending; extending or adding facilities	Creates and builds capacity Demonstrates responsiveness to market and customer demand Improves financial performance	Capital investment requires funding There are risks around estimating levels of demand Increasing capacity can often not be matched by increased car parking capacity	From 2005 – 2009 considerable capital investment significantly increased capacity in gyms and studios. Since 2010, the focus has been on improving the quality of facilities particularly wet changing rooms
Outreach or off site provision	Helps us develop programmes Provides programmes close to communities	Presents operational challenges e.g lone working, storage and transport of equipment	We currently run a health programmes from the Fenwick on Lyndhurst, and have off site activities like Nordic walking. Off centre provision is being investigated for group exercise classes

5.4 There is also very high demand for Individual swim lessons, however with so many demands on the available pool time, children who don't have specific needs have been encouraged to attend group lessons, which makes far more effective use of the available pool time and there has been some curtailing of demand through price.

5.5 Between 2005 and 2009 the Council funded a number of capital projects to significantly increase the capacity in gyms; however Investment in the Centres in the last 5 years has focussed on improving the quality and efficiency of the facility e.g village changing rooms, new glazing and improved reception areas. The focus is now returning to increasing capacity and proposals are being developed. For 2014/15, business cases have been submitted for an extension to the free weights area at

Applemore and an extension to the gym and spinning studio at Lymington. Further projects are being developed for future years, which will be considered in due course.

6. Summary

- 6.1 The service is well placed to contribute to the well being of our communities through providing facilities and programmes that encourage people to be more active which is known to contribute positively to wellbeing.
- 6.2 However, in order to reach those most in need which includes those in known areas of deprivation and those with health conditions, both of whom are less likely to be active, then it is necessary to promote specific programmes and to work in partnership with the health professionals and those responsible for public health.
- 6.3 In ensuring that our facilities are well used by our communities, it is inevitable that some capacity issues will present themselves, but we are meeting these challenges in a variety of ways, and for the future, we will focus on Outreach, which has the additional benefit of increasing accessibility, particularly in deprived or more isolated areas. Whilst capacity is often about 'supply and demand' and market responses to that, the service has a balanced approach, and incorporates elements of our programming/policy that protect accessibility and ensure that the benefits of the service is available to all sectors of our communities
- 6.4 The key to the future is partnership working with public health, with colleagues in adjacent authorities, with organisations and groups whose remit is to increase activity and finally with the developing CCG's in Hampshire to ensure that our strategies and policies reflect and contribute to the health priorities identified for our communities

7. Financial implications

- 7.1 The 'actual' net cost to the Service of the health programmes is minimal and it is believed that indirectly the programmes have a positive impact on throughput and financial performance.

8. Environmental Implications

- 8.1 There are no particular implications arising from this report.

9. Crime and Disorder Implications

- 9.1 Regular participation in activities can have beneficial effects on rates of anti social behaviour and crime.

10. Equality and Diversity Implications

- 10.1 The health programmes improve accessibility for sectors of our communities that might otherwise find it difficult to access facilities for regular activity. They remove some of the financial and practical barriers that discourage people from adopting a healthier lifestyle

11. Recommendations

- 11.1 It is recommended that the Panel consider if they wish to:

- a) Endorse the health interventions being undertaken by the Service at the Health and Leisure Centres.
- b) Endorse the Service seeking to develop the capacity of the Health and Leisure Centres through a variety of means; and
- c) Make comment on the above for the consideration of the Portfolio Holder.

Further Information:

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Background Papers:

None

Active Lifestyles- Current New Forest Health Programmes

Programme	Description	Target/Health Inequality	Outcomes
Exercise Referral	A programme designed to work with a number of diagnosed medical conditions (inclusion criteria available), offering a variety of activity options including, individual gym programme, swimming and some classes. Clients are assessed and monitored throughout a 12 week period.	Diagnosed medical condition where exercise/physical activity is a recognised intervention for management or prevention, including: Diabetes, Weight Management, Stroke, Hypertension, Mental Health, CHD/CVD, Musculoskeletal conditions.	Recorded improvements in measures such as: Blood Pressure, Weight, Peak Flow, Resting Heart Rate Qualitative outcomes such as: confidence, physical ability, independence.
Cardiac Rehabilitation Phase IV	The continuation of the Phase III clinical programme, offering clients the opportunity to continue exercising in a safe and supervised environment. Both class and gym exercise options available.	Clients who have experienced a cardiac incident	Increased tolerance to physical activity. Self management of health. Improved confidence.
Junior Referral	Working with local secondary schools, Priestlands and Arnewood to offer specific supervised activity sessions encouraging the young people to participate in regular activity and experience some of the benefits.	Young people disengaged from school PE: learning/development conditions, weight management, and social disengagement.	Improved confidence in the young people. Improvement in fitness levels. Improvements in ability. Re-integration to school PE lessons. Cited in the Priestlands Ofsted report as contributing to their overall 'excellent' outcome.
Postural Stability	Evidence based exercise classes delivered by instructors qualified as 'Later Life Postural Stability instructor'. Exercises to improve balance; strength and mobility.	Older adults at risk of falling or have had a fall.	Quality of life questionnaire. FES-I (Falls Efficacy Scale – International)

Balance and Cardio Classes (Fenwick 2)	Classes linked to the exercise referral programme, based in a community venue to improve accessibility. Referrals from long-term conditions centre on site and local health professionals.	Referral clients (see above)	Recorded improvements in measures such as: Blood Pressure, Weight, Peak Flow, Resting Heart Rate Qualitative outcomes such as: confidence, physical ability, independence.
Healthy Walks	A programme of short walks led by trained volunteers suitable for all ages. Offered in a variety of locations across the forest. Partnership project.	Inactive community members	Number of walkers
Cancer Rehabilitation	Working with Macmillan to develop a programme of motivational interviewing and physical activity options. Enhancing health and wellbeing during and after cancer treatment.	Anyone who has a recorded diagnosis of cancer.	Currently being developed with MacMillan

Projects:

Project	Description	Outcomes
Junior Fun Run	A 'Fun Run' for children aged 5-12 years, delivered in partnership with Hardley Runners and Gang Warily Recreation and community centre.	Increase participation and encourage family engagement: 49 Children registered 48 Children took part 12 Parents participated with the child
MEND 5-7 years	A weight management programme for families focusing on children age 5-7 years. Working in partnership with MEND and Public Health Hampshire	Weight loss, Waist measurement, Impact on family (starting January 2014)
Sportivate	A partnership project with Sport Hampshire and IoW to offer young people aged 16-24 an incentive to continue accessing the centres after the annual leisure offers (FFS & FFC).	512 took up offer in 2012 and 700 in 2013
Totton – 'Try for Free'	An opportunity for Totton residents who had not used the centre for 6 months to access all facilities free of charge for 3	43 sign ups 13 non-use

	weeks during the 2012 London Olympics. Addresses were identified using identified area of deprivation data.	5 continued use 1 FD purchased (recorded 1 month after Offer)
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Wider Interventions:

Diabetes Education sessions - Sessions were delivered by Specialist Nurses using the facilities at the health and leisure centres. Staff were invited to provide information/centre tours to participants of the NHS sessions.

ITalk – Psychological therapy sessions held at the Health and Leisure centres hosted by Italk. A partnership at Applemore has been set up offering suitable clients an incentive voucher to combine physical activity and psychological therapy.

Spire tier 3 Weight Management - Working with Spire Healthcare to offer tier 3 service users a local venue to access the physical activity element of their health improvement/weight management programme.

Cardiac Rehabilitation phase III – Facilities were used by the Phase III nurse specialist teams to hold the community based education and physical activity sessions. On completion of these session clients are referred to the exercise referral cardiac phase IV programme.