

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Economic and Community Development Policy Development and Scrutiny Panel
MEETING/ DECISION DATE:	29 May 2014
TITLE:	'Fit for Life'
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Draft 'Fit for Life' Strategy & Consultation questionnaire	

1 THE ISSUE

- 1.1 The strategy sets out the priorities for Bath and North East Somerset for physical activity which have been determined using existing provision, consultation, research, other strategies and plans and emerging trends and issues. The strategy shows the Council's commitment to improving opportunities to get more people active and healthy and enable greater involvement from all sectors to develop services which promote and facilitate an active lifestyle for all our residents.
- 1.2 A key function of the strategy is to form the basis for a procurement process for a new leisure contract, which is outlined in the built facility section of the strategy.

2 RECOMMENDATION

- 2.1 The PDS Panel are asked to comment and approve the draft 'Fit for Life' strategy for further public consultation.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 The Council will contribute financially to the delivery of the Fit for Life Strategy from existing resources (both across various Council departments and from the ring-fenced Public Health budgets).. The Council will consider the appropriate use of any new funding it secures to support delivery of the recommendations in the strategy.
- 3.2 Due to the cross cutting nature of this strategy its successful delivery will rely upon the funding and resources identified within supporting strategies (listed

below) and a commitment to pool budgets or align resources from supporting strategies for implementation of this strategy:

- Healthy Weight Strategy
- Transport plan
- Green infrastructure strategy
- Children and young people's plan
- Play strategy
- Built facilities and playing pitches strategy
- CCG strategic plan

3.3 The strategy seeks to influence the work and use of resources of other partners and coordinate work within the sector in order to secure additional budget to deliver the outcomes.

3.4 In relation to the built facilities strategy, feasibility studies have been completed for Leisure Centres which have identified potential invest to save projects by demonstrating proof of concept of these proposals. Detailed final solutions for these projects will be refined and developed through the current procurement process for the new contract. The procurement is a separate exercise to the strategy and as such a formal decision process will be followed for any budget requests that arise from it.

3.5 The strategy is designed to encourage more people to be physically active.

3.6 The strategy will help to:

- (1) **Boost the economy** through reducing sickness absence and worklessness
- (2) Meet the Council's new responsibilities in meeting the outcomes identified in the Public Health, NHS and Social Care Outcomes Framework – for example reducing falls in over 65s, tackling obesity, reducing mortality from cardiovascular disease and increasing the use of outdoor space
- (3) **Improve travel flow and air quality** – in encouraging more physically active travel
- (4) **Reduce demand on health and social care services** – through creating opportunities for people to live full and independent lives
- (5) **Increase the use of existing facilities and maximising use of outdoor space** – for example increasing use of existing community facilities (e.g schools), parks and open spaces to encourage people to be more active
- (6) **Empowering communities** - connecting with communities to improve health and wellbeing
- (7) **Reduce health inequalities** - Getting people of all ages and backgrounds to participate in leisure and sports activities can improve social cohesion and help reduce antisocial behavior. statutory

4 CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 Public Health and Inequalities

5 THE REPORT

- 5.1 Physical activity should be an important part of everyone's lives. We want more people to get active, to fully achieve this the Council needs to provide efficient and effective services in partnership with a range of partners and stakeholders.
- 5.2 This strategy presents to Councillors, staff, partners and stakeholders the priorities for Physical Activity up to 2017. It links directly to the Joint Health and Wellbeing Strategy, providing more detail on how the Council is working to deliver on the active living aspects of the 3 identified themes.
- 5.3 The need for this strategy is increasingly important at this time when finances are very limited; whilst the needs, expectations and aspirations of our customers and partners are increasing.
- 5.4 The strategy makes the case for physical activity by making reference to a number of national and local statistics, by referring to the extensive evidence base for the benefits of activity and by making use of the joint strategic needs assessment to understand the key local issues.

Why Leisure?

5.5 The Cost of Inactivity

This cost currently stands at an estimated £2.8 million per year in Bath and North East Somerset – We know from the 'Active People' survey that only 27% of adults are doing enough physical activity to benefit their health which compares well with national level of 22%. 43.7% of adults are doing little or no activity.

5.6 The Health Benefits

Exercise has been described as a 'wonder drug' or 'magic pill' which, if used in the right measures can:-

- reduce the risk of heart disease by 40 per cent;
- lower the risk of stroke by 27 per cent;
- reduce the incidence of diabetes by almost half;
- reduce the risk of recurrent breast cancer by almost half;
- lower the risk of colon cancer by over 60 per cent; and
- decrease depression as effectively as some drugs

'The scientific evidence is compelling. Physical activity not only contributes to wellbeing, but is also essential for good health. People who are physically active reduce their risk of developing major chronic diseases by up to 50%, and the risk of premature death by about 20% - 30%.' Chief Medical Officer, Department of Health, 2004

Evidence shows that the health impact of inactivity in terms of coronary heart disease, for example, is comparable to that of smoking, and almost as great as that of high cholesterol levels.

On average, an inactive person spends 38% more days in hospital than an active person, and has 5.5% more family physician visits, 13% more specialist services and 12% more nurse visits than an active individual.

5.7 School Achievement

Youngsters who are active have numeracy scores, on average, 8% higher than non-participants

5.8 Halting the rise in Obesity

In Bath and North East Somerset it is estimated that £45.8 million was spent by the NHS in 2010 on disease related to overweight and obesity, set to rise to £49 million in 2015. We know that in B&NES 21.5% of adults are obese, *30.6% of children in year 6 and 25.9% of children in reception (compared to 22.6% nationally) are an unhealthy weight.*

5.9 Health Inequality

There is a life expectancy gap of 6.3 years for men and 3.5 years for women between the wards at either ends of the spectrum.

5.10 Social Engagement

Leisure activities are not just about helping the population to become healthier. They help bring communities together and help people to feel engaged in and part of their local community. They can help to reduce social isolation for older people and can offer families opportunities to engage with one another across generations.

The Strategy

5.11 The strategy sets out the priorities for Bath and North East Somerset which are determined using existing provision, consultation, research, other strategies and plans and emerging trends and issues.

5.12 It recognises the significant health and wellbeing benefits that physical activity can deliver and seeks to find ways to make physical activity more central to people's lives making explicit links to the Health and Wellbeing Strategy.

5.13 The strategy also considers the contribution sport and physical activity can make to the economy of the area, how it can help to enhance place and communities through bringing people together and reducing social isolation and how it can contribute to improving the environment and deliver against the sustainability agenda.

5.14 It shows the Council's commitment to improving opportunities to get more people active and healthy and enable greater involvement from all sectors to develop services which promote and facilitate an active lifestyle for all our residents.

5.15 The draft strategy has emerged following extensive research and consultation with partners and stakeholders including a 1000 count street survey and a number of focus groups run with those groups within the population that have lower levels of physical activity.

5.16 The vision for the strategy is:

To get more people, more active, more often, leading to improved health and wellbeing and the creation of stronger, safer communities for all.

5.17 Based on this information the strategy seeks to address the following challenges that face the Authority:

- Ageing population
- Rising obesity levels
- Health inequalities
- High prevalence of depression
- Worklessness
- Complex families
- Anti-Social behaviour

5.18 By 2017 we want more people to

- Be Active ... for healthier lifestyles
- Be Greener ... for a better and sustainable environment
- Be Outdoors ... to enjoy the natural environment
- Be Involved ... to make a positive difference
- Be together ... to have fun and enjoy being active

5.19 The strategy has 4 key themes

- (1) Active Lifestyles
- (2) Active Travel
- (3) Active Design
- (4) Active Environments (Facilities and outdoor space)

5.20 Active Lifestyles is about increasing opportunities for everyday activity, sport, recreation and treating ill health for all ages and abilities across the locality. To develop and support activities that start where people are, are fun and sociable and help to build and strengthen communities.

5.21 Active Travel is about encouraging walking and cycling as a means of getting to school, work and getting around as part of everyday life.

5.22 Active Design is about developing planning policy and practice which supports an increase in physical activity and facilitates positive wellbeing for all residents.

5.23 Active Environments is about maintaining and improving the standard and safety of our parks, play and leisure facilities, green spaces and access to the natural environment in order to encourage their use by local residents and visitors.

5.24 There are 12 principles that underpin the development of the final stages of the strategy, these are outlined below.

- (1) Involves partners across all sectors and levels working together.

- (2) Has strong leadership – at the regional, local and community level, giving people the motivation and enthusiasm to embrace change.
- (3) Build from the bottom up – create an asset based community development approach
- (4) Measures are sustained, strategic and long-lasting
- (5) Provides the right environment. A cross-sector commitment is required to providing the right physical environment for people
- (6) Create opportunities which are fun, tailored and inclusive
- (7) Targets the least active thereby helping to reduce health inequalities
- (8) Stresses the non-health benefits of activity (economic and social)
- (9) Celebrates the work of local champions who drive and facilitate a huge variety of local activity opportunities
- (10) Uses new technology to better connect and engage with people
- (11) Builds on the evidence base
- (12) Recognises and tackles the barriers that prevent people being active

5.25 A final period of consultation is now required. It is proposed to undertake this during April and May to test the assumptions and priorities set out in the draft strategy ahead of final adoption in June or July. This would involve an electronic consultation with partners, stakeholders and the public over the web, making use of the Bath City conference and other key meetings and seeking the input of the Health and Wellbeing Board and Economic and Community Development Policy Development and Scrutiny Panel.

6 RATIONALE

6.1 The draft strategy has emerged following extensive research. The authority now wishes to undertake a final period of consultation to use this framework to develop the draft into a final document by testing the assumptions and priorities set out in the draft.

7 OTHER OPTIONS CONSIDERED

7.1 The draft strategy has emerged following extensive research and consultation which considered a wide range of options.

8 CONSULTATION

8.1 Strategic Management Team, Section 151 Officer, Cabinet member for Neighbourhoods, Cabinet Member for Wellbeing, Health and Wellbeing Board, Divisional Director for Environmental Services, general public, focus groups of those who are less physically active, a wide range of partners and stakeholders for physical activity.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

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Background papers	
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