



Southern Regional Network Meeting

Public Health and Physical Activity

How to impact on wider health outcomes

16 May 2014 Crawley









Agenda

- **Welcome and Introductions** 10:00
- Introducing the cCLOA Health & Wellbeing Guidance 10:05
- 10:15 What does a Public Health Commissioner want? Ruth Shaw (RB Greenwich)
- 11:00 Health and Wellbeing Interventions Case Study, Paul Hogan & Andy Knight (LB Barking & Dagenham)
- 11:45 Innovative approaches to physical activity within the built environment Tom Fairey (Alliance Leisure)
- 12:15 Buffet Lunch / Networking
- **Round Table facilitated discussions** 13:00
- 14:30 **Summary and Close**
- 14:40 **Opportunity for Tour of K2**









Welcome & Introductions

Emma Wiggins

Swale BC / CLOA Exec Member









Introducing the cCLOA Health and Wellbeing Guidance

Duncan Wood-Allum

The Sport, Leisure and Culture Consultancy / CLOA Exec Member









What do Public Health Commissioners Want?

Ruth Shaw – Senior Health Improvement Specialist

Public Health and Wellbeing, Royal Borough of Greenwich

Aims of Session

Outline the health priorities and needs of a local population

 Strategies/Opportunities to gain health outcomes from the leisure and culture industries

Outline the role of Public Health in commissioning

Priorities (Joint Strategic Needs Assessment)

- 1. Cardio-vascular disease (heart attacks, strokes, diabetes)
- 2. Cancers (particularly lung and bowel)
- 3. Poor mental health

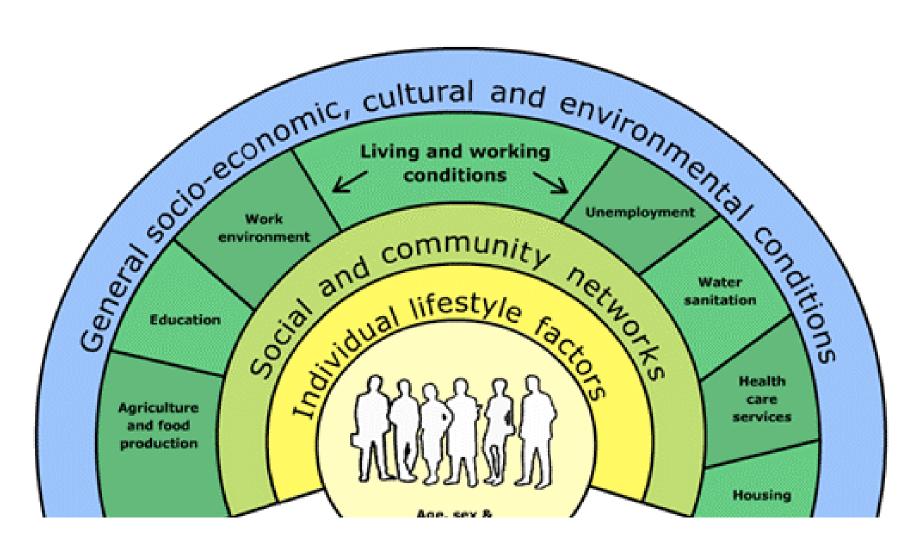
and ...Respiratory disease (particularly chronic obstructive pulmonary disease), falls and fractures

Key priorities and underlying causes

Risk Factors:	Smoking		Physical activity & sedentary behaviour	and participation	Use of (primary care) health services
Health Priorities are:					
Cancers	√	✓	✓		✓
CVD	✓	√	✓	✓	✓
Respiratory Disease	√		✓		√
Poor mental Health		√	√	√	√

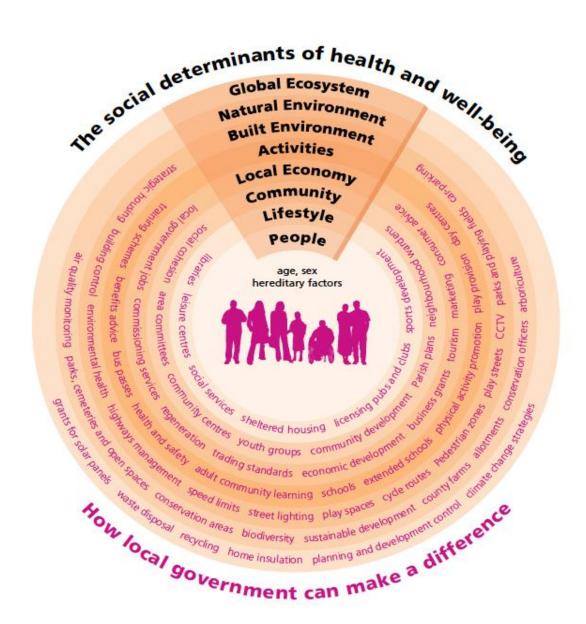
What other factors affect our health?

The Main Determinants of Health



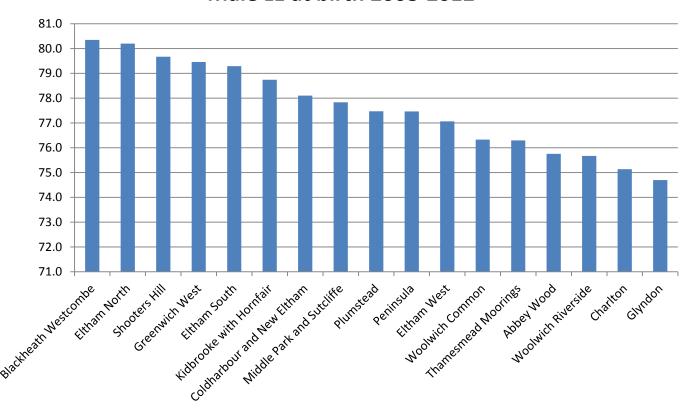
The Social Model of Health

Work with a **social model** of health: act on the 'causes'.



Health Inequalities

Male LE at birth 2008-2012



Tackling Health Inequalities

- Key drivers of poor health: the 'conditions in which people are born, grow, live, work, and age' (Marmot Review, 2010).
 - There is a significant gap in health outcomes between the most affluent and the least affluent
 - Poor health increases as we move down the social and economic gradient.
 - Need the health of the population as a whole to improve, but the health of the most disadvantaged to improve at a more rapid rate (Graham & Kelly, 2004).
- Different segments of the population respond in different ways to similar interventions.
- Need to identify and develop local assets to help address local needs
- The problems are complex, multi-causal and multidimensional and require action at all levels by numerous bodies and agencies.

Public Health Outcomes Framework (PHOF)

Two high level outcomes:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

Examples of Indicators

- % of respondents feeling their life is worthwhile
- % of adults classified as inactive
- Smoking prevalence in routine and manual workers
- Loneliness and isolation in adult social care users
- Excess weight in adults

WHO – model for promoting health



Building healthy public policy

Create Supportive Environments

Strengthen Community Actions

Develop Personal Skills

Reorient Health Services

Health is everyone's business

WHOLE SYSTEM APPROACH? Health is your business too!

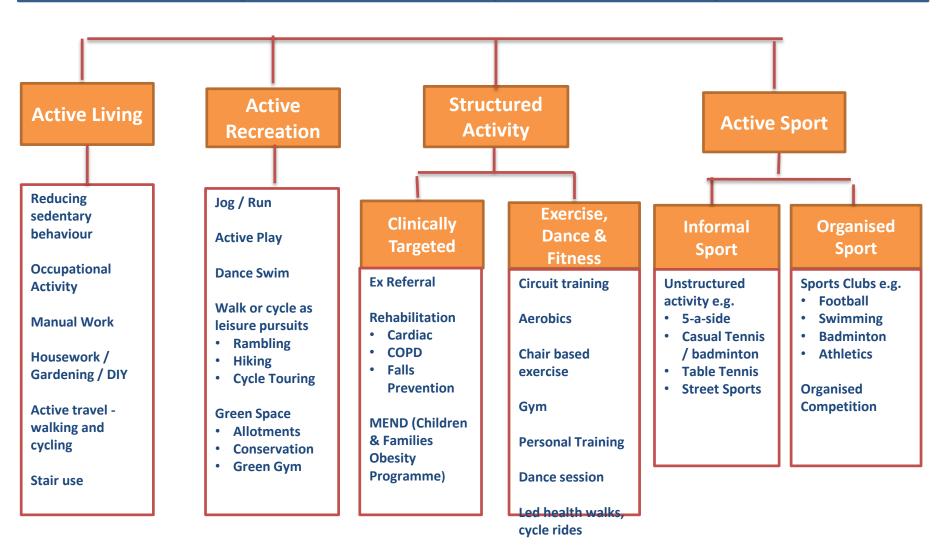
How can your facilities and services do more to help people address the risk factors:

- Physical Inactivity
- Healthy Eating
- Stopping Smoking
- Mental Health
- Social Networks and Participation ?

Think in the context of:

- Libraries, Leisure Centres, Parks, Arts and Culture
- Making Every Contact Count

Spectrum of Physical Activity



Active Travel

- Wider determinants: the whole environment
- Partnership with Public Health, Sustainable Transport, Transport planning teams
- Walking and Cycling for health benefits, for the environment, reducing congestion
- Travelling from a to b.
- How do people travel to your leisure facilities?
- Can you make it easier for staff and public to walk/cycle? E.g. bike racks, incentives, salary sacrifice, cycle loan

Healthy Eating/Stopping Smoking

- Whole system approach
- Cafes in parks, museums, leisure centres etc
- Healthy Catering Commitment (GLA and CIEH)
- Fats and Oils, Salts, Sugar, Carbohydrates, Fruit and Vegetables
- Think about vending machines, cafes
- Stop Smoking Legislation
- Outside doors to venues
- Supportive Marketing/Promotion

Mental Health and Wellbeing 'Five Ways to Wellbeing'

Five ways to wellbeing

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

Five ways to wellbeing

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Settings: open spaces, museums, art galleries, parks

Five ways to wellbeing

Connect...

Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Five ways to wellbeing

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Settings: Libraries, community education, community arts

Five ways to wellbeing

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Libraries for Health Outcomes

- Vast resource and signposting to opportunities that can enhance health and wellbeing
- Health resources, CHTs, health checks
- Keep Learning Lifelong learning, online, IT and computer access
- Connect Social networks, signposting to opportunities – Reading groups, Knit and Knatter
- Social Prescribing, Self help books on prescription
- RBG Woolwich Library

Parks for Health Outcomes

Five Ways to Wellbeing: particularly Be Active,
 Connect, Take notice, Keep Learning

- RBG Public Health working closely with Parks team
- Love Parks & Park Fest Events in Parks
- Change 4 Life Roadshow
- Families

Maximising Usage

- Health Inequalities
- Attracting people who need it most
- Understanding your target audiences
- Addressing barriers
- Using Social Marketing:
- Key messages
- Branding
- Communication channels





Don't forget the Workforce!

- Are your workforce being encouraged to adopt healthy lifestyles by addressing risk factors?
- Role models for the public
- Exemplar models of good practice
- Healthy Workplace Wellbeing Charter:
 - corporate support, health and safety, attendance management
 - physical activity, smoking cessation, healthy eating
 - substance use, and mental health and well-being (including stress).

Commissioning and Value for Money

Legislation: Social Value Act (Jan 2013)

- Under their duty to achieve best value local authorities must already consider social, economic and environmental value.
- LA's also now have a duty to improve the health of its population therefore must consider health in any procurement
- The Public Services (Social Value) Act sits alongside other procurement laws.
- The new legislation reinforces the best practice of what can already take place.
- Best value from investment and resources

Social Return on Investment

A framework for measuring the value

What's Public Health Involvement?

- Consult Public Health specialists to seek advice and ensure maximum impact from a contract/service
- Measuring health and wellbeing outcomes
- Jointly commission maximising use of finite resources
- Invest ring fenced Public Health funding where there are gaps
- Size of contracts variable

Challenges for Public Health Commissioning

- Members understand the role of Public Health
- Shrinking budgets across council
- Working with other directorates
- Use of Public Health money appropriate
- Director of Public Health accountable for ring fenced grant; Public Health England will hold to account
- Size of Public Health teams

Thank you for listening

• Ruth.shaw@royalgreenwich.gov.uk

References

- The Marmot Review: Fair Society, Healthy Lives (2010)
- Dahlgren, G. and Whitehead, M. (1992). Policies and strategies to promote social equity in health.
- World Health Organisation (1986) Ottawa Charter for Health Promotion
- Public Health England (2012-14) Public Health Outcomes Framework
- New Economics Foundation 5 Ways to wellbeing: <u>www.neweconomics.org/projects/entry/five-ways-to-well-being</u> first cited in Foresight Mental Capital and Wellbeing Project (2008)
- Chartered Institute for Environment Health. Healthy Catering Commitment: www.cieh.org/healthier-catering-commitment.html
- Workplace Wellbeing Charter (Liverpool):
 <u>www.wellbeingcharter.org.uk/CubeCore/m/providers?provider=Health%40Work</u>
- Workplace Wellbeing Charter (London)www.london.gov.uk/priorities/health/focusissues/health-work-and-wellbeing
- Public Services (Social Value) Act 2012 <u>www.legislation.gov.uk/ukpga/2012/3/enacted</u>

Public Health and Physical Activity – how to impact on wider health outcomes



Paul Hogan, Divisional Director of Culture & Sport Andy Knight, Group Manager – Community, Sport and Arts

Financial Pressures

Budget shortfall results from reduction in funding from central Government, with additional burdens:







Reform of welfare, benefits, business rates

Increasing demand from growing population

Reduction in the grant for freezing Council Tax









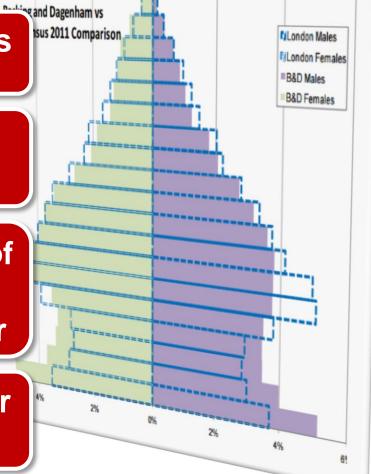
Demographic Challenges

Population up by 22,000 in 10 years (2001 – 2011)

Population of 0-4yrs up ~50%; 1 in 4 local people aged <15

Expected reduction in proportion of >65s in next 6yrs; >85s stable... then increases for the decade after

Increasing dependency of the older population predicted











Health Challenges

128th out of 150 areas for premature deaths from all causes

Disability free life expectancy: 58.7yrs (male) 60.7yrs (female) (London average: 61.9 / 64.2)

Major obesity challenge

High smoking prevalence
Second highest atttributable deaths in London











Proportion of residents participating in physical activity in B&D

Propotion of residents participating in 1 or more sessions of sport or active recreation per week (modelled), 2008-09

Local authority: Barking and Dagenham Period: 2008

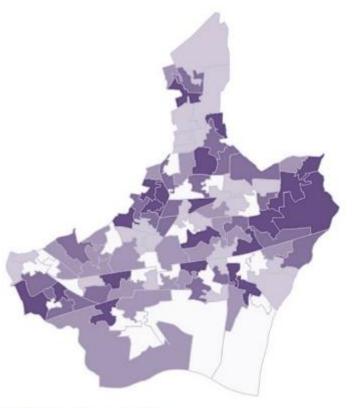
35% of physically inactive adults

138th out of 150 Nationally

33rd out of 33 Regionally

24th out of

30 similar Local Authorities



Source: 2001 Census, Output Area Boundaries. Crown copyright 2010.

Crown copyright material is reproduced with the permission of the Controller of HMSO.









Percentage (Equal count intervals)

77.35 - 80.86

82.77 - 83.71

Causes of health inequalities

Figure 1

The causes of health inequalities

The wider determinants of health

The lives people lead

The health services people use

Major wider determinants

Financial status

Employment and work environment

Education

Housing

Leading risk factors

Tobacco

High blood pressure

Alcohol

Cholesterol

Being overweight

Accessibility and responsiveness

Primary care (e.g. GP practice)

Secondary care (e.g. hospital)

Preventative care (measures taken to prevent diseases)

Community services

Source: National Audit Office literature review









Top 3 areas to impact on early mortality for B&D

REDUCE SMOKING PREVALENCE

Reduce the numbers of people taking up smoking, increase the numbers of people quitting smoking, tobacco control.

REDUCE OBESITY AND INCREASE EXERCISE

- Industrial scale across the life course.
- Breast feeding and good nutrition in early years.
- Physical activity, food environment, cooking skills.
- Tiered and targeted weight management programmes.

DIAGNOSE EARLY, TREAT EFFECTIVELY

- Be clear on cancer campaign.
- Health checks in those aged over 40.
- > Excellent integrated standards of care for those with one or more long term conditions (includes behaviour change as well as drug treatments).
- Breast, bowel and cervical screening.









Within the context of HWBs: The aim for JSNA and Health and Wellbeing Strategies

etalchlint

What services do we need to commission (or de-commission), both separately and jointly? – Commissioning plans

So what are our priorities for collective action based on our evidence and story and how will we achieve them together? – JHWS

So what does that mean they need, now and in the future and what assets do we have? – the story based on the evidence qualitative and quantative – JSNA

What does our population & place look like with a focus on the Social Determinants of Health- evidence?

HEALTH & WELLBEING BOARD









Our Response











Current Commissions

	£'000s
Active for Life (EoR)	320
Free Leisure (over 60s)	130
Summer's Sorted	60
Change 4 Life (child weight management)	320
Active for Life (children's programme – year 8)	150
Inclusive 4 Life (disability sport programme)	47
Swimming	150
Active Age Centres (over 60s)	300
Community Health Champions	107
Total	1,584









As well as the following....

	£'000s
Active Sport 4 Life	478
Active Women	26
Hearty Lives	44
	A CONTRACTOR OF THE PARTY OF TH









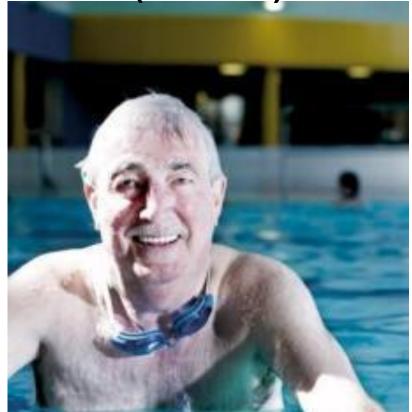




Case Studies

Free Leisure (over 60s)

Active for Life (Exercise on Referral)





http://www.cloa.org.uk/images/stories/Print version - The role of culture and sport in improving health and well-being.pdf









Lessons Learned

Be confident – we provide cost effective and innovative solutions

Service users want consistent branding and one entry point

Understand the money - full cost recovery, cost per intervention and payment by results

Public Health colleagues and GPs don't always get it – understand the policy context and make the case

Pro-active marketing to GPs and a seamless referral route is essential (digital solution)

Staff need capacity and new skill sets to develop and deliver programmes

Understand local needs -Research and evidence base is key to convincing commissioners

Get monitoring and evaluation right from the outset

Integrated lifestyle programmes not piecemeal projects

Get involved – position services so that they are ready to be commissioned









Next Steps

Well Being Hubs to co-ordinate delivery at a local level

Re-align resources to provide a balanced and tiered approach to achieve better outcomes

Key delivery vehicle for Public Health prevention agenda incl. smoking cessation

Harness potential of Heritage, Libraries and Arts – Mental Health and Dementia

Benchmarking (standardised measures) – physical activity participation by children is a priority

Look for opportunities beyond LBBD

Active Work programmes to be developed

Lobby for a greater share of the funding pot

Community Health Champions to be recruited and trained to support signposting of services to target groups

Engage more effectively with colleagues in Environment and Regeneration









Any Questions?



Contact: Andy Knight, Group Manager, Community, Sport and Arts, Andy.knight@lbbd.gov.uk, 020 8227 8522











Innovative approaches to physical activity within the built environment

Alliance Supporting Growth Through Innovation





- 15 year track record of success
- Invested over £60m into public leisure portfolio
- Without the need for capital outlay
- Affordable by new facility revenue
- Over **100 facilities** developed

Challenges Facing the Industry





65% of facilities older than 20 years

Planned Lifecycle only 25 years

The Facility Challenge

- Ageing Facilities
- Inability to Refresh
- Inadequate Facility Mix
- Reduced Usage
- Cost to Maintain
- Budget Pressures

Changing Customer Needs – The Past















Changing Customer Needs – The Future





















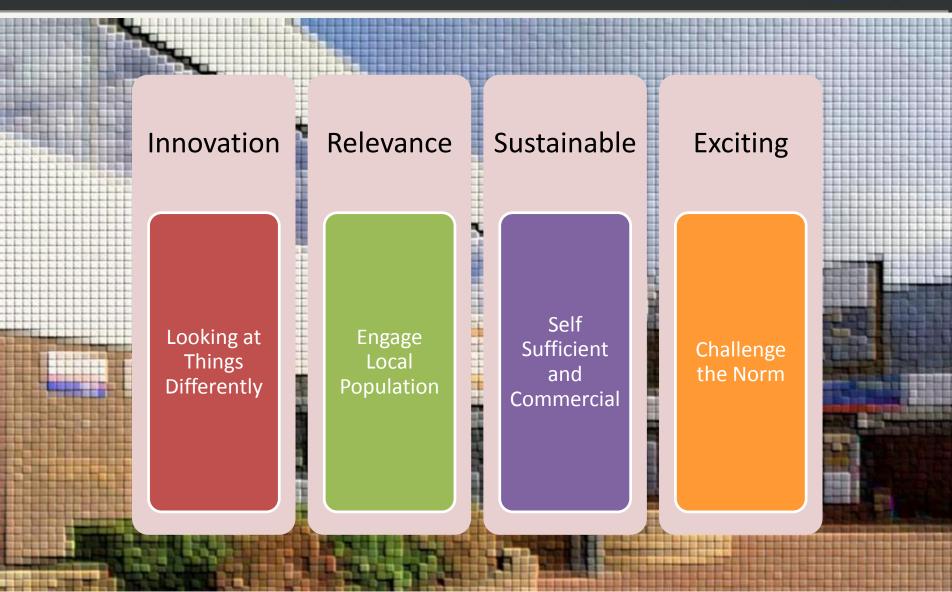






The Alliance Approach





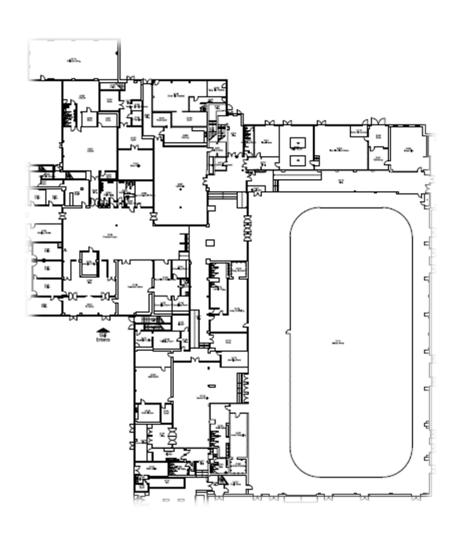
Deeside LC – A Case Study for Innovative Thinking





The Alliance Approach – Ground Floor





The Alliance Approach – Ground Floor Transformed



Climbing

Soft Play / Crèche

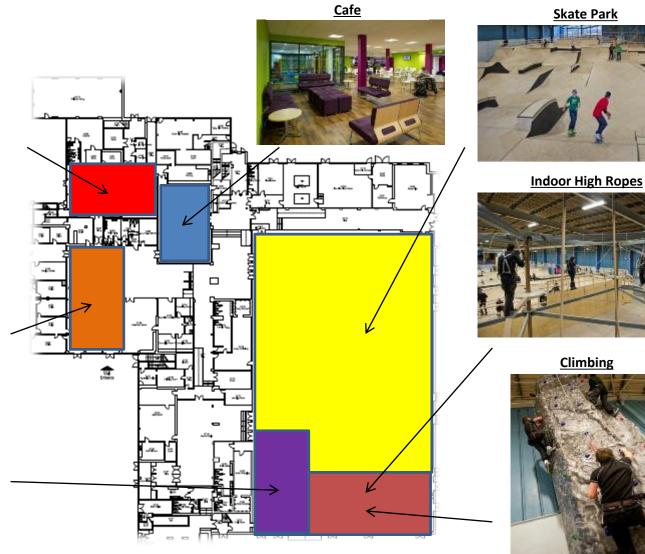


Reception / Entrance



Bouldering





The Alliance Approach – First Floor Transformed





Transforming Space to Maximise Returns





Transforming Space to Maximise Returns







Transforming Space to Maximise Returns









33% reduction in utility costs across the facility

Café income has increased by 68%



Stimulating environments for all users groups

Sensory Rooms





- Supports development of communication, social and emotional skills
- Enhances sensory skills, hand-eye co-ordination and cause & effect response
- Reduces tension, increases relaxation
- Provides fun & enjoyment

"The overactive child can be calmed, the inactive become interested"

Reinventing Fitness and Studio Space





- Looking at Space Differently meeting current trends matched with the most innovative Fitness Equipment
- Group Training surge
- More Member & Staff Interaction
- Small Group PT
- Digital Fitness growth



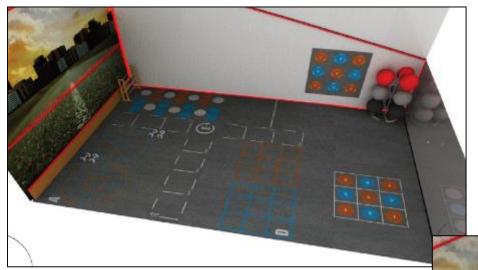




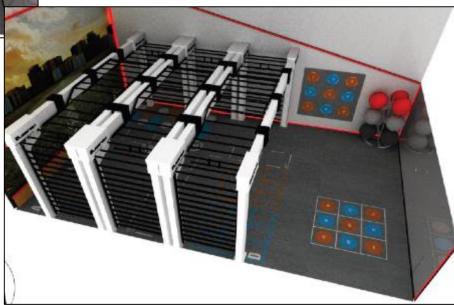


Making The Most Of Existing Space





Single Squash Court into Functional Fitness Studio



Toning Adds Value





- Toning attracts the "deconditioned", rehab and 50+ markets, including males
- There are over 115 facilities in the UK attracting this market from the leading brand alone
- Alliance Leisure have found that over 90% of members who join are new customers, with 60% paying an upfront fee for the year



Day Spa – Health & Wellbeing for everyone



70% of ailments are stress related – Spa's help the 15 most common conditions

Over 420
'Spas' in the
UK each
offering 4
treatment
rooms or
more

4% of the population will visit a spa annually

Spa treatments purchased has increased to £6.35 million per annum State of the UK Spa Industry











5 Star Quality, 3 Star Price @ Deeside Leisure centre





Spa Express Concept









- **Treatment rooms**
- Spa Juice bar
- Express Treatment Concepts
- Nail Bar
- Pedicure
- Eyebrow Threading

Capitalising on the growing express appearance market already existing in shopping centres in a more targeted environment with cross product penetration





No limits to Play and Adventure...!

Adventure Play





From 1,000 to 10,000 square feet

- Soft Play in Leisure and Retail is the biggest growth sector in the market
- Innovative Play Design catering for 8-15 years along with under 8's



Indoor Laser Tag









Combat Zone









Indoor Kart Track





Indoor Active Sports







VerTgo – Climbing For Fun

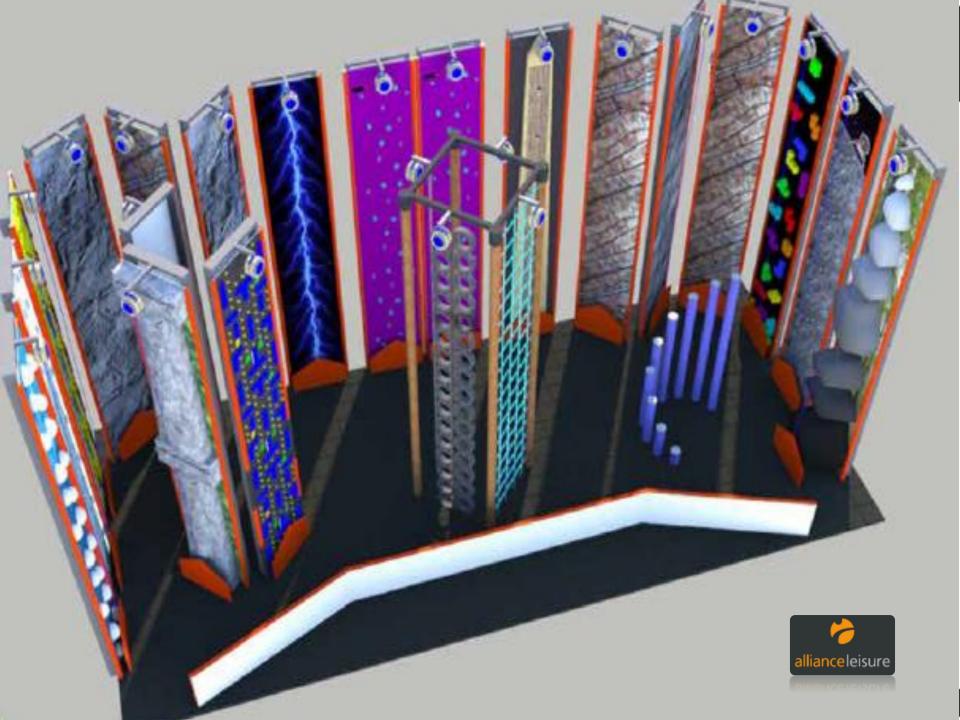




- Fun, Challenging and Appealing to all ages
- Automatic belay devices on every climb ... Climb, Hang, Slide, Jump it's that easy
- First UK dedicated site generates circa £400,000 p/a plus secondary spend







Aerial Trekking



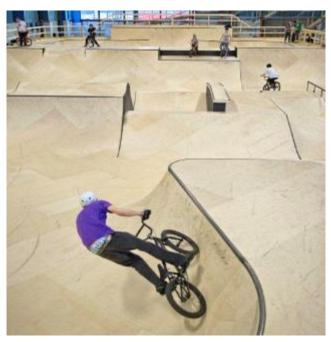


- Adrenalin Adventure Indoors
- Track and trolley system protects the participant for the duration of the activity with no need to remove themselves from the safety system.
- **Can Incorporate:**
- Power Fan Descender
- Climbing and Abseil walls or Abseil Platforms
- Gorge Crossing / Tyrolean
 Traverse Exercise
- Zip Wires

Extreme Indoor Skate Park



- Skateboarding, in-line skating & BMX are fastest growing sports in the world!
- Collectively involve more young people between 7–20 years than any other sport
- 25% of UK young people regularly participate in extreme sport
- 12% of adults would like to participate in extreme sports
- 53% of users will travel over 30 miles to go to an indoor facility
- **500** Memberships in First 3 weeks

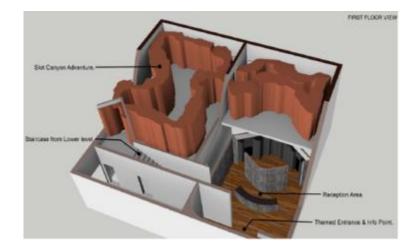




Caving & Slot Canyon







- **75** metres Caving Experience
- 45 metres Slot Canyon Adventure
- Full LED Lighting system
- Vertical & horizontal squeezes, boulder climbs & descents, ball pool, balance beams, roped bridges, stepping stones



I Ski Simulation



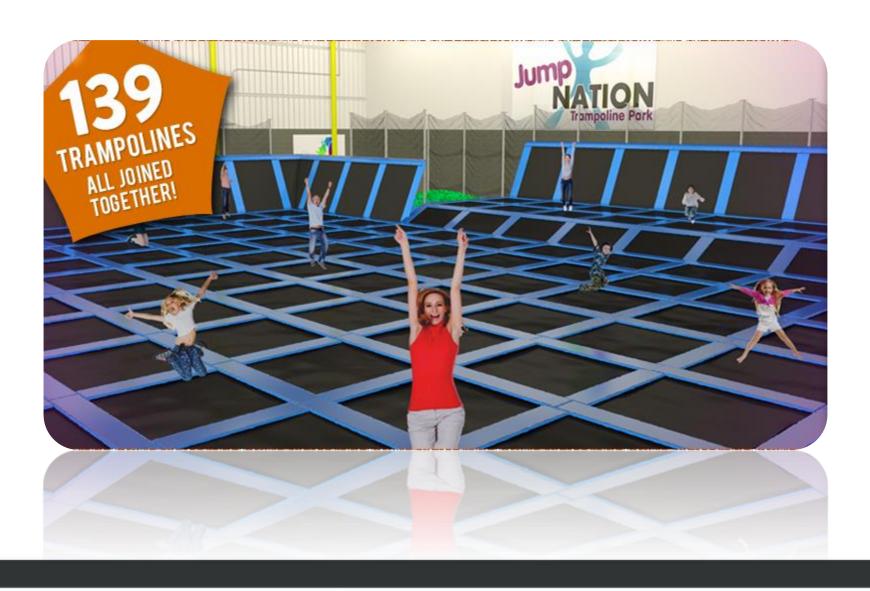


- No queues or lifts
- No standing around in the rain and snow
- A unique indoor snow experience
- 365 days a year experience



Trampoline Parks – Bouncing off the walls!





Trampoline Parks – Bouncing off the walls!







Programmed To Excite





SkyFit

AN INTENSE TRAMPOLINE WORKOUT

- Burn 1000 Calories/Session
- Certified Instructors
- Call For Reservations 559.326.201



GRAVITYFIT

MONDAY-THURSDAY 9:00 PM-10:00 PM SATURDAY 8:00 AM-9:00 AM





kid jump!

Jump Time Just For Kids! MON-FRI 9AM-10AM

\$8 Per Child / Ages 6 & Under

Parent Jumps Free

Parkour / Free Running - Now Indoors too





First UK dedicated centre: Membership £27 - £80 p/m

- Can help engage those not interested in mainstream sports
- Party, corporate and education market
- Link to Gymnastics



Complementary Ideas to Traditional Water Space







- Traditional Swim Space is key to delivery of programmes and lessons
- Enhancement of Pool Environment complementing not competing
- Water Factory and Splash Zone Equipment

Indoor Splash Zone



- Wet Splash Zone
- Cost Effective Staffing (not lifeguard intensive)



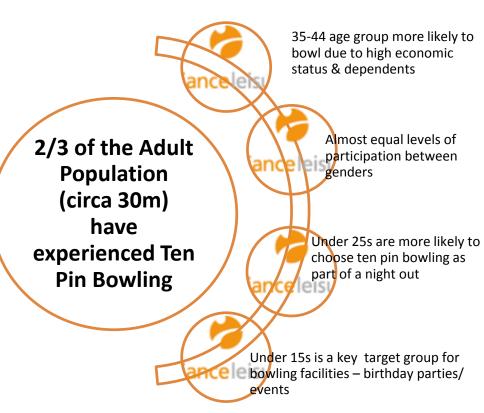
- Growing Marketplace
- The Fun of water without the Pool



Ten Pin Bowling a £300 Million Industry







Boutique Ten Pin Bowling



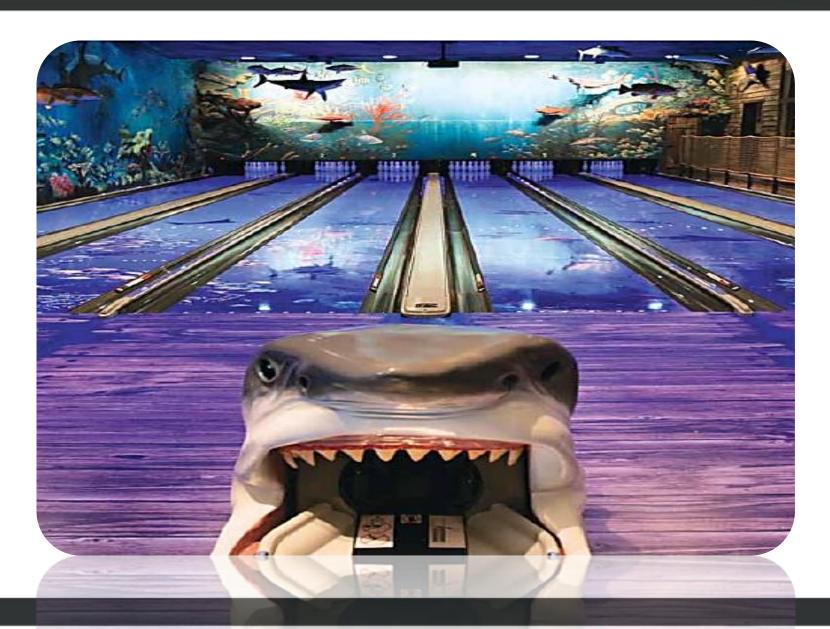




- Boutique Centres focus on high quality drop in proposition
- Food / Drink with Bowling as a secondary, but important element.

Boutique Ten Pin Bowling









Active Outdoors

Sports Play A Big Part





Taking You Outdoors with High Rope Adventure Courses



- Bringing Physical Activity Outdoors and In
- Educational, Corporate and Group Income
- Pay and Play 40% Income Generation





Outdoor Adventure Play





Extreme Sports - Parkour and Free Running









Extreme Sports - Outdoor BMX Track







Buffet Lunch / Networking

Until 13:00











Facilitated Round Table Discussions

3 x 30 minute sessions

- 1. What does a Public Health Commissioner want from the market linked to physical activity interventions?- Hosted by Ruth
- 2. Health and Wellbeing Intervention Case Study- Hosted by Paul
- 3. Innovative approaches to physical activity within the built environment Hosted by Tom











Feedback from Group Sessions

- 1. What does a Public Health Commissioner want from the market linked to physical activity interventions?
- 2. Health and Wellbeing Intervention Case Study
- 3. Innovative approaches to physical activity within the built environment











Review

- 1. Acknowledgements and thanks
- 2. Feedback Forms
- 3. Further Information on CLOA
- 4. Opportunity for Tour of K2 14.40 onwards











Thanks to Freedom Leisure for hosting the event











Keeping in touch with cCLOA

- Join and benefit from information and networking
- Visit our website www.cloa.org.uk
- Follow us on Twitter @cCLOAssociation
- Join the debate on Linkedin™
- Subscribe to the blog







