1 July 2003

Report to the City Council

Sport & Leisure's Contribution to the Health & Well Being of the People of Birmingham

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Preface

By Councillor Hugh McCallion Chair of the Health & Social Services Overview and Scrutiny Committee until June 2003



People who are physically active throughout life are more likely to enjoy good health and experience a healthier, independent old age than those who are inactive and sedentary. Much of what the City Councils' Sport, Leisure and Community Services Division does is about promoting people's social well being and health. A recent Best Value report highlighted the important contribution which sport, physical activity and leisure can make to social regeneration, to tackling the causes of crime, and in reducing health inequalities. This report recommended a new devolved model of service provision based on a longer-term strategy centred around social inclusion, community health, regeneration and sustainability. It also recommended their Division "realign itself more closely with the health sector and to develop a more integrated approach with other Departments of the City Council as a whole".

Other recommendations were to ensure that services become financially sustainable over the longer term, and to be more inclusive of under-represented groups.

The purpose of this Scrutiny review was to examine these three aspects of the Division's work in more depth –

- namely the extent to which sport, leisure, health and wellbeing programmes are being developed both corporately within the Council and in partnership with the local NHS;
- to identify current sources of funding and the sustainability of existing " sport and health" initiatives or projects;
- and to look at how the sport, leisure and health needs of vulnerable groups in particular older people and Children Looked After are being addressed.

Our findings are that, despite recent changes in the organisation of the NHS, the Division has established good working links with the health sector and taken forward a number of very successful, high profile projects funded by the local NHS. There is clearly much common ground between leisure and health professionals which provides a sound basis for partnership working both now and in the future. However the full potential of the Division to exploit new opportunities for funding, to respond to the national and local drive to achieve targets for improving physical and mental health and to promote social inclusion at a neighbourhood level, and to reduce the growing problems of childhood and adult obesity, heart disease and diabetes, and to promote mental health and well being, is not being realised.

The leadership and support required to enable the Division to take these kind of activities forward as part of the city's Neighbourhood Renewal Strategy at a local level needs to come from other Council departments, and to be vested in a broader team of individuals around the Council than it is at present.

This report highlights some of the barriers and opportunities which exist for taking forward this agenda, and identifies examples of good practice. It also makes a number of recommendations which complement those set out in the Best Value report. Some of these were implemented, during the period of this review.

On behalf of the Committee, I would like to express my thanks to members of the Review Team who contributed, with such energy and commitment, to this review and in particular, express my gratitude to Councillor Jilly Bermingham for chairing the review team.

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1: Summary

- 1.1 The Health and Social Services Overview and Scrutiny Committee initiated this review in June 2002. A team chaired by Councillor Jilly Bermingham, with several co-opted members from the health sector carried out the review. The objectives of the review were:
 - to evaluate the extent to which sport, leisure, health and wellbeing programmes are being developed both corporately within the City Council and in partnership with the local NHS
 - to identify current sources of funding and the sustainability of existing "sport, leisure and health" initiatives or projects
 - to assess the extent to which the sport, leisure and health needs of older people and vulnerable and looked after children are being addressed
- 1.2 The main body of the report details the findings of the review team . Further details on the health benefits and social attitudes to the promotion of health and fitness and activities at the sites managed by the Division are contained in Appendix 1-3.
- 1.3 The recommendations address the need for:
 - a high level multiagency action team led by the City Council to promote physical activity, sport and active recreation and to oversee progress with initiatives such as Walk 2000 as part of the city's Walking Strategy
 - further evaluation of recent initiatives such as free swimming, their potential impact on participation, efficiency and income and the implications for future pricing policy
 - continued funding of prevention schemes such as the Exercise on Prescription and Walk 2000 by the NHS
 - increased public awareness, better marketing and information about services for older people and promotion through the Birmingham Advisory Council for Older People (BACOP)
 - increased uptake of leisure and recreation facilities by vulnerable, Looked After Children, disabled and newly arrived children

- healthy workplace policies for council staff
- the benefits, costs and feasibility of the Starting Point programme to be explored

2: Introduction

- 2.1 The Sport and Leisure Division employs approximately 1250 contracted staff, with an additional 250 employed in sessional and casual capacities, and provides one of the most comprehensive range of programmes in Europe. These programmes are delivered, in the main, through 60 sport and leisure facilities across Birmingham including leisure centres, swimming pools, golf courses, parks and open spaces and also through a range of school sites.
- Turnover for the Division is approximately £32 million, annual income is in excess of £15 million and attendance's average around 7 million per annum.
- 2.3 This comprehensive activities programme is supported by the division's key brands i.e. Strokes swimming instruction, Strikes soccer coaching, Pulse Point fitness suites, Golf Link, Walk 2000, Exercise on Prescription and Flavours catering.
- The Division specifically targets socially excluded and under represented groups of people, by making available the City Council's Passport to Leisure scheme. This prospect offers discounts of up to 50% on various activities. Around 40,000 people are enrolled on the Passport to Leisure scheme, including people over 60 years, those on specified benefits, students and carers. More recent additions to the scheme include Looked After Children (in partnership with Social Services), Asylum Seekers and Newly Arrived Children.
- Despite this range of provision, many people do not make use of these facilities, are physically inactive and put their health at risk.
- Heart disease is a major killer in all wards of the City. Death rates are around 11% higher compared with the national average.
- Obesity is a growing problem with nearly 1 in 7 adults in Birmingham being overweight or obese (range 9% Sutton Coldfield to 17% in Ladywood).



- 2.8 In certain parts of the City, for example the area covered by the Heart of Birmingham Primary Care Trust, death rates from obesity related diabetes are nearly twice as high as the Birmingham average.
- A lifestyle survey conducted in 1995 showed that about 10% of adult men report taking little or no exercise during an average week. This proportion varies depending on social group, income and opportunity. Thus, in Sutton Coldfield less than 4% of men report taking little or no exercise whereas in Erdington, this figure was as high as 14%. Yet the benefits of physical activity to human health are enormous.
- 2.10 One estimate from Birmingham's public health network indicates that nearly 120 deaths from heart disease a year could be avoided if more people took the recommended amount of physical activity ie being moderately active for 30 minutes at least 5 times a week.
- 2.11 The NHS National Service Frameworks for heart disease, diabetes, and older people, the Best Value Service Inspection process and successful Charter Mark reapplication all recognise that Sport and Leisure has a key role to play in benefiting the health and well being of local citizens and in contributing to the social and economic regeneration of the City.
- 2.12 Thus sport, leisure and the promotion of physical recreation and activity are now formally recognised within government policy as making an important contribution improving health and well being, tackling social inclusion and in reducing health inequalities.

3: Membership & Terms of Reference

- 3.1 A team made up of members of the Health and Scrutiny Sub Committee carried out the review.
- 3.2 Members of the review team were: -
 - Councillor Jilly Bermingham
 - Councillor Nigel Dawkins
 - Councillor Jim Whorwood

Members of the Health and Scrutiny Sub Committee were: -

- Councillor Hugh McCallion
- Councillor Catharine Grundy
- Councillor Jilly Bermingham
- Councillor Bryan Nott
- Councillor Jagdip Rai
- Councillor John Hemming
- Councillor Nigel Dawkins
- Councillor Margaret Scrimshaw

Officer support for the review was provided by Ron Odunaiya (up until November 2002), Steve Salt, Steve Jarvis, Ray Davies and Mike Dickenson from Sport & Leisure Division, Dr Jacky Chambers, Director of Public Health, Heart of Birmingham (Teaching)PCT/BCC guided the work of the review team in her capacity as link support officer to the Health & Social Services Committee.

4: Method of Investigation

- 4.1 A Sport, Leisure and Health Sub Group of the Health and Social Services Overview and Scrutiny Committee was established and met seven times between July 2002 and February 2003.
- 4.2 The review focussed on the following 3 objectives
 - to evaluate the extent to which sport, leisure, health and wellbeing programmes are being developed corporately across the City Council, and in partnership with the local NHS
 - to identify current sources of funding and the sustainability of existing "sport, leisure and health" initiatives or projects
 - to assess the extent to which the sport and leisure needs of vulnerable people, in particular, older people and vulnerable and Looked After Children are being addressed.
- Each subject area was allocated a Lead Officer from within Sport and Leisure with an initial request to partner groups, organisations and individuals to contribute. Where the review indicated opportunities for immediate action, this was agreed and followed up through the Lead Officer Ron Odunaiya, Assistant Director Sport and Leisure, Councillor Jilly Bermingham who led the sub group, and the Chair of the main Overview and Scrutiny Committee, Councillor Hugh McCallion.
- 4.4 Each specific work group area developed its own approach to gathering data, evidence and information.
- These groups worked through meetings and discussions with partner organisations to develop proposals and the recommendations identified in section 7 of this report. Visits were also made to Glasgow to investigate their free swimming programme and its relationship to Healthy Glasgow.
- The views of local people with respect to services for Older People has been linked into the reviews being undertaken by the Birmingham Advisory Council for Older People (BACOP). This is a wide ranging and well represented consultation forum made up of organisations representing Older people throughout the City.

- Data, evidence and findings of each objective are directly referred to within the main body of this report.
- 4.8 Progress with achieving these objectives has been varied due to time and resource constraints. However, the review process has led to action ahead of a final report being written, with learning and sharing good practice between council Departments and with NHS partners.

5: Findings

- 5.1 The Relationship between Health, Leisure and Sport
- 5.1.1 Approximately 7 million visits are made each year to the City's leisure facilities and 87,000 people take part in sports development programmes.
- 5.1.2 The promotion of physical activity to prevent disease, disability and improve health by increasing participation in sport, leisure and community activities should be mutually shared, common goals for the City Council and the health sector. The promotion of mental health well being through activities which brings people together to enjoy leisure pursuits.
- 5.1.3 The common goal between health and leisure is best summed up by the phrase adopted 10 years ago by the former Health Education Authority and Sports Council for England namely "to get more people, more active, for more of the time."
- 5.1.4 As yet however there is relatively little public or political awareness of the links between daily activities, or sport and recreational pursuits such as walking, cycling, swimming, golf or gardening and the benefits to health.
- 5.1.5 Health professionals could also be more aware, offer advice, and encourage those who are unfit, at risk or who suffer from ill health to be more physically active and to use local leisure and recreational services.
- 5.1.6 For example golf is a particularly good form of exercise for older people, can be played at relatively low cost on municipal courses. Yet is almost never suggested as a beneficial form of healthy exercise by family doctors.
- 5.1.7 People who play a round of golf 3 times a week walk around 14 miles a week and use between 700 and 1000 calories per round. Over one season those who take it up would lose about 1.4 Kg in body weight and have improvements in their blood lipids (ie change in the fats in blood which produce heart disease).

- One problem is the continued use of the term "exercise" in public education messages rather than sport, active recreation or physical activity. Most people associate "exercise" with fitness gyms, aerobics programmes and special clothing; many do not have the money to use gyms or do not feel confident about their appearance. Many are not aware of the need for a more active lifestyle as part of daily life until it is too late. Their sedentary lifestyle eventually leads to serious health problems, such as a heart attacks, diabetes or osteoporosis.
- 5.1.9 Whilst gyms and aerobic programmes have their place, the majority of people need opportunities for active recreation which are close to where they live, cost little, and do not require major changes to their way of life or dress. Activity which can be taken in parks, public spaces, in schools, along the city's waterways, or in day centres is more likely to be accessible and sustained by those who take little exercise than special facilities or programmes.
- 5.1.10 Some leisure centres and swimming pools are already an important focal point for preventive health care in a particular neighbourhood. All have the potential to become a health promoting resource which expands through outreach schemes and through the voluntary efforts of local people.

5.2 The Health Benefits of Sport and Physical Activity

5.2.1 Professor Jerry Morris (of the Health Promotion Research unit, Public Health and Policy Department, London School of Tropical Medicine and Hygiene has stated that:-

"Physical Activity is the best buy in Public Health"

- 5.2.2 Physical activity is essential for good health. The health benefits of an active lifestyle are real and well documented, and far outweigh the risk of injury. Much of the evidence on the benefits of physical activity has been known for a long time. Over the past decade, this evidence has been repeatedly and rigorously assessed by experts from many different countries. It is now generally accepted to be compelling.
- 5.2.3 Regular exercise throughout life protects people from heart disease and stroke. It also benefits weight control, blood pressure and diabetes, protects against brittle bones, joint and muscle problems, and improves a person's sense of well being. (See table 1 opposite).

Table 1: The benefits of physical activity for a variety of health indicators is detailed in the table below.

Health Indicator	Benefits of physical activity	Mechanism			
Coronary Heart Disease					
Deaths		Improves lipoprotein (HDL) profile			
Rehabilitation	50% less risk of death	Decreases blood "stickiness" and clotting			
	Relative risk 1.9 for inactive vs active lifestyle	tendency			
High blood pressure	35% less risk of high BP	Effects on insulin regulation and nervous system			
	Drop in systolic/diastolic BP of 3/3 – 10/8 mmHg with training programmes				
Congestive heart failure	Symptom improvement e.g. less breathlessness with 8 weeks of home based activity	Effects on peripheral vascular resistance and tissue fluids			
Obesity/Diabetes	80% of people with type 2 diabetes are overweight or obese				
Glucose tolerance	Inverse relationship between activity, weight and diabetes	Decreased insulin resistance and better glucose control			
	- Longitudinal study of US physically active women over 12 years-				
weight loss	lost an average of 5kg30-40% reduction in diabetes-related deaths.				
	- a weight gain of 5 to 8 kg doubles the risk of type 2 diabetes				
Osteoporosis					
bone density	higher bone mass in fit , active women	Muscle pull against resistance and weight bearing increase bone mineral density			
hip fractures	reduces risk of fracture by 60%	Diet, hormonal and gene dependent			
Mental health disorders					
Depression	improvements in mood are greatest in those with serious anxiety /depression	Effects thought to be partly mediated by beta endorphins			
Well-being	helps to prevent mental disorders of affect				
	enhances self esteem and self efficacy, sleep				
Musculo Skeletal	Exercise increases the strength of muscles,	Moving a joint through its full range of			
	tendons ligaments and bones. Excessive use however can cause tissue injury	movement helps to maintain or improve its mobility.			

- 5.2.4 Much disability in the population, particularly from the effects of ageing can be directly attributed to loss of function through physical inactivity. A report by the Royal College of Physicians stressed the importance of exercise for all including those who already have chronic illness of disability.
- 5.2.5 Information about physical health activity and other lifestyles is not routinely collected by the health sector. We are therefore reliant on occasional surveys to describe reported patterns of physical activity such as walking, and leisure facilities.
- 5.2.6 The most recent lifestyle survey was undertaken in 2001 and commissioned jointly with other Health Authorities in the region. Although the response rate was low, it does provide a picture of the city as a whole as well as differences between Birmingham and other areas. It cannot however give us a reliable picture of lifestyle and recreation in each of the wards.

Table 2 below summarises comparative findings from a recent Health and Lifestyle survey (2001) of adults (16-64) commissioned by Health Authorities in the West Midlands region

Description	Birmingham	Coventry	Sandwell	Shropshire
Frequency of doing any physical activity in past 4 weeks				•
Every Day	16.0%	19.1%	16.4%	20.7%
Not At All	56.4%	51.9%	60.4%	43.5 %
Frequency of swimming in past 4 weeks				
Not at all	67.2%	60.5%	67.2%	62.7%
Once or twice	7.2%	9.2%	7.3%	9.0%
Frequency of dancing in last 4 weeks - not at all				
Not at all	72.1%	73.7%	73.4%	75.1%
Frequency of cycling between ½ mile and 2 miles in past 4 weeks				
Not at all	83.4%	80.7%	84.2%	73.3%
One or two days	6.5%	7.2%	5.2%	9.8%
Frequency of walks of between 10 – 40 mins in past 4 weeks				
Every day	22.2%	20.1%	21.7%	21.5%
Not at all	22.4%	22.4%	22.6%	25.6%
Number of walk to school journeys in past 4 weeks				
- five or less	76.6%	76.8%	78.6%	79.9%
- more than 10	4.6%	5.0%	2.2%	2.1%
Reasons for not walking				
I walk enough	30.6%	31.3%	33.2%	32.8%
Fear of mugging	19.2%	13.5%	19.7%	4.8%
Traffic noise and pollution	8.4%	5.8%	6.5%	3.0%
Unpleasant environment	14.0%	10.9%	14.4%	3.0%
Poor street lighting	8.6%	5.9%	6.1%	4.4%
Heavy items to carry	14.3%	13.2%	12.7%	9.2%
Disability/ medical condition	15.2%	14.9%	16.3%	12.9%
Lack of fitness	10.0%	9.7%	9.7%	7.2%
Factors which might people felt may persuade them to walk more /be				
more active	20.634	07.66	00.00	4 .0.
- health advice - safer parks/public places	38.0%	37.2%	38.2%	4.4%
- parks/public places	35.0%	27.6%	35.4%	11.8%
-more pleasant environment	30.3%	25.5%	30.2%	8.8%
-marked walking routes	22.0%	21.0%	20.3%	17.5%



N=4201 Adults

- 5.2.7 It is clear from table 2 that in Birmingham:
 - the proportion of people who have not swum, cycled or taken part in any physical activity at all in the past 4 weeks is high in Birmingham.
 - the urban environment in Birmingham is perceived to be a major barrier to being physically active and walking in local neighbourhoods. Fear of mugging and unpleasant environments are given as the most common reasons for not walking.
 - data on levels of physical activity by social class or by ethnic group is not available for Birmingham. However national studies indicate much lower rates of participation amongst people from South Asian communities.
- 5.2.8 A recent review of evidence on effective interventions by the Health Development Agency suggests the following measures are likely to have the greatest impact on levels of physical activity and participation:
 - promoting physical activity which can be taken as part of daily routine e.g. walking
 - changes to the environment e.g. road layout, provision of cycle parks, availability of showers and lockers
 - reducing price of facilities, events, and transportation
 - promoting general awareness e.g. use of posters at lifts and stairways
 - community based activities which bring social as well as physical benefits
 - doctor initiated referral schemes with follow up support
 - Green Transport plans
- 5.2.9 The White Paper Saving Lives: Our Healthier Nation recommends that adults should do at least 30 minutes of moderate exercise a day 5 times week. Medical evidence indicates that maintaining this level of activity throughout life reduces by one half the risk of heart disease or by one third the risk of stroke. (See table 1)
- 5.2.10 Promoting physical activity among children and disadvantaged groups, increasing access to sport and leisure facilities in deprived areas, and increasing participation in walking and cycling are some of the key measures described in "Tackling Health Inequalities Summary of the 2002 Cross Cutting Review."
- 5.2.11 The cross-cultural review further indicates that levels of physical activity vary by social group and occupation. The majority of adults (at



least 6 out of 10) do not take enough exercise to benefit their health but those in lower income, unskilled occupations, and people of South Asian descent are much more likely to be overweight or obese, and to suffer poor health.

There has also been a marked increase in obesity among children in the UK. Unless this is addressed it will result in longer-term medical implications over future years.

- 5.2.12 At national level the government departments with responsibility for promoting physical activity and reducing health inequalities include the Department of Culture and Media and Sport, Department of Health, Department for Education and Skills, and Department of Transport.
- 5.2.13 At a local level, local government and the NHS are expected to provide leadership, to work in a co-ordinated way, and to take action. This includes creating the right conditions for people to enjoy good mental and physical health and to take part in active recreation.
- 5.3 Objective 1 To evaluate the extent to which sport, leisure, health and wellbeing programmes are being developed both corporately within the City Council and in partnership with the local NHS.
- 5.3.1 The working group looked in depth at the recent free swimming initiative for children and young people to see the extent to which this type of initiative illustrated the new model of corporate and partnership working recommended for the Division by the Best Value report.
- 5.3.2 The possibility of introducing a free swimming initiative for young people in Birmingham, similar to that already in operation in Glasgow, was first raised at the city wide NRF panel for health. This multiagency panel was established under the auspices of Birmingham's Health Partnership group and has taken its work forward within a framework of identifying "best buys" for public health, as part of their year 2 programme. The scrutiny sub group was asked, as part of its review, to evaluate the benefits of this type of initiative and assess whether or not it represented value for money.
- 5.3.3 The free swimming initiative in Glasgow was known to have attracted national interest because of its focus on health inequalities and demonstrated its success in increasing swimming participation levels amongst young people The experimental nature of this project together with the willingness of Glasgow City Council and the Health Authority to take some political risks, has helped to raise the profile and place the importance of sport and physical activity on the political and health agendas in Scotland.

- 5.3.4 The Glasgow scheme was not only brave, it was highly successful in increasing junior attendances at the City's pools, with the greatest increase being seen in areas where income levels were low. However it didn't necessarily result in more children learning to swim and yet these are the important life skills. Many children were getting wet, enjoying a splash about rather than learning how to swim.
- 5.3.5 Officers supporting the scrutiny review visited Glasgow and reported back. Members recommended that, given the apparent benefits of this type of initiative in increasing participation in low income areas, a similar but customised scheme be developed for Birmingham. Members felt that a different emphasis was required in which all children were offered free swimming lessons, and to develop their skills and confidence in the water through a course of swimming instruction. The scrutiny sub group commended this approach to the NRF health panel.
- 5.3.6 Two funding streams were identified for this initiative.
 - NRF top slice funding via the Neighbourhood Renewal Health Inequalities Panel.
 - Department of Health Local Exercise Action Pilots (LEAP) funding, channelled through Sport England regions.
- 5.3.7 The initiative received funding support from the NRF top slice funding stream in the sum of £190,000 during 2002/03. It has also received NRF funding from the centrally funded stream for a further £250,000 in 2003/04. The LEAP bid was however unsuccessful. Altogether, 1400 children attended the Free Swimming Instruction during this half term. 10,614 children took part in the splash sessions.
- 5.3.8 A number of other swimming initiatives that met the aims of the project were also aligned with this project. These included:

5.3.9 Free Swim Pass (for existing cardholders)

To qualify for the current Swim Pass, Junior School children have to complete a number of activities such as jumping in, treading water and swimming 25m (ie. a length of the pool). Children over the age of 11 years who have achieved this have to swim 75m (3 lengths). They are assessed by the City's Swimming Instructors.

The current Swim Pass offers children a 10% discount off a normal junior charge. The proposal was to offer swim passes free of charge to all children who hold a current pass.

The success of the offer to existing pass holders will be assessed by the Sport & Leisure Division with a view to launching a new and revised Swim Pass in April 2003. The suggestion is that this should continue and that children should undertake a swim-test as part of

their school swimming instruction programme. In return they will receive a pass that will entitle them to one year of free swimming at City Council swimming pools.

5.3.10 Free Half-term Learn to Swim Programme (17-21 February 2003)

Junior Learn to Swim classes were offered free of charge at all City Council swimming pools during half-term week. This took place during the mornings and included five half-an-hour lessons delivered by fully qualified Strokes instructors. The normal charge for this course is £15.00.

The courses targeted complete beginners and it was hoped they would provide a much needed incentive, encouraging children to go on and become more confident swimmers, so enjoying the many health benefits that swimming provides.

Over 1400 children participated in these courses who never had any previous swimming instruction.

'Free Strokes Course Vouchers' were also offered to all children who were Passport to Leisure qualified as a further incentive to encourage them to go onto the 12 week Strokes swimming instruction courses. This is explained further in 5.3.13.

5.3.11 Free Half-term recreational/fun swim sessions (17-21 February 2003)

Free recreational fun swim sessions were offered to all children during the afternoons of the half-term week. These were available at all City Council swimming pools except the following pools for the reasons indicated:

- · Linden Road this is an instruction pool only
- College High the pool is not normally used for public swimming sessions
- Shenley Court a pre-arranged lifeguard course was programmed in the afternoon session

The intention was that recreational sessions would re-ignite the interest in swimming as a fun activity. Altogether 10,614 children took part in the recreational splash sessions.

5.3.12 Vouchers offering a 'Free Strokes Course'

Vouchers offering a 'Free Strokes Course' will be made available for children who qualify for Passport to Leisure. It was hoped that this

would offer a further incentive for children from families on low incomes to learn to swim. This would also get them involved in the full Strokes instruction programme.

5.3.13 Free Swim Vouchers – targeting free swimming in areas of greatest need

It is important that the Free-Swimming initiative reaches those that will benefit most from increased levels of exercise. It is for this reason that free swim vouchers will be targeted within areas of deprivation and amongst typically under-represented groups. Redeemed vouchers were tracked to gauge uptake.

5.3.14 Infrastructure, training and development and further research

The balance of the NRF funding will be used to support further development of the scheme.

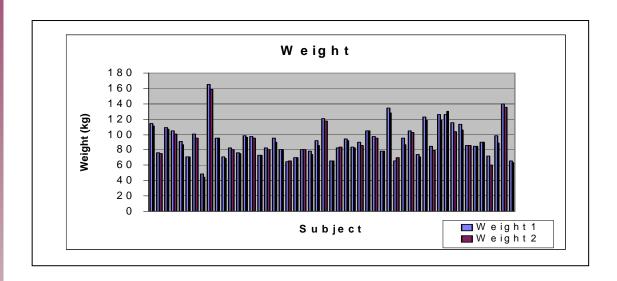
- 5.3.15 Longer term schemes are currently being designed in conjunction with our partners but these will require more time to work-up and will require funding from Year 3's NRF programme.
- 5.3.16 The main learning points from this objective of the review are as follows:
 - the importance of partnership working between health, leisure and education to sponsor, commission and deliver a joint initiative of this kind
 - opportunities exist to access external sources of funding and develop "best buy" schemes such as this, both at a city and neighbourhood level
 - the potential exists to extend this kind of sponsored activity to other target groups (eg elderly, disabled) and to include other types of sport, providing pump priming monies can be found
 - price can be a significant barrier to initial participation amongst people on low income. Lowering price can lead to increased and more sustained participation
 - the need for greater awareness amongst parents and schools about the health benefits of swimming
 - the potential role of scrutiny in evaluating good practice, in promoting innovation and in encouraging cross Departmental working within the Council

- 5.4 Objective 2 to identify current sources of funding and the sustainability of existing "sport, leisure and health" initiatives or projects
- 5.4.1 There are currently a number of health promotion initiatives which historically have relied on external short term funding. Some of these initiatives are well established and have been in existence for some time. They present a serious challenge in terms of longer term and sustainable planning for both the health and leisure sector.

5.4.2 The Exercise on Prescription (EOP) programme

This scheme commenced in 1994 and was originally funded as a pilot project for two years from Constituency Action Team finance. The programme was designed to assist in the prevention of Coronary Heart Disease and this programme now contributes to the targets set within the National Service Framework.

- 5.4.3 Thirty five GPS were initially in the pilot scheme and there were three full time members of staff based at Cocks Moors Woods, Sparkhill Pool and Fitness Centre, Kingstanding Leisure Centre and one half time member of staff at Newtown Pool and Fitness Centre. Patients are referred to the programme if they are demonstrating two or more risk factors relating to Coronary Heart Disease.
- 5.4.4 At the end of the two year pilot, the programme continued to run with joint finance made available from Leisure Point-the DSO organisation which manages facilities for the Sport and Leisure Division of Birmingham City Council. During this time a student at the University of Birmingham completed her PhD study researching behaviour change on patients who had been referred to the programme.
- 5.4.5 Of the patients referred, 67% fell below the bottom 1% compared to the Allied Dunbar National Fitness Survey (1992) with their Aerobic Fitness score, and 78% are overweight/obese.
- 5.4.6 Table 3 on page 22 demonstrates a group total weight loss of 142kgs after a 12-week period of exercise.



- 5.4.7 **Walk 2000** assists those who were not able or inclined to be active in the gym or fitness suite, the health and fitness team managing the EOP programme, researched the benefits of walking and with assistance from colleagues from the UK Institute in Finland and funding from Europe, developed the Walk 2000 Programme.
- 5.4.8 A Walk Leaders training programme was designed and written by the Sport and Leisure team. This was the first Walk Leaders training programme to gain National Accreditation.
- 5.4.9 The training programme includes, basic physiology, importance of safety choosing walking routes and terrain, motivational skills and allows walk leaders to conduct a fitness assessment using a programme designed by the UKK institute in Finland and measured over a 2km (2000 metre) distance.

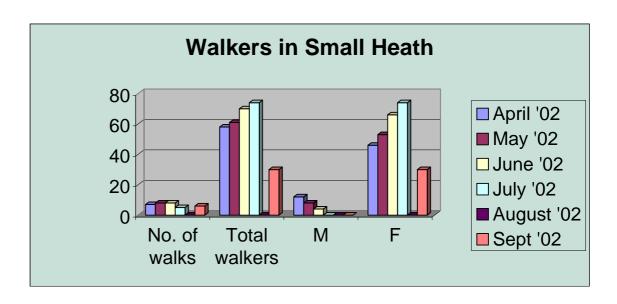
5.4.10 Walking Groups – Monthly Summary – September 2002

Table 4 below illustrates the number of people who were new to walking and who walked with a leader as a result of this project

ROUTE	NO OF WALKS	TOTAL WALKERS	M	F	WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	CHINESE OR OTHER ETHNIC GROUP	COMMENTS
Cannon Hill Park										Heart, Soles & Spokes (Learning Disability)
	13	50	23	27	39	0	2	9	0	
Cannon Hill Park	1	11	6	5	9	0	0	2	0	H,S & S Monthly Walk (Learning Disability)
Edgbaston	-	11	U	3	7	0	0	2	0	
Res.	0	0	0	0	0	0	0	0	0	
Fox Hollies	6	14	12	2	14	0	0	0	0	
Gilberstone										
Rec	8	11	0	11	11	0	0	0	0	
Grosvenor										
Close	3	11	0	11	0	0	0	0	0	
Kings Heath Park	4	30	10	20	26	0	4	0	0	
Kingstanding					_					
LC	4	9	2	7	9	0	9	0	0	
Old Yardley Park	3	5	0	5	3	0	0	2	0	Paul Lane E.O.P
										Walk is not being held at present
Perry Barr Park	0	0	0	0	0	0	0	0	0	
Shard End	10	44	5	39	29	0	0	15	0	N
Sheldon Country Park	0	0	0	0	0	0	0	0	0	New walk - 09/09/02
Small Heath Park	U	U	U	U	0	U	0	U	0	
Smail ricatii i ark	6	30	0	30	2	0	12	16	0	
Sparkhill Park	7	27	11	16	14	0	4	9	0	
Sparkhill (wed)	4	13	0	13	0	0	13	0	0	Sharda new gp 2.30pm
Sutton Park	16	111	10	101	109	0	0	0	2	
Victoria Common										Change to Thursday 11:15 – 19/9/02
	4	37	17	20	33	0	0	4	0	
Cannock Chase	1	11	3	8	11	0	0	0	0	B'ham North – one off
TOTAL	90	414	9	315	320	0	35	57	2	
			9							



Table 5 below shows an example of the number of walkers at one walk site in Small Health over time by gender



5.4.11 **Development**

Throughout the changing structure within Health, the Family Health Services Authority, GP fund holders, Primary Care Groups and Primary Care Trusts, both EOP and later Walk 2000 have survived and flourished, however seeking longer term funding for the future has always been a challenge, and time consuming.

- 5.4.12 The good practice demonstrated within EOP and from Walk 2000 attracted an award from Health Improvement Finance for a period of three years up until 2000/2003. This allowed a fourth full time Health and Fitness advisor to be based in Northfield with a partnership to link with the Community Coronary Heart Rehabilitation Programme also funded from the Health Improvement Performance Award.
- In 2001 advent of the National Service Framework (NSF) for Coronary Heart Disease (Chapter 1, 2 & 3) the NSF for Older People (Standards 6 & 8) the NSF Framework for Diabetes (Standards and 1 and 4) stipulates the need to increase physical activity levels. (Appendix 9 illustrates the recommendations about physical activity which are included in each of these National Service Frameworks for the NHS).
- 5.4.14 Since the publication of the National Service Frameworks the interest and enthusiasm for both the EOP and the Walk 2000 programme have grown considerably. They are seen by general practitioners and Primary Care Trusts as a way to introduce patients, particularly those most at risk in terms of their health to physical activity.
- As the Primary Care Groups re-formed into Primary Care Trusts in April 2002 all Primary Trusts agreed to totally fund the Health and Fitness Advisors working in their areas and in some cases extend the provision. Eastern Birmingham has made successful bids to NRF funding to co fund Advisors. It will look to mainstream this provision at the end of the NRF funding stream.
- 5.4.16 There are now eleven Health and Fitness Advisors, three in Eastern Birmingham PCT and three in South Birmingham PCT, two in North Birmingham PCT and three in Heart of Birmingham tPCT (Training Primary Care Trust).
- 5.4.17 Service level agreements have been drawn up by the City's Legal Department and have been agreed with the PCTs.
- 5.4.18 As of the 31 March 2003, 547 GPs from 192 surgeries now refer patients into the scheme, this now represents 95% of GPs and 80% of surgeries. To date 6560 people have been through the scheme.

- 5.4.19 Heart of Birmingham tPCT have sought funding from various sources to ensure that Walk 2000 is present within as many of their wards as is possible.
- 5.4.20 This will ensure that there is a least one-way marked route, with maps to be available for one or more routes and also the presence of a walk leader/co-ordinator to lead walks and work with GP Practices.
- 5.4.21 In some wards the leaders are employed for 6 hours a week for six months, whilst in other wards a leader/co-ordinator has been employed for two years working 16 hours a week.
- 5.4.22 With regards to Walk 2000, £53,936 has been made available in 2003/2003 from a Health Improvement Award and Neighbourhood Renewal Funding to support the Walking Programme and, £32,500 is available in 2003/2004. Further bids have been made to NRF to secure further funding for Walk 2000 to assist in meeting the target of one waymarked 2km route in each Ward of the City. Nine walks are in place with eight walks being planned as of February 2003.
- 5.4.23 With regards to Exercise on Prescription, £108,702 has been made available from the four Primary Care Trusts and Neighbourhood Renewal Funding for the EOP Programme during 2002/2003. Further funding £198,000 has been identified for the year 2003/2004. Negotiations are currently taking place to secure funding to allow the Programme to continue at least, at its present level or to increase to meet the demand of the National Services Framework.

Most of the above schemes have now been secured as part of mainstream NHS funding from April 2003 onwards.

The main learning points from this review are as follows:

- The Exercise on Prescription Scheme and The Walk 2000 scheme are examples of how The Division can expand, take on a more direct preventive role on behalf of the local NHS and Social Services and secure mainstream funding.
- The Division does not yet view its activities with the NHS as part of its corporate strategy for marketing, development and expansion of its services. It relies heavily on the enthusiasm, energy and commitment of one or two individuals to sustain current programmes.
- National service frameworks and targets for preventing health improvement in the NHS, although investment in preventative measures has to compete with many other targets and offer are important drivers for change. However the true costs of delivering the preventive aspects of these frameworks are not known. Further discussions should be held between the City council, Sport England,

Regional Government Office and Birmingham's NHS to determine realistically what may be required to achieve local targets for reducing health inequalities.

- 5.5 Objective 3 to assess the extent to which the sport and leisure needs of older people and vulnerable and looked after children are being addressed
- 5.5.1 Older People

The National Service Framework for Older People (2001) says that those entering 'Old Age'...

'Are people who have completed their career in paid employment and / or child rearing.'

This socially constructed definition of Old Age includes people as young as 50, or from the official retirement ages at 60 for women and 65 for men. These people are active and independent. Many remain so into late old age.

- 5.5.2 Current figures show that people over the age of 65 represent 14.5% of the total population of Birmingham.
- 5.5.3 The number of people over the age 75 who report suffer from an illness or disability that affects their daily life varies between wards. In the following wards more than 51% of elderly people report some limitation on their daily life (Birmingham average 47%):
 - · Bartley Green
 - Billesley
 - Fox Hollies
 - Kings Norton
 - Kingstanding
 - Shard End
 - Washwood Heath
- 5.5.4 More people are living longer and the number of 'Older' people who live to 75 years or more will increase. A key concept is the notion of "healthy life expectancy," which means that people should remain fit, active and independent for as long as possible and spend as little time as possible after retirement suffering from disability, ill health or chronic disease.

- 5.5.5 The wealth of experience, knowledge, and wisdom which older people can bring to the well being of families and the social regeneration of neighbourhoods in this city is enormous. This potential must be realised by helping older people to look after their own health and by ensuring that significant or serious health events such as being admitted to hospital for a fall does not lead to a spiral of decline in mental and physical health Social isolation and fear, and providing more opportunities for social recreation. learning and leisure pursuits which they can afford and reach through public transport, on foot or by promoting safer routes for cycling.
- 5.5.6 Over time, Birmingham's older population will have more lower income households and the number of black and minority ethnic older people will increase. It is also estimated by as much as 4,000 plus a year and it also anticipated that the older population will shift towards the inner city. All of these factors need to be taken into account when thinking about the provision of sport, leisure and health related activities for now and for the future. (Source: Birmingham City Council 'Public Policy Review into the implications of an Ageing Population April 2000)
- 5.5.7 Feedback from the Birmingham's Advisory Council of Older People Conference, held on 14th November 2002, suggested that older people's leisure needs are affected by several factors:
 - Health is often the most important motivation for being physically active in old age, social contact being the other
 - Participation in leisure recreational activities can help overcome loneliness, social isolation and depression puts into greater perspective fear of crime and personal safety
 - Self confidence, self esteem or belief's that one is "too old to participate" a belief that can be reinforced by others
 - Access to sufficient disposable income
 - Availability and use of public transport
- 5.5.8 Provision of good quality easily accessible and targeted information about leisure options and choices can be critical influences or barriers to leisure the of leisure activities. They may not have the same chances of younger people in finding out other ways through family friends or other social contact.

Current Direct Service Provision and Programmes for Older People

5.5.9 Leisure and Culture through Sport and Leisure with other partners currently provide the following services for older people: -

- Activities which help to deliver standard 8 of the National Service Framework for Older People....Promotion of Health and Active life in Older Age:
 - a) Support through funding from two Primary Care Trusts to provide the current 'Agewell' initiative, which provides access to advice identifying good practice within local agencies and services to help provide improved services to and for older citizens. This funding support is now under review pending the end of the currently funded programmes.
 - b) Walk 2000 Programme and development of 2 kilometre walk routes in Birmingham to enable regular walking opportunities, which can contribute to better health. These are also supported by Walk Leader development to train, motivate and stimulate people into physical activity, which can help to deliver more beneficial health outcomes.
 - c) Passport to Leisure which is contained as a component for the 'Leisure Card' provided for £4.00 for 12 months for those up to age 70 and free beyond 70 giving up to ½ price discounts on a range of activities (including for example swimming, 50 plus sessions, line dancing, and aqua aerobics) for residents of the City of Birmingham.
 - d) Targeted and open access to activities are available to older people through a wide range of Swimming pools, Halls, rooms and Leisure/Community Centres also available for bookings and hire for older people for events, meetings, sports and leisure activities and parties.
 - e) The City also operates 7 Golf courses, which are well frequented by older people who comprise about a third of all users, which equated to approximately 100,000 rounds played by older people in 2001/2002.

Provision of activities, which help deliver standard 6 of the National Service Framework for Older People.... Falls prevention, namely:

- f) Walk 2000 programme (as mentioned above).
- g) A pilot programme, funded through a partnership with Social Services is currently targeting 'Falls Prevention' in some initial sheltered accommodation centres, linked to rehabilitation outcomes.

5.5.10 **Prevention of Falls**

In November 2002 officers from the Department of Social Services and Leisure and Culture worked together to develop a pilot programme on how to prevent falls in older people living in institutions.

The benefits of being physically active have been widely researched and being active has been identified as crucial for maintaining independence in later life and helping to prevent the risk of falling.

5.5.11 A project brief was written for a pilot programme to be carried out from December 2002 to March 2003. The brief was

"To pilot the promotion of a course of physical activity for tenants living in sheltered and extra sheltered housing accommodation in Birmingham. The purpose of the pilot is to aim to reduce the risk of falling in this group by providing gentle exercise designed to improve balance and muscle strength.

The programme will also provide general information about the effect of falling and the impact this has on the independence of the client and health care systems."

- 5.5.12 Tenants living in the following properties were all involved in the pilot.
 - Kalyan Ashram, Sparkbrook
 - Plummer House, Aston
 - 47 Belgrave Middleway, Edgbaston
 - 25 Barsham Close, Edgbaston
 - Cherry Tree Court, Cotteridge
 - Holly Piece House, Acocks Green
 - Radley Court, Sheldon
 - Hasbury Court, Bartley Green
- 5.5.13 The programme of activity each week is for 1.5 hours and within this time tenants take part in 40 minutes of activity based on balance, strength and mobility. Each week some time will be spent discussing a different topic and its importance, e.g. healthy feet, fluids, nutrition, eye care and relaxation for a healthier lifestyle.
- 5.5.14 There are five tutors involved in delivering the programme and one administrator. Each tutor is recording attendance, physical

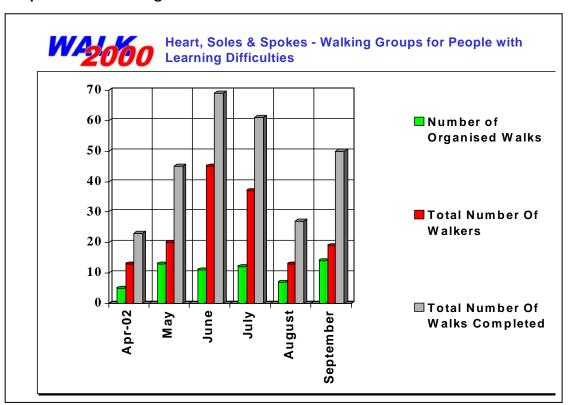
improvement, participant feedback and warden comments, all of which will be collated into a tutor portfolio, which will help with the evaluation of the programme.

5.5.15 This project has been commissioned by Social Services but managed and delivered by the Sport and Leisure Department.

Specific Health Needs

- Diabetes: Working with Heart of Birmingham tPCT colleagues, a patients who are receiving care from the diabetic clinic in Soho receive a prescription EOP as a co-ordinated approach to managing this chronic condition, shared mutual training has been provided for leisure professionals on diabetic care and health professionals on the benefits of being physically active. Together this team now has a co-ordinated more effective approach into managing the patient condition and how to prevent complications of this disease.
- 5.5.17 **Coronary Heart Disease Rehabilitation:** Discussions have also taken place with University Hospital Trust and Heartlands NHS Trust to look at ways to use leisure facilities more extensively for patients in Careline rehabilitation with assistance from specialist staff from Trusts.
- 5.5.18 **Smoking Cessation:** In the Heart of Birmingham tPCT two of the Health and Fitness Advisors have trained with the health colleagues on smoking cessation and refer accordingly.
- 5.5.19 **Obesity:** City Hospital NHS Trust has requested to work with Leisure in providing opportunities at low or no cost for young people who are attending clinic for obesity.
- 5.5.20 **Learning Difficulties:** Staff (dieticians, physiotherapists) in the South of the City who are working with people with learning difficulties have trained to become Walk Leaders and, on a weekly basis organise 2Km walks for their groups. In December of 2002 a bid was made to the Learning Disability Partnership. This bid was successful and a coordinator is now in place for nine weeks to further promote this work.

Table 6 Provides An Indication Of Level Of Interest In The Walks For People With Learning Difficulties



5.5.21 Looked After and Vulnerable Children

Meetings between officers from Sport and Leisure and Social Services have highlighted the amount of leisure provision currently available and identified several other initiatives which are currently being developed or could be developed in the future.

5.5.22 **Passport to Leisure**

The Passport to Leisure (PTL) scheme has recently been extended to cover Looked After Children, their Carers and the natural children of the Carers. These cards are also issued free of charge. However, the uptake has been disappointingly low despite over 2,000 application forms being circulated to foster Carers through the Foster Care Association. A number of actions are therefore proposed to combat this situation.

- 5.5.23 The potential for the issuing of PTL cards direct to Looked After Children and their Carer from the new resource centre in Church Lane, Handsworth is being investigated. It may cost in the region of £4,000 to set up a stand alone system which includes the training of children's rights staff.
- 5.5.24 The possibility of holding this year's Generation 2K3 event at one of the leisure centres is also being looked at as this will mean that anyone attending will be able to enroll on the day. Even if the event is held at a non Sport and Leisure site, it would be possible to set up the enrolment system at that site to facilitate enrolments on the day.
- 5.5.25 The current figure for those who have enrolled on the scheme has risen from 70 to 300 to date which is a great improvement.
- It is envisaged that every child, young person or Carer that is eligible will be able to access the scheme through the Church Lane centre should they prefer this route instead of going through one of the leisure centres. This is felt to be more appropriate for some of the young people who have said that they don't understand how to complete the forms. Everyone who comes to the centre will be asked if they want a PTL card and if they want to it can be processed there and then.

5.5.27 Football Pitches

The use of the all weather pitches at a reduced cost is to be investigated. Young people and advocates have indicated an interest in setting up five-a-side competitions between children's homes, to include staff and youngsters.

5.5.28 **Power League**

The possible use of community times at the Power League Five a Side facilities at Salford Park is being pursued with the Community and Play Division.

5.5.29 Strikes Football Coaching

Access to this coaching scheme and use of the Strikes speed cage is being pursued with the Strikes Development Manager.

5.5.30 Leisure Centre Links to Children's Homes

Information concerning the location of children's homes and there proximity to leisure facilities is being analysed in order to identify specific staff who will be the contact for each home. It is acknowledged that the staff will not be able to visit the homes very often but they will

be able to build a relationship and inform the homes of events and activities in their area. This will also include holiday activity programmes.

- 5.5.31 A senior member of staff from Social Services will attend training days held for managers to inform them of the corporate parenting responsibilities of the City Council and how they can contribute. This person would also be able to answer any queries or concerns they may have.
- 5.5.32 The new resource centre we will have a stand to promote sport and leisure activities in the city and when Social Services are organising events Sport and Leisure will be invited to take part in the planning.

Services to Newly Arrived Children

- 5.5.33 The service came about by way of a joint bid by the Departments of Education and Leisure & Culture. The Project is funded until March 2004 and is concerned with developing a range of activities and services for newly arrived children, refugees and asylum seekers aged 5-13, and their families. It is a Children's Fund initiative, managed by the Department of Leisure & Culture in partnership with Education.
- 5.5.34 The Team consists of a Project Co-ordinator, two Support Workers and three Project Workers. The Project Workers are based within the Birmingham Nature Centre, the Birmingham Sports Centre and the Sparkbrook and Small Heath Area Offices.
- 5.5.35 The focus of the work of the Project Worker is to develop a range of activities, following consultation with newly arrived children and their families. The aim is to identify and 'tap into' existing service provision to prevent duplication. The activities provided will be varied and may include sports, literacy, numeracy, arts, nature and many other stimulating social, recreational and learning activities.
- 5.5.36 The goal of the project is to facilitate social inclusion, so it is intended to engage children in activities that will strengthen their confidence and personal skills whilst they are interacting with children from a variety of backgrounds and with members of the host community.
- 5.5.37 The project team are presently carrying out a 'mapping exercise' to identify services, service providers, refugee community organisations and schools desperately in need of service support.
- 5.5.38 The service also has a brief of identifying volunteers who can support service provision as 'Local Link-Workers', who can be offered training opportunities in return for their help.
- 5.5.39 It is the project workers intention to 'tap-into' existing service provision. There is an excellent opportunity to do this by way of: -

- Buying into existing coaching programmes
- Supporting extra curricular coaching sessions by way of equipment and coach fees
- Supporting existing coaching programmes and developing new programmes / opportunities
- Identifying potential coaches
- Training of Newly Arrived adults to add to the coach pool
- Working with Sports Development Officers to increase out of hours learning and holiday coaching opportunities for Newly Arrived Children
- 5.5.40 The Project team will utilise leisure centres for the delivery of services wherever possible outside of school hours.

Development of disabled young people's participation in sporting activities

- Participation in leisure or regular physical activity plans an important part in developing a disabled person's independence, right of choice and inclusion within their local community. Furthermore, participation may bring an individual a sense of enjoyment, fun, self-fulfilment, self-esteem, confidence, emotional and psychological well being.
- 5.5.42 A key priority is to encourage and support mainstream providers to develop opportunities, to provide quality and appropriate information, and increase disabled people's participation in regular activities. This can be by integration into mainstream activities or by targeted activities best suited the particular audience in each instance.
- 5.5.43 Approximately 2650 disabled people have been involved in sporting activities during 2001/2002. This involvement has taken many forms, including after school coaching sessions linked with local sports clubs, the establishment of a Zone Hockey Inter-school League culminating at the Birmingham Youth Games, the inclusion of disabled young people within mainstream athletics clubs, the development of a cricket festival and an extensive competition network, as well as a teacher / coach education programme.
- 5.5.44 Disabled people can be excluded from leisure or physical activities as a result of disabling barriers such as limited income, lack of employment, limited access to personal assistance, lack of information and advocacy support, reduced transportation options, no peer support, inaccessible physical environment and also by negative staff attitudes.
- 5.5.45 It is vital that closer links are established with Social Services and the Health Authority to overcome these barriers through sharing good

practice, the training of Leisure & Culture staff in working with disabled people, exchanging information on opportunities available for inclusion in regular activities, developing Person Centered Planning, and access to personal assistants through direct payments.

5.6 Developing Pathways to Exercise – The Starting Point Concept

- 5.6.1 The link between health inequality and lack of exercise suggest a need for action. The fact that only 43% of the Birmingham population currently use leisure facilities at least once per year, and only 17% using facilities twice per week, means that there is great potential to improve health amongst the 83% of the population who do not currently exercise at levels suggested to underpin a healthy lifestyle. (the general guidance given these days of five 30 minute sessions of moderate exercise per week)
- 5.6.2 There is therefore an imperative to develop ways of getting many more into healthier lifestyles. This will include encouraging exercise but also other interventions such as improved diet, smoking cessation, stress relief, work-life balance and many more could be considered subject to the identification of appropriate resources.
- 5.6.3 The role of sport and physical activity is now recognised as an important means of addressing health inequality. The extract below from a recent Sport England publication 'Addressing the Health Agenda A New Focus for Sports Activity Health,' re-enforces this message.

Sport, Fitness and leisure professionals have the opportunity to make a huge impact on the health of our communities by promoting participation in sport and physical activity. The extent of this impact and its potential in terms of disease prevention and treatment and tackling health inequalities, is largely unrecognised. This, together with the government's modernisation plans and cross cutting agenda, presents the need for greater collaboration between the sport, fitness, leisure and health sectors.

- Much has been done to target quite specific groups through programmes already mentioned in this report such as the Exercise on Prescription scheme through GP referrals. These schemes however, in relation to the figures given above, reach a relatively small number of people. New programmes and approaches are therefore needed to reach the hundreds of thousands of people who currently do not exercise enough.
- 5.6.5 One of the approaches being developed is the Starting Point Concept. Starting Point will hopefully provide a means of engaging with

thousands of people in communities across the City, putting people at ease, comfortable and confident about getting into a healthier lifestyle and providing them with appropriate pathways to healthier lifestyles.

- 5.6.6 It is intended to further develop a number of specialist staff who will be aware of the numerous health benefits of exercise and the opportunities that are available. Importantly they will have additional training that would enable them to identify the most appropriate levels and means of exercise, but also be aware of screening processes that would identify those people who may best visit their doctor before starting to exercise.
- 5.6.7 It is known that not everyone is comfortable about visiting a leisure centre for the first time and may not even be aware of what exercise is best for them according to their own circumstances. Equally their first contact is probably with reception staff who may not have the time, or necessarily the skills to introduce newcomers effectively, especially those who are perhaps anxious about starting or re-starting their exercise regime.
- 5.6.8 In addition the only means currently of getting some form of exercise programme is through an induction, which is provided for newcomers at every PULSEPOINT gym and within the Exercise on Prescription Scheme. However, for many, the gym may not be the most appropriate place depending on an individual's health status.
- 5.6.9 It is for this reason that a warm and friendly introduction is needed with someone who will have the time and skills to put individuals at ease, and support them in the right direction.
- 5.6.10 Staff would not have to be located only in leisure facilities but would visit GP surgeries, community centres or actively work with individuals and agencies within the community.
- 5.6.11 Existing resources within the Sport and Leisure Division cannot support the additional and much needed development work to progress Starting Point, or the additional staff that would be required.
- 5.6.12 A possible solution could be the use of Health funding to support this development. A trade-off may be possible between the fiscal savings noted earlier through decreased admissions to Hospital and the long term continued costs of interventions and treatment over time.
- 5.6.13 A paper on Starting Point is attached (Appendix 4) which explains the concept more fully.

6: Conclusions

- 6.1 We set out to explore in more depth three aspects of the Divisions work in relation to health. Our conclusions are that despite recent changes in the organisation of the NHS, the Division has established good working links with the health sector and taken forward a number of very successful, high profile projects funded by the local NHS and that there is real potential to expand this work as part of the city's strategy for neighbourhood renewal, and linked to the devolution process.
- There is clearly much common ground between leisure and health professionals which provides a sound basis for partnership working both now and in the future.
- 6.3 However the full potential of the Division to exploit these new opportunities; the drive to achieve national and local targets for health improvement, and to address the growing problems of childhood and adult obesity, heart disease and diabetes, and promote mental health and well being is not being realised.
- 6.4 The leadership and responsibility to take these kind of activities forward appears to centre around a few individuals rather than with the Division as a whole.
- Despite some examples of good practice, there is not enough joined up working and support from other Departments, especially transport, environmental services, or economic development to expand the Division's work.
- 6.6 Yet the Division potentially has one of the most important contributions to make to enable the Council to fulfil its duty of promoting social and economic wellbeing and deliver floor targets for health as part of the City 's Neighbourhood Renewal Strategy.

7: Recommendations

	Recommendation	Responsibility	Completion Date
R1	A multi agency strategy group be established to promote physical activity, sport and active recreation in the City and to develop a corporate swimming pool strategy to ensure that when Leisure Centres and swimming pools are devolved to Constituency level, sufficient funding could be made available to ensure their facilities are properly maintained to prevent unnecessary closures. The multiagency strategy group will also be responsible for developing complementary programmes between Leisure, Education, Transport, Environmental Services and the Health Sector in order to address health inequality.	Council Leader	January 2004
R2	That the Strategic Director of Development undertake a review of the contributions that Planning, Economic Development, Regeneration and Environmental Services can make to promote sport, active recreation and well being at a neighbourhood level	Cabinet Member for Regeneration	January 2004
R3	That a comprehensive evaluation of the Free Swim Initiative be undertaken, with a view towards extending similar projects and developing joint initiatives in other areas of sport, leisure and recreation and that during the next 5 years these target be developed with the NHS, Sport England and the regional government offices to achieve the health targets within the city's neighbourhood renewal programme	Cabinet Member for Leisure, Sport and Culture	January 2004
R4	That a report be produced which recommends how workplace policies can be developed to actively promote and encourage physical activity, sport and active recreation amongst council employees and that adequate officer support be identified with the Department of Leisure and Culture to ensure the continued expansion of local schemes and initiatives	Cabinet Member for Equalities and Human Resources and the Cabinet Member for Leisure, Sport and Culture	January 2004
R5	A progress report on the Implementation of the Council's Walking Strategy, and in particular the Walk 2000 programme, be presented to the Health O & S Committee	Cabinet Member for Transportation and Street Services and Cabinet Member for Leisure, Sport and Culture	January 2004

D/	That a report be submitted to the Health O &	Cabinet Member for	January 2004
R6	S Committee which explores ways of promoting increased access and participation in leisure, sport and active recreation by older people in the city and that schemes be developed between Social Services, Health Service and the voluntary sector in order to achieve these aims	Social Care and Health and the Cabinet Member for Leisure, Sport and Culture	January 2004
R7	That current initiatives with older people to deliver National Standards 6 and 8 be evaluated and that these models of preventative care be incorporated into mainstream service provisions	Cabinet Member for Social Care and Health	January 2004
R8	Funding be committed from partners involved in Birmingham Advisory Council for Older People (BACOP) to promote awareness and improve the information available for older people in various community settings and that a promotional strategy be developed in order to achieve this	Cabinet Member for Social Care and Health	January 2004
R9	Leisure and Culture Department enroll every looked after or vulnerable child onto the Passport to Leisure Scheme and a progress report be presented to the Health O & S Committee	Cabinet Member for Leisure, Sport and Culture and Cabinet Member for Social Care and Health	January 2004
R10	Active links be developed between individual children's homes and their local leisure facilities	Cabinet Member for Social Care and Health	January 2004
R11	That additional funding be identified in order to extend the Newly Arrived Children Project beyond March 2004	Cabinet Member for Social Care and Health	January 2004
R12	South Birmingham PCT (which has the lead responsibility for services for children with special needs), prepare a report for the Birmingham Health Partnership, setting out what practical steps can be taken by the health sector and other partners, to encourage more disabled children to take part in leisure and physical activities. In particular to highlight what has been learnt from the variety of initiatives commissioned by the Children's Partnership Fund and what barriers remain to be addressed.	Chief Executive, South Birmingham PCT	January 2004
R13	A report be presented to Cabinet which describes the benefits, costs and feasibility of the Starting Point programme as a way of encouraging more people to become more active and that the Starting Point concept be adopted to address health inequalities in Birmingham	Cabinet Member for Leisure, Sport and Culture	April 2004
R14	Progress towards achievement of these recommendations should be reported to the Health Overview and Scrutiny Committee on a six-monthly basis until completed. The first	Cabinet Member for Leisure, Sport and Culture	January 2004

Appendix 1: Attendance All Leisure Pointsites 2001-2002

	Attendance
Alexander Stadium	125,999
Arthur Terry School	14,550
Aston Villa Leisure Centre	52,586
Beeches Pool & Fitness Centre	200,422
Billesley Indoor Tennis Centre	90,772
Birmingham Sports Centre	156,138
Boldmere Golf	46,992
Cocks Moors Leisure Centre	695,333
Cocks Moors Woods Golf	37,599
Erdington Pool & Fitness Centre	125,787
Fox Hollies LC	490,189
Great Barr Leisure Centre	66,884
Handsworth Leisure Centre	162,267
Harborne Golf	32,324
Harborne Pool & Fitness Centre	142,040
Hatchford Brook Golf	48,967
Hilltop Golf	37,306
Kingstanding Leisure Centre	222,268
Lickey Hills Golf	36,562
Linden Road Instruction Pool	82,271
Moseley Road Pool	101,646
Moseley School	57,832
Nechells Community Leisure	9,231
Newtown Pool & Fitness Centre	90,201
Northfield Pool & Fitness Centre	241,298
Pype Hayes Golf	58,793
Shard End Community Centre	30,440
Small Heath Leisure Centre	268,687
Sparkhill Pool	142,557
Stechford Cascades	419,894
Stirchley Bowls	28,992
Sutton Town Hall	226,805
The Castle Adventure	136,396
Tiverton Road Pool & Fitness Centre	166,379
Warley Golf	29,687
Wyndley Leisure Centre	857,075
Total	5,733,169

Community Leisure Attendance's 2001-2002

SITE	ATTENDANCE
Castle Vale School & C.L.C	101,996
Kingsbury School & C.L.C	53,218
Stockland Green School & C.L.C	138,244
The College High C.L.C.	59,547
Bartley Green School & C.L.C	60,890
Colmers Farm School & C.L.C	63,791
Four Dwellings School & C.L.C	43,122
Frankley High School & C.L.C	33,633
Kings Norton School & C.L.C	55,205
Moseley School	57,829
Shenley Court School & C.L.C	85,067
Swanshurst School & C.L.C	33,587
Turves Green Girls School & C.L.C	45,965
Broadway School & C.L.C	91,775
Holte School & C.L.C	65,978
Holyhead School & C.L.C	47,797
Park View School & C.L.C	43,593
Saltley School & C.L.C	68,362
Sheldon Heath School & C.L.C	37,936
TOTAL	1,187,535

The table below illustrated the number of participants who have been actively involved with the mainstream sports development programme.

STATISTICAL ANALYSIS 2001/2

	Athletics	Badminton	Basketball	Cricket	Football	Gymnastics	Носкеу	Netball	Swimming	Tennis	Rugby Coach Development	Total
Number of participants attending coaching courses/sport development programmes	500	3,040	1595	25,211	6,024	2,021	4,500	16,690	27,616	21,600	496	109,293
Number of Participants attending competitions	4,00 0	0	0	4,177	7,000	550	2,249	13,990	350	200	385	32,901
Number of schools actively engaged	150	1	61	122	192	5	139	43	N/a	N/a	72	775
Number of clubs actively engaged	8	1	8	30	30	12	14	15	15	N/a	6	139
Number of coaches gaining qualifications											1,021	1,021
Number of coaches employed on City schemes	10	2	8	26	26	17	9	4	7	12	11	132

Appendix 2: Executive Summary -Sport and Leisure Division 'Best Value Service Improvement Plan' (Sept 2002)

Introduction

The improvements identified in this service plan are the result of the most comprehensive review of the Sport and Leisure Service to date. The Sport and Leisure Division welcomed the review as it builds on a track record of improvement that has been supported by external scrutiny. This primarily includes Charter Mark and Investors in People.

The improvements have been informed by a broad spectrum of scrutiny processes and have engaged many staff and key stakeholders in consultation. The approach to the review was grounded in the 4C's protocol of Best Value, along with other appropriate disciplines such as organisational development and marketing, which support change, continuous improvement and importantly help to shape a service where people 'vote with their feet'.

The review has importantly highlighted the massive role that sport, physical activity and leisure, has in supporting the ongoing regeneration of the City and more specifically its role in helping to address crime, social cohesion and above all health inequality. Equally improvements will do much to support the priority work of the department in providing more positive lifestyles for young people and in so doing liberate them in order that they can contribute more effectively to society as a whole.

Nelson Mandela talks of the power of sport and how it can unite people and communities.

"Sport has the power to change the world, the power to inspire, the power to unite people in a way that little else can. It speaks to people in a language they understand. Sport can create hope where there was once only despair. It is an instrument for peace, even more powerful than governments. It breaks down racial barriers. It laughs in the face of all kinds of discrimination. The heroes sport creates are examples of this power. They are valiant, not only on the playing field but also in the community, spreading hope and inspiration to the world."

The review has also highlighted the very specific and unique needs of Birmingham. This provides many challenges but perhaps those most relevant to the Sport and Leisure Service are around health inequality.

Compared with National Averages, people in Birmingham are:

- 10% more likely to die of lung cancer
- 11% more likely to die of heart disease
- 27% more likely to die as a result of an accident
- 24% more likely to die of a respiratory disease

Recent research has identified the important link between inactivity and Coronary Heart Disease (CHD).

The British Heart Foundation however, published one of the most remarkable statistics.

People who are inactive are 37% more at risk from Coronary Heart Disease than those who are active as opposed to smokers who are 19% more at risk from CHD [British Heart Foundation publication December 2001]

These factors combined with the broad and diverse nature of the service, provide significant challenges. These are primarily the tensions of managing a service that is both socially inclusive and financially sustainable. This will require, at best, a very sophisticated management approach.

Also the 'tight / loose' challenge posed by the current re-structuring proposals of devolved services, provide one of the toughest challenges in corporate management today – that of ensuring corporate control to ensure consistency, continuity, marketing effectiveness and economies of scale, whilst at the same time enabling local services to be flexible and responsive to local needs.

The scope and nature of the review

The review covered the whole of the new 'Sport and Leisure Division' including the former sections of Community Leisure, Sport Birmingham, Leisure Point and Leisure Client Services.

The sheer size of the service and the changing context within which the Division operates has made the review take longer than originally intended. The re-structuring arrangements within the City Council are now providing new and important contextual perspectives. This restructuring process will become clearer following Constituency Conventions, the work of devolvement working groups and the formalising of the Community Strategy. (The improvements therefore are written very much with this restructuring in mind and allow flexibility to support the proposed changes).

The size of the City, along with the major challenges posed by the diverse demography of the Birmingham community has meant that the review has taken on a somewhat strategic perspective. This is in order that major strategic improvements can be identified that will subsequently facilitate improvements at, corporate, operational and local levels. Much work has been done, but there is clearly more to do.

WHERE IS THE SERVICE NOW? (STRATEGIC ANALYSIS)

An extensive and strategic analysis of the service was completed. This included consultation with key stakeholders, comparisons with other authorities and providers, along with a challenging consideration of the role, relevance and positioning of the service. The Balanced Score Card framework was used to summarise and make sense of the findings. This subsequently helped to shape a service model for the future along with key improvements that would help this to be achieved.

The current mission statement

"To Create in Birmingham, a dynamic sport and leisure service that makes a difference to peoples lives by offering high quality, healthy lifestyles and sporting opportunities, which are accessible, affordable and the envy of others"

BALANCED SCORE CARD

Summary of text included within Strategic Analysis section of report)

Finance

Income levels are falling in key areas of service. The lack of investment in an ageing and deteriorating building stock means that the service is now struggling to keep pace with customer expectations. Increasing competition is placing further pressure on income targets established during the CCT period.

There are a considerable number of new funding opportunities, particularly through Lottery New Opportunities Fund (NOF), Neighbourhood Renewal Funds (NRF) and others. The division does not currently have the capacity to exploit these to the full.

The pressing need to engage typically under-represented groups is naturally increasing the use of discretionary pricing schemes, such as Passport to Leisure. This is and will have an impact on income targets.

There are inadequate resources to effectively exploit the significant marketing potential of Leisure Card, the Internet and other forms of information technology.

Customers

Consultation has shown that the people of Birmingham value and trust the service provided, principally because of the perceived values of fairness, safety, equity and value for money (the 'we won't get ripped off' factor')

Although the service has in the past achieved increasing attendance's and satisfaction ratings, which has been reflected in two Charter Mark awards. It is felt that this is now likely to level off as facilities struggle to keep pace with customer expectations.

The market for, sport, health fitness and now well being, is growing rapidly. The Health Authority and more specifically Primary Care Trusts are now seen as new and important customers who are eager to buy into the many health promoting services provided by the division.

The division needs more and better informed market intelligence in order that it can better retain and increase use by existing customers as well as increase participation within target groups.

The current customer base does not adequately reflect the Birmingham community as a whole, and more needs to be done to engage typically under-represented groups.

Processes

The division has well established customer service improvement process in the form of the Customer Charter. This is now being extended across the division and will underpin he drive for continuous improvement.

Improved performance management processes are required to ensure the division delivers against both financial and social inclusion targets.

A staff survey has indicated the need for improved communication processes. A number of staff forums have been formed initially to consider communication and equality issues. This will also include the development of a divisional 'service ideas' scheme in order that ideas, particularly those from front-line staff, can be implemented and rewarded.

Development

The division has training and development programmes that are accredited by SPRITO and have supported the achievement of Investor in People status.

Training programmes will need to reflect the changing nature of the service particularly from a community regeneration, health and social inclusion perspective.

The full potential of the new division has not yet been fully realised. Economies of scale, along with a tremendous wealth of knowledge, skills, passion and experience exist within the former sections of Leisure Point, Sport Birmingham, Community Leisure and Leisure Client Services (now Facilities Development). Further work, to facilitate integration, as well as aligning knowledge skills and experience to the devolution agenda will need to be completed.

WHERE DOES THE SERVICE NEED TO GO? (STRATEGIC CHOICES)

The New Vision and Mission

A new vision has emerged of what the service can achieve in the future. This needs to be articulated to all staff and key stakeholders, so that all are clear on what they are working towards.

A mission statement then provides a tangible explanation of what the organisation sets out to do in order to achieve that vision.

Vision: -

Birmingham in five years time

"A vibrant, relaxed and healthier city, in which sport and leisure activity enriches lives within flourishing neighbourhoods and where local and international events and individual performances enhance civic pride"

This vision will impact on people of all ages, abilities and cultures enjoying the many health, social and economic benefits provided by sport and active recreation.

Mission: -

"To provide an excellent sport and leisure service that is equitable, accessible, affordable, exceeds expectations and where <u>all</u> have the opportunity to enjoy the many benefits of sport and leisure activity".

The New Service / Social Model

A new service model is needed to achieve the above. The model outlined below needs to be fully understood and should inform appropriate structuring and shaping of service, in order that a value for money management option is agreed that satisfies the foreseeable requirements of devolution.

A service with a clear longer term strategy grounded in improved social inclusion, community health, regeneration and sustainability

A service that is financially sustainable over the longer term

Enabling 'Grass Roots to Excellence' delivery of sport

More inclusive provision, targeting typically under-represented groups and providing health and well-being opportunities for all

A more integrated service with collaborative partnerships both within the Division, the department, the City Council as a whole, and with Strategic Partners such as Health, Education and Sport England

A service playing a greater role in developing individuals capacity to lead a better life through providing lifelong learning in sport, health and leisure

Assisting the continued regeneration of the city, locally within communities / constituencies, regionally as the regional centre of the West Midlands and internationally through staging world class events. This through investment in facilities and programmes to support community and world class aspirations

An options (compete) appraisal was completed. This was done in conjunction with management consultants and identified that Trust Status was a preferred option of delivery at that point in time. However the subsequent restructuring of the City Council has meant that this option has had to be put to one side, in order that the most appropriate option can be selected that satisfies the needs of devolution.

HOW WE ARE GOING TO GET THERE? (STRATEGIC IMPLEMENTATION)

This plan provides both the key strategic improvements required to effectively make changes to the service, and a more detailed action plan that will support this work.

Key Strategic Improvements identified by the review;

Get Fit for Purpose – Clarity of purpose is required to facilitate focussed and effective work – what is the precise purpose of the Division and how is it organisationally and financially structured to achieve this. The review has already identified that the Sport and Leisure Division faces significant financial challenges. In order that the service can be sustained over the longer term these will have to be addressed. This will mean ensuring that a sound financial base exists along with relevant management structures to deliver corporate priorities and reflect the need to provide more locally orientated services. These will need to be in place before the service can move forward on various service delivery options. This includes the 'inprinciple' preferred option of Trust Status. This work will also include the ongoing integration of the four former sections within the one Division of Sport and Leisure. In addition the Division will need to work in line with other processes to improve corporate working both within the department and the City Council as a whole.

Develop a Citywide Strategy for Sport – This will provide direction for the targeted allocation of resources against agreed sporting priorities. This is much needed, particularly if aspirations for increased participation with all having the opportunity to perform to their full potential are to be achieved. The Strategy for Sport and Physical Activity will provide a way forward at Strategic, corporate and local levels. This strategy will need to build upon consultation undertaken during the review, however a more strategic view will need to be taken, considering the Birmingham region as a whole, and within the context of local and regional cultural strategies. It is anticipated that consultants will be engaged primarily to assist with the consultation process with the City Council and to provide an independent abject view of priorities providing continuity for the development and implementation of the strategy.

Effectively manage current commitments - the Sport and Leisure Division is already committed to numerous programmes. These include; the management and hosting of the World Indoor Athletics and Badminton Championships, Exercise on Prescription, Sport Development programmes, the building of the Indoor Athletics Training Facility at Alexander Stadium, the development of a Coach Registration Scheme, Development of Leisure Card, work on the Capital of Culture Bid, hosting the work of the Sports Action Zone and managing a network of 60 Sports Facilities, Leisure Centres, Swimming Pools and Golf Courses.

Align the Service more Closely with Health – Sport, and more particularly various forms of physical activity are now being formally recognised as contributing to the Health agenda. The

Sport and Leisure service needs to re-profile itself in order that the health promoting benefits of the service can be fully appreciated and relevant partnerships with the Health Authority further explored.

Liberate the effectiveness and potential of all staff through more effective support and performance management. Introduce initiatives and programmes that liberate staff to contribute effectively to continuous improvement whilst also enabling them to develop professionally and personally to their full potential. In particular this will mean developing effective communication processes in order that staff ideas can be converted into service improvements.

More effectively market the service to ensure increased participation generally and more specifically within defined target groups –further extend marketing capacity to enable the Division to effectively respond to market opportunities and community needs. This through better use of management information and the use of appropriate marketing tactics, including, positioning, product development, promotion, pricing, programming and market research. This particularly targets typically under-represented groups.

(A more detailed action plan is included within the final section of this plan - Strategic Review)

It is felt that the above improvements will provide improved Effectiveness, through better achieving City Council objectives, Economy by providing a better service for the same if not less cost and Efficiencies through better and more targeted use of resources.

HOW IS THE NEW SERVICE PERFORMING (STRATEGIC REVIEW)?

This service plan provides a longer-term (3-5 year) perspective and will be supported and delivered through annual Business plans. It will provide focus and rationale for the use of resources, and also form the reference point for continued improvement and performance management. It is part of a strategic City Council planning and development process and intentionally sets out to support the current, primary objectives of the City Council.

The review process, although showing the service to contribute significantly to all of the City Council objectives, has shown clearly that the Sport and Leisure Service has much to contribute to Birmingham as a Healthy, Caring and Inclusive City.

In addition the proposals / improvements within this plan, will contribute significantly to the vision of Birmingham as identified within the Highbury 3 visioning process. The two main themes of this vision are;

That Birmingham should become a City recognised for its international competitiveness And Celebrated as a City of flourishing neighbourhoods

The Best Value Inspection

Unusually the Sport and Leisure Service received an inspection by Best Value Inspectors mid way through its review. They awarded the Division a score of 2 Star, Likely to Improve - one of the finest in its sector. Other scrutiny Processes that have informed this review include;

- Audit by Best Value Inspectors
- The Financial review
- Ongoing Charter Mark Processes
- Investors In People Processes

- BCC Scrutiny Process
- The implications of the Stephen Lawrence Enquiry
- Birmingham Race Action Partnership review
- IDeA review of the City Council
- Strategy and performance management exercise by the Director of the Department of Leisure and Culture
- Ongoing Benchmarking work
- Learning from Audit Inspection and Research
- On-going marketing activity

Appendix 3: Proposed review by Health & Social Services O & S Committee – Terms Of Reference

A. SUBJECT OF REVIEW

SPORT, LEISURE and HEALTH

B. REASON FOR REVIEW

The City has a duty to promote the social, economic and environmental well being of people in its area. There is evidence that physical inactivity, lack of exercise and stimulation leads to poor health. This review needs to be carried out to examine the wider role of the Sport and Leisure Division in improving health and well being and reducing health inequalities in the City.

C. **OBJECTIVES OF REVIEW INCLUDING INTENDED OUTCOMES**To examine the above and make recommendations for

- Sport and Leisure Division's work and how it currently contributes to the health and well-being of the people of Birmingham.
- the potential of repositioning/ re-focussing the service to further support the delivery of health improvement
- the creation of joint projects with Social Services and/or Education in improving access to Sport and Recreation opportunities for vulnerable groups, particularly Children in Public Care.

Intended outcomes:

- Greater awareness amongst key partners and customers of the potential of the Sport and Leisure Division's work in addressing health inequalities.
- Closer partnership arrangements with key partners in the delivery of health improvement within the City.
- Secure targeting of resources (both a human and financial) so that all keys
- stakeholders address health improvement and social regeneration targets, with a specific emphasis on Sport and Recreation.

D. LEAD OFFICER FOR REVIEW

Lead Officer: Ron Odunaiya Support Officers: Mike Dickenson, Ray Davies, Steve Salt. Steve Jarvis

E. COUNCIL DEPARTMENTS EXPECTED TO CONTRIBUTE TO REVIEW Social Services Transport Education Housing

Other Leisure and Culture Divisions Marketing Birmingham (Tourism)

- F. EXTERNAL ORGANISATIONS EXPECTED TO CONTRIBUTE TO REVIEW Birmingham and Black Country Strategic Health Authorities; Glasgow City Council
- G. ESTIMATED NUMBER OF WORKING DAYS FOR REVIEW REQUIRED Member Time: 6 Member Days Officer Time: 20-40 Officer Days 5 Non-Council Staff Days
- H. ANTICIPATED COMPLETION DATE March 2003
- I. ANY ANTICIPATED CALL ON SPECIAL SCRUTINY BUDGET Potential for benchmarking/awareness visits for members.

 Travel costs for non-Council staff.

AGREED by Overview and Scrutiny Committee on
SIGNED
COMMITTEE CHAIR

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
Chapter 1 – Reducing CHD in the population Standard 1 The NHS and partner agencies – to develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population Standard 2 The NHS and partner agencies – to contribute to a reduction in the prevalence of smoking in the local population Chapter 2 – preventing CHD in high risk patients Standard 3 GPs and primary care teams to identify all people with established CVD and offer comprehensive advice and appropriate treatment to reduce their risks. Standard 4 GPs and primary care teams to identify all people at significant risk of CVD but who have not developed symptoms and offer them appropriate advice and treatment to reduce their risks.	 Physical Activity – Local strategies should include: A focus on promoting daily moderate intensity physical activity that can be carried out as part of daily life. The promotion of cycling and walking as modes of transport. The training of primary care staff in counselling skills to promote physical activity and promote home-based physical activity First Step – people with diagnosed CHD or other occlusive arterial disease Relevant interventions: Provide information about other modifiable risk factors and personalised advice about how they can be reduced (including advice about physical activity, diet, alcohol consumption, weight and diabetes Provide advice and treatment to maintain blood pressure below 140/85 mm Hg Second Step – people without diagnosed CHD or other occlusive arterial disease with a CHD event risk greater than 30% (follow interventions in the first step) 	 Milestone two (by April 2001) Have agreed and be contributing to the delivery of the local programme of effective policies on a) reducing smoking b) promoting healthy eating c) promoting physical activity and d) reducing overweight and obesity Milestone three (April 2002) Have quantitative data (>12 months old) on the implementation of these policies As an employer, have developed 'green' transport plans Milestone four (April 2003) Have implemented plans to evaluate progress against national targets associated with Saving Lives: Our Healthier Nation and local targets 7.1 7.2 Milestone for chapter 2 Milestone three (April 2002) By April 2002 every practice should have protocol describing the systematic assessment, treatment and follow-up of people with CHD agreed locally and being used to provide structured care to people with CHD
		Milestone four (April 2003) Clinical audit data no more than 12 months is available that describes the use of relevant effective interventions. Interventions include:

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
	AOTIVITIMATTILLI	 a) Information about other modifiable risk factors and personalised advice about how they can be reduced (including physical activity, weight and diabetes) b) Advice and treatment to maintain blood pressure below 140/85mmHg
Chapter 7 – Cardiac rehabilitation STANDARD 5 – STROKE THE NHS WILL TAKE ACTION TO PREVENT STROKES, WORKING IN PARTNERSHIP WITH OTHER AGENCIES, WHERE APPROPRIATE.	Stroke prevention The prevention of stroke depends on reducing risk factors across the whole population as well as in those at relatively greater risk of stroke. Population approaches to preventing stroke At population level, the interventions are broadly the same as those for CHD: a) increasing levels of	Action: Every health system should, in partnership with other agencies where appropriate: Review current arrangements, in primary care and elsewhere to identify those at greater risk of stroke, and to intervene actively to reduce these risks and agree local priorities to improve the rates of identification and effective intervention in stroke.
PEOPLE WHO ARE THOUGHT TO HAVE HAD A STROKE HAVE ACCESS TO DIAGNOSTIC SERVICES, ARE TREATED APPROPRIATELY BY A SPECIALIST STROKE SERVICE, AND SUBSEQUENTLY, WITH THEIR CAREERS, PARTICIPATE IN A MULTIDISCIPLINARY PROGRAMME OF	physical activity b) encouraging healthy eating particularly reducing salt intake and increasing fruit and vegetable consumption c) supporting smoking cessation d) identifying and managing high blood pressure. The main risk factors for stroke are:	Milestone (April 2004) PCG/Ts will ensured that: Every general practice, using protocols agreed with local specialist services, can identify and treat patients identified as being at risk of a stroke because of high blood pressure, atrial fibrillation or other risk factors.
SECONDARY PREVENTION AND REHABILITATION. STANDARD 12 NHS TRUSTS SHOULD PUT IN PLACE AGREED PROTOCOLS/SYSTEMS OF CARE SO THAT, PRIOR TO LEAVING HOSPITAL, PEOPLE ADMITTED TO HOSPITAL SUFFERING FROM CHD HAVE BEEN INVITED TO PARTICIPATE IN A MULTIDISCIPLINARY PROGRAMME OF SECONDARY PREVENTION AND	 Cardiovascular disease Previous stroke TIA (transient ischaemic attack (mini stroke)), hypertension, high blood pressure Atrial fibrillation (a form of illregular heartbeat) Other cardiovascular disease such as CHD and peripheral vascular disease Carotid stenosis (a narrowing of the carotid artery) Metabolic	The NSF goal Every hospital should ensure: a) that all people discharged from hospital with a primary diagnosis of acute myocardial infarction or after coronary revascularisation are offered appropriate cardiac rehabilitation. b) that one year after discharge at least 50% of survivors are non-smokers, exercise regularly and have a BMI < 30 kg/m; these should be demonstrated by clinical audit data no more than 12 months old.
CARDIAC REHABILITATION. THE AIM OF	DiabetesHyperlipidaemia (high cholesterol level)	

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
THE PROGRAMME WILL BE TO REDUCE THEIR RISK OF SUBSEQUENT CARDIAC PROBLEMS AND TO PROMOTE THEIR RETURN TO A FULL AND NORMAL LIFE.	 Obesity Lifestyle Alcohol misuse Poor diet Low level of physical activity Smoking 	
	 Systems of care Initial advice on lifestyle such as smoking cessation, physical activity (including sexual activity), diet, alcohol consumption and employment Comprehensive assessment of cardiac risk, including physical, psychological and social needs for cardiac rehabilitation and a review of the initial plan for meeting these needs Provision of life style advice and psychological interventions according to the agreed plan from relevant trained therapists who have access to support from a cardiologist Four weeks after an acute cardiac event (Phase 3) early post discharge period plus: Structured exercise sessions to meet the assessed needs of individual patients Maintain access to relevant advice and support from people trained to offer advice about exercise, relaxation, psychological interventions, health promotion and vocational advice. Long term maintenance of charged behaviour (Phase 4) Long term follow-up in primary care 	

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
	 Offer involvement with local cardiac support groups Referral to specialist cardiac behavioural (e.g. exercise, smoking cessation) or psychological services as clinically indicated. 	

National Service Framework for Older People (2001)

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
Standard 6 – falls The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractions or other injuries in their populations of older people.		Milestone (April 2003) Local health care providers (health, social services and the independent sector) should have audited their procedures and put in place risk management procedures to reduce the risk of older people falling.
Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.	Population approach to falls prevention Public health strategies should aim to reduce the incidence and the impact of falls, through actions to encourage appropriate	Milestone (April 2004) The HIMP, and other relevant local plans developed with local authority

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
	weight-bearing and strength enhancing physical activity, promote healthy eating (including adequate intake of calcium) and reduce smoking in the general population. These are explored in more detail in Standard 8 (on the next page).	and independent sector partners, should include the development of an integrated falls service.
	Preventing falls in individuals Assessing intrinsic factors such as balance, gait or mobility problems including those due to degenerative joint disease and motor disorders such as stoke and Parkinson's disease.	
	 Interventions Interventions should be agreed with the older person. These may include: Rehabilitation, including physiotherapy to improve confidence in mobility, occupational therapy to identify home and environmental hazards Individual tailored exercise programmes administered by a qualified trained professional can reduce the incidence of subsequent falls in fit older people or as part of a multiple intervention approach in those at risk. Programmes which provide training in balance, along with individual tuition, may also help older people reduce their risk of falling Falls prevention programmes for individuals should contain more than one intervention and focus on the individual's particular risk factors. 	
	Rehabilitation Rehabilitation strategies should include: • Increasing the older person's stability during standing, transferring, walking and other functional movement by: - BALANCE TRAINING - STRENGTHENING THE MUSCLES AROUND	

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
	THE HIP, KNEE AND ANKLE - INCREASING THE FLEXIBILITY OF THE TRUNK AND LOWER LIMBS - PROVIDING APPROPRIATE MOBILITY AND SAFETY EQUIPMENT • HELP OLDER PEOPLE REGAIN THEIR INDEPENDENCE AND CONFIDENCE TO RELEARN AND PRACTICE THEIR PREVIOUS SKILLS IN EVERYDAY LIVING, AND TO COPE SUCCESSFULLY WITH INCREASING THREATS TO THEIR BALANCE AND INCREASINGLY DEMANDING FUNCTIONAL TASKS • TEACH THE OLDER PERSON STRATEGIES TO COPE WITH ANY FURTHER FALL AND PREVENT A LONG LIE. IF POSSIBLE THE PERSON SHOULD BE TRAINED HOW TO GET UP FROM THE FLOOR.	
Standard 8 – The promotion of health and active life in older age. THE HEALTH AND WELL-BEING OF OLDER PEOPLE IS PROMOTED THROUGH A CO-ORDINATED PROGRAMME OF ACTION LED BY THE NHS WITH SUPPORT FROM LOCAL COUNCILS.	NOTE: This whole standard is relevant to physical activity, lack of space prohibits us from reproducing the whole section but it is neatly summed up by the following paragraph: Increasing physical activity Any form of social, physical or mental activity is good for health and well-being. The adoption of a more physically active	HIMPs and other relevant local plans should have included a programme to promote healthy ageing and to prevent disease in older people. They should reflect complementary programmes to prevent cancer and CHD and to promote mental health, as well as the continuation of immunisation. Milestone April 2004 Local health systems should be able to demonstrate year on year improvements in measures of health and well being among older people.
	lifestyle can add years to life for previously inactive older people, but perhaps more importantly, physical activity can significantly enhance mobility and independence and improve quality of life. Analysis shows that a large proportion of people aged over 50 are sedentary (take less than half an hour moderate intensity physical activity a week) and that few take levels of activity recommended for improving health (30 minutes of moderate physical activity on at least five occasions	SMOKING CESSATION BLOOD PRESSURE MANAGEMENT

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
	a week for example, brisk walking, household chores such as vacuuming or social activities like dancing). Adapted exercise, even for very frail older people can help strength, mobility and balance, and can reduce the risk of falling. Activity and exercise, which improve physical health, increase the sense of well being and also tend to promote more positive social interaction, will in turn promote positive mental health. Activity can include educational, creative and social pursuits as well as physical exercise.	

National Service Framework for Diabetes (2001)

STANDARDS	AREAS IN WHICH PHYSICAL ACTIVITY MAY HELP	MILESTONE DEADLINES
Standard 1 – Prevention of Type 2 diabetes	Key interventions	The delivery strategy is due to be published this summer (2002) and will include the milestones.
The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes. Standard 4 – Clinical care of adults with diabetes.	The overall prevalence of Type 2 diabetes in the population can be reduced by preventing and reducing the prevalence of overweight and obesity in the general population, particularly in sub-groups of the population at increased risk of developing diabetes, such as people from minority ethnic communities, by promoting a balanced diet and physical activity.	(2002) and will include the milestones.
ALL ADULTS WITH DIABETES WILL RECEIVE HIGH-QUALITY CARE THROUGHOUT THEIR LIFETIME, INCLUDING SUPPORT TO OPTIMISE THE CONTROL OF THEIR BLOOD GLUCOSE, BLOOD PRESSURE AND OTHER RISK FACTORS FOR DEVELOPING THE COMPLICATIONS OF DIABETES.	Individuals at increased risk of developing Type 2 diabetes can reduce their risk if they are supported to change their lifestyle by eating a balanced diet, losing weight and increasing their physical activity levels. Rationale For people with newly diagnosed Type 2 diabetes, the majority of whom are overweight, weight loss and increased physical activity are the first interventions, followed by the addition of medication, as appropriate. Key interventions (which can be influenced by physical activity) Improving blood glucose control reduces the risk of developing the microvascular complications of diabetes in people both Type 1 and Type 2 diabetes Improving blood glucose control may reduce the risk of people with diabetes developing cardiovascular disease Controlling raised blood pressure in people with diabetes who have co-existing hypertension reduces their risk of developing both microvascular	

complications and cardiovascular disease
Reducing cholesterol levels in people with
diabetes who have raised cholesterol levels may
reduce their risk of CVD.

Appendix 4: Starting Point



STARTING POINT

A Softer Start for Those Starting Exercise

Starting Point Report

Starting Point

Introduction

A need has been identified to provide people with a softer and easier start to exercise. The **Starting Point** programme is being developed for this purpose. It is envisaged this will increase the number of people starting exercise whilst also engaging individuals and groups who have previously felt socially excluded from this area of service.

Research has shown that there is a considerable proportion of the Birmingham population;

- Who are identified as in need of health improvement Birmingham Health Improvement Plan
- Which include certain social groups that have poorer health than others
- Where there are geographical districts with specific health improvement requirements and targets.
- Who feel socially excluded from exercise
- Previous barriers to this participation
- There are many 'contemplators' wanting to exercise but are anxious about their first visit to a swimming pool or leisure centre.

Encouragingly research also shows that;

- A large percentage of the Birmingham community would like to be healthier
- A large percentage of the Birmingham community would like to start exercise
- People would like to lose weight or feel more comfortable with their appearance.

- There are considerable numbers of people over and above those already taking part, who have expressed an interest in starting specific activities such as swimming, golf, health and fitness etc.
- There are positive values that Birmingham people associate with Birmingham City Council Leisure Facilities
- The City Council is seen as a safe and 'First port of call' for starting exercise.
- There are motivational techniques and specific approaches to the delivery of service that if adopted would encourage people to make their first visit to a leisure centre, swimming pool etc.
- Some conventionally under represented groups are demonstrating an increasing desire to do more exercise, such as the young Asian people.

The Starting Point scheme is being developed in response to consultation, by inviting newcomers to have an introductory chat with a member of staff on their first visit to a centre, rather than being expected to go directly into an exercise or fitness activity. Staff will be knowledgeable, friendly, and helpful and be particularly sensitive to the needs of beginners. Following a brief and un-intimidating health / lifestyle screening the member of staff can advise the customer on their most appropriate 'starting point'. In addition they can also provide additional information and advice on healthy eating, stopping smoking or losing weight etc.

Background

Birmingham City Council, through its Leisure Division, has done much over recent years to increase the number of people getting involved in health and fitness activity. Whilst this has traditionally been through the provision of swimming pool and leisure centre's the introduction of new fitness gyms and exercise-to-music programmes under the 'Pulse Point' brand have helped to improve quality, choice, accessibility and affordability of activities available.

It is now recognised, through consultation and findings from the 'Exercise on Prescription' programme, that fitness gyms, aerobics programmes, swimming and other conventional activity programmes are generally suited to those already committed and confident in exercising. However, it is clear that for some people, who are perhaps a little less confident about their first visit to a centre, a softer handholding approach is required.

Research has shown that there are many people who would like to be healthier, would like to start exercising, and who are contemplating a visit to a leisure centre or swimming pool etc but are anxious about this first step. These people have been identified as 'contemplators' and it is these that the Starting Point programme is aiming to attract.

(There are a group known as 'pre-contemplators' who have not yet realised the benefits of exercise and are not yet contemplating an exercise programme. This group is much harder to attract and will require Education into the benefits of exercise along with other elements of support to engage them in healthier lifestyles. It is not envisaged that the Starting Point programme can specifically address this group, however the Starting Point programme may attract some of this group inadvertently).

It is envisaged that the Starting Point programme will introduce significant numbers of newcomers to activity programmes offered by Birmingham City Council. This will contribute significantly to Birmingham City Councils Health objectives and Birmingham Health Authorities, Health Improvement Programme Targets.

The scheme is designed with the customer in mind but will also act as an important sales tool for staff in introducing beginners to the many activities provided by the City Council that promote, physical, social, and mental wellbeing. These are wide ranging and include swimming, golf, badminton, and 50+sessions, walk programmes and much more. It will also assist in cross- selling activities within the Department, through promoting opportunities in other divisions, such as promoting walking within parks etc.

The Starting Point scheme will also provide valuable information and profiling on people's 'wellbeing and general health' as well as gauging their awareness and knowledge of healthy eating and other lifestyle issues. Ongoing monitoring will assist the development and improvement of 'starter' activity programmes, whilst also providing a measure of improvement in peoples health. In addition it will also inform some of the education issues that may need addressing around Health Education, balanced diet and the benefits of exercise etc.

In line with **Best Value** the Starting Point programme, combined with the Leisure Card scheme, will enable the 'Sport and Leisure Division's contribution to Health improvement to be measured, and subsequently also inform on performance against health improvement targets.

(health improvement in this context may not be measured extensively in a clinical sense, but instead by measuring such things as peoples general feeling of well being, self esteem, perceived appearance, desired weight, ability to achieve goals –such as being healthy enough to play with children, go walking, climbing etc.)

Relevant consultation and research

The City Living Panel research included surveys to identify issues of importance to people when engaging with City Council Health programmes.

Eighty per cent of respondents indicated a desire to improve their health in the future, and the same number said they would like to take more exercise. The responses were similar across all socioeconomic backgrounds, demonstrating an opportunity to capture the socially excluded. The highest demand for improving general health and fitness came from the young Asian community. Who are also identified within the Sport England Sports Equity survey as being a particular target group for improved participation.

Motivations for taking up regular exercise included:

Improving health and fitness

- socialising (meeting new people and exercising with friends)
- to relax
- to have fun
- to feel relaxed and revitalised
- for a sense of achievement

53 per cent of respondents indicated a preference to use Birmingham City Council's facilities, primarily because charges were considered reasonable and the organisation was viewed as trustworthy.

A number of barriers to potential users were however identified;

- being unsure how to start
- not wanting to do it alone
- feeling intimidated
- a reluctance to appear foolish
- believing that sports centres were full of fit people

The research highlighted a number of ways such barriers might be overcome, most notably;

Friendly, helpful and knowledgeable staff to show beginners around, who are sensitive to their needs. Enabling beginners to get health advice and knowledge on a comprehensive choice of activity programmes that provide fun and an opportunity for light hearted as well as serious recreation.

The Starting Point Programme

Based on the above consultation and the professional input of Health and Fitness staff, and following further consultation with non-users, the Starting Point programme will be launched early in the new year. This will importantly co-inside with the introduction of the new leisure card which will be able to accurately measure the uptake and retention of the Starting Point scheme, as well as to offer additional incentives to help the newcomer.

The programme, targeted at current non-users, will use knowledgeable and understanding staff to ease people into exercise by helping them to see that our facilities cater for all ages, sizes, shapes and levels of ability as well as introducing them to the most appropriate form of exercise or advice. Wherever possible, Starting Point customers will be introduced to others new to exercise, thus helping to establish a support network which will encourage and motivate new starters or those returning to exercise after a lengthy break.

Newcomers will be encouraged to have a consultation with a member of staff, individually, with friends or in-groups, such as companies or clubs.

Initially, Starting Point sessions will be piloted at five facilities – Cocks Moors Woods, Kingstanding, Sparkhill, Shard End and Northfield. Sessions will be available at various times between Monday and Friday and will be offered on an individual basis or for groups of up to five. Each session will last for between 20 and 35 minutes.

At present, it is anticipated that no charge will be made for Starting Point consultation sessions, although customers will be required to book in advance.

The Starting Point consultation is being developed to include the following:

- complementary refreshments
- a tour of the site and an explanation of the activities available
- a discussion about any pertinent medical condition
- advice on the most appropriate activities for each individual
- ♦ ADVICE ON CLOTHING AND ANY EQUIPMENT REQUIRED
- details of charges and any discounts available (including Passport to Leisure)
- advice on diet and healthy lifestyles
- ♦ advice about other possible lifestyle changes (e.g. stopping smoking, alcohol intake, stress management)
- a brief plan of the recommended exercise programme and suggested rate of Progression

It is also proposed to offer each Starting Point customer a £1 voucher to use against their first exercise /activity session.

Users of the starting point programme will be invited back for a further consultation to discuss their progress with a member of staff and it is here that additional support, advice and motivation can be provided.

Consideration is being given to 'off the shelf' software packages that help to monitor health improvement and provide valuable user-friendly reports for both the customer and the Sport and Leisure Division.

Implications for Birmingham's corporate policy priorities

The introduction of the Starting Point programme will contribute significantly to the City's major service priorities.

A City For Learning

The Starting point scheme will make it easier for people to acquire knowledge and learn new skills – particularly in sport and health improvement.

A Healthy, Caring and Inclusive City

Starting Point will make it easier for people of all backgrounds, ages and physical abilities to embark on a healthier lifestyle and enjoy the many benefits associated with the service provided by the Sport and Leisure Division.

- The Starting Point programme will provide people with the ideal introduction to exercise, that will introduce them to a wide range of activities that are recognised as improving physical, social and mental health.
- Research shows that individuals from disaffected and socially excluded groups experience considerably greater health problems than those in higher social-economic groups. Elderly and overweight people can also be subject to social exclusion. The scheme should therefore significantly contribute to social inclusion in this regard.

A Modern and Successful City

- Starting Point will introduce a much wider range of people to some of the skills and knowledge required to fully exploit the opportunities provided by a modern and successful City like Birmingham.

A Safer, Cleaner and Greener City

- Starting Point will provide a greater number of people from Birmingham's richly diverse community with knowledge and skills to lead safer lives. Also a better appreciation of the benefits of exercise, and the introduction to walking routes etc, will have the knock-on effect of people appreciating the green environment provided by the City's parks and open spaces.

Informed and Involved People

- The very essence of Starting Point is about informing people on the easiest ways that they can start exercising and embarking on a healthier lifestyle. This process will also enable staff to involve people in the designing and improving of 'starter activity programmes'

A Modern Council Organisation

Starting Point will enable the Sport and Leisure Division to more accurately identify customer requirements, particularly from a beginner's perspective. Therefore targeting resources more effectively to this market which is in keeping with a modern council that has continuous improvement at its very core.

In keeping with Best Value, Starting Point will provide information that can be monitored, to ensure customer needs are being met and performance targets achieved. Users and non-users will be consulted regularly about improvements and amendments to the programme.

The Starting Point programme also contributes to objectives of key partners and stakeholders, such as Sport England and The Birmingham Health Authority.

Mike Dickenson – Marketing and Service Development Manager (Best Value) Sport and Leisure Division

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