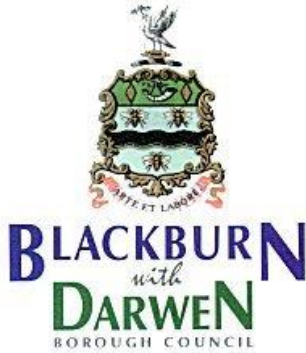


EXECUTIVE BOARD DECISION



REPORT OF:	Executive Member for Health and Adult Social Care Executive Member for Leisure Culture and Young People
LEAD OFFICERS:	Director of Public Health Director of Environment & Leisure
DATE:	14 July 2016

PORTFOLIO/S AFFECTED:	Leisure Culture and Young People Health and Adult Social Care
WARD/S AFFECTED:	All
KEY DECISION:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

SUBJECT: Proposal to introduce a nominal fee for re:fresh activities

1. EXECUTIVE SUMMARY

The Public Health Department is required to make significant in-year savings, as a result of Department of Health (DH) funding reductions and Council budget reductions. Since the DH announcement of its reduced allocation in February 2016, the Public Health team alongside its providers have been determining where the reductions can be made with minimal impact. There are two services proposed for achieving the savings targets that require Executive Board Decision due to the potential impact on the public and stakeholders:

- (i) Introducing a nominal fee for re:refresh activities
- (ii) Changing targeted 0-5 Healthy Child Programme services – this will be covered in a separate paper

The purpose of this briefing is to provide information on the potential impact of introducing an nominal fee of £1.00 for re:refresh activities, which are currently offered free of charge for residents and employees to attend selected gyms, swim and court sessions at defined off peak times and centres.

Public Health have sought and followed corporate advice to develop this joint proposal with our Culture, Leisure and Sport department to enable the decision making process, including undertaking a public consultation exercise and completing a full impact assessment.

A public consultation exercise was undertaken during May to June 2016 which received an excellent return with a total of 209 responses. With reference to the proposal, the majority of respondents 124 (63.9%) either 'strongly support' or 'tend to support' the council's proposal to introduce a nominal fee for re:refresh activities, whilst maintaining a wider re:refresh offer and retaining the specialist health improvement services.

Based on the impact assessment and the findings of the public consultation in support of the proposal, Public Health are recommending that the proposal to introduce a nominal fee for re:refresh activities if approved.

2. RECOMMENDATIONS

That the Executive Board:

- Notes the content of the paper
- Approves the proposal to introduce a nominal fee for re:refresh activities from 1st September 2016
- Note that a summary briefing paper outlining all £1.4 million in-year Public Health service changes will be presented to the Executive Board in September for information based on the total Department of Health cuts.

3. BACKGROUND

All Public Health services have had reductions in funding in 2016/17, including internal prevention commissions with an overall in-year cut of 20%, to achieve the department savings target agreed at Finance Council in February. The only component which has not had a reduced budget is the Social Determinants of Health (SDoH) fund which we have been informed is out of scope. Whilst the Public Health department has previously managed to make efficiency savings in previous years by service redesign of external contracts, the financial challenge is such that difficult decisions are now required which will impact on residents and stakeholders.

A joint review between Culture, Leisure and Sport and the Public Health department commenced at the end of February in response to the Department of Health's reduced prevention grant announcement for 2016-17; and following approval from Finance Council for Public Health to reduce internal funding to council departments by an overall 20%, which equates to an in-year budget cut of £238,000 for the Culture, Leisure and Sport department.

As part of impact assessment and development of the proposal, a range of targeted health improvement services were also reviewed, which are referral services based on both a secondary prevention and targeted primary prevention for individuals with identified lifestyle risk factors (such as sedentary lifestyle, poor diet, socially isolated) and / or co-morbidities (such as obesity, high blood pressure, Type 2 diabetes), which includes:

1. Community weight management
2. GP exercise referral
3. Walking and cycling groups
4. Falls prevention
5. Stop Smoking Services
6. Healthy Communities Partnership
7. Integrated Wellbeing service, including Health Trainers

The impact assessment exercise was used to compare and contrast the impact of two proposals:

- stop or reduce targeted health improvement sessions and keep re:refresh activities free of charge; or
- introduce a nominal fee for re:refresh activities and retain health improvement services.

On balance, the latter option was considered less of a risk and the Public Health and Culture, Leisure & Sport Departments jointly recommend approval of the proposal to introduce a nominal fee for re:refresh activities. The full public consultation survey report is provided as a background paper for review, along with a full EIA.

Whilst this consultation has a specific focus to inform in-year decision making, it should also be noted that plans are in place for a larger public engagement exercise on Public Health reductions which is scheduled to commence soon to determine priorities for services in 2017-18.

4. KEY ISSUES & RISKS

Reputational risk. Any proposed changes to the high profile long established re:fresh health and wellbeing offer may attract negative publicity from local and national media and residents, so there is a potential for reputational damage and political sensitivities.

Clinical / interdependencies. Primary care rely on referring patients to health improvement services via the integrated wellbeing service single point of access, and removing these services may cause disruption to care pathways and affect interdependent services commissioned by BwD CCG, such as a cardiac rehabilitation, stroke services, and Long Term Conditions management pathways, such as diabetes.

Survey sample. The respondents who completed the consultation of the stop smoking service provision ranged in age from 30-80 years and resided in various wards of the Borough. The ethnicity of the cohort was mainly white/British (94.27%). The quality of the service experienced by respondents was reported as very good or excellent. However, the data from the consultation regarding the stop smoking service is limited.

Age. Decommissioning the specialist exercise services would affect people of all ages and whilst there will be a free leisure offer this would be a reduced service and may affect specific groups by the nature of the sessions cut back e.g. reducing community classes will affect mainly older adults or reducing gym sessions will mainly affect young people from BME backgrounds.

Pregnancy and ante natal. Potential decommissioning of the specialist weight management programme will impact on the maternal healthy weight pathway which gives healthy eating support and advice to expectant mums referred by healthcare professionals. These women will be unable to benefit from the support available to help them make changes to their diet that will benefit both their own health and the health and early development of their baby to give the best start in life. Whilst introducing a nominal fee will affect all adults there will still be a free walking and cycling programme for all.

Children and young people. Maintaining free leisure provision for children and young people in our care will help to address obesity and reduce the prevalence of diabetes and CVD in the longer term as the young people are able to make sport and physical activity a part of their lifestyle.

Ethnicity / gender. BME ladies who access the ladies only sessions due to cultural sensitivity may be adversely affected by the introduction of a nominal charge, but the walking and cycling programme, which includes ladies only walks and Sky Breeze cycle rides will remain unaffected by the proposed charges. However, should a blanket charge be not be introduced these sessions could be lost all together.

Deprivation. There is a strong correlation between 'deprivation and obesity' and 'deprivation and life expectancy'. There is also a strong correlation between obesity and BME communities and deprivation further compounds this. A large number of the BME community in BwD live in the most deprived areas.

The introduction of a nominal fee may become a barrier for adults from the most deprived areas who may simply not be able to afford to pay the £1 fee. This may have a further impact on the health outcomes within the most deprived areas in BwD. However, if the option to decommission health improvement services was taken there may be an even greater impact on deprived communities in being unable to access specialist support and advice when they require it.

Financial risk. If the Board declined this proposal or delayed a decision, this would place a significant financial pressure on the Public Health department and create a financial risk for the council if the target savings could not be achieved in year.

5. POLICY IMPLICATIONS

The Health and Social Care Act (2012) outlined local authorities' public health responsibilities for the local area to be led by the Director of Public Health. This includes 22 areas of commissioning responsibility, which includes a number of mandated public health responsibilities.

6. FINANCIAL IMPLICATIONS

The Department of Health Public Health grant is currently ring fenced for prevention services and programmes, whereby Local Authorities are audited via the Director of Public Health and the council Director of Finance to ensure it is used in line with the grant criteria. Due to the late government announcement in February of the 2016-17 grant allocation, this has delayed budget planning and decisions required in relation to planning service changes required due to the reduced grant available.

As a consequence of introducing the nominal fee of £1.00 for re:refresh activities, our financial model estimates that we will generate £183,500 income in-year, potentially rising to £215,000 in a full year and thereby offsetting the reduction in grant funding.

7. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 outlined local authorities' public health responsibilities for the local area. Any changes to services proposed must not affect any statutory responsibilities and any recommendations or proposal should be informed by an effective and adequate consultation process.

8. RESOURCE IMPLICATIONS

The resource related to developing this proposal has been from staff within the both Public Health and Culture, Leisure & Sport departments, who are funded from the Department of Health prevention grant. In particular, service staff from CLS were able to successfully engage with service re:refresh and health improvement service users to facilitate the completion of the survey. In addition, partnership networks were called upon to assist with the public consultation exercise, which included a range of agencies from the Community, Voluntary and Faith Sector.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.



ReFresh Programme
Fee Introduction EIA

10. CONSULTATIONS

Lead portfolio elected members for Public Health and Culture, Leisure & Sport have briefed by respective departments on this proposal, and discussions have taken place at SPT meetings.

Public Health Senior Leadership Team (SLT) and extended SLT meetings have discussed this proposal, and both Directors of Public Health and Culture, Leisure & Sport have also been briefed.

Children's services leads and lead portfolio elected has also been briefed, and children's services have also supported the public consultation exercise.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	1.3
-----------------	------------

CONTACT OFFICER:	Shirley Goodhew / Helen Lowey
-------------------------	--------------------------------------

DATE:	01 June 2016
--------------	--------------

BACKGROUND PAPER:	Equality Impact Assessment Summary of findings from the Physical Activity & Healthy Lifestyle public consultation exercise
--------------------------	---