

Health Improvement Board 17 Nov 2022

Active Lifestyle Centres

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Introduction and purpose

Physical and mental health are crucial in all aspects of daily life and are especially important in building resilience against threats such a COVID-19.

The February 2021 <u>health and</u> social care white paper shows the need for a more integrated system (1 in 3 patients admitted to hospital as an emergency now having five or more health conditions, up from one in ten a decade ago).

Oxford's leisure facilities contract expires in 2024 - Oxford's Leisure Futures review takes a strategic focus on the role leisure has supporting other agendas e.g. sustainability, climate, health inequalities and supporting communities

Finding new ways to deliver services, potentially under the same roof, integrating health and social care into community settings.

Opportunity to re-imagine Oxford's leisure facilities

(Active Lifestyle Centres)

This could provide a focal point for preventative and recuperative treatments and social prescribing by the primary care sector.

These slides provide an update on progress and ask the HIB to support a business case to move us towards

Active Lifestyle Centres

The role of physical activity

"There is no situation, there is no age and no condition where exercise is not a good thing" - Sir Chris Whitty

Physical activity reduces the risk of:

Dementia by 30% - Colon Cancer by 30%

Hip fractures by 68% - Type 2 diabetes by 40%

Depression by 30% - CV disease by 35%

Breast Cancer by 20% - All cause mortality by 30%

National picture:

1 in 3 (34%) men are not active enough for good health - almost 1 in 2 (42%) women not active enough for good health

1 in 5 (21%) men are classed as physically inactive - 1 in 4 (25%) women are classed as physically inactive

44% of disabled adults are physically inactive

Only 34% of men and 24% of women undertake muscle- strengthening activities at least twice a week

District Councils Network

'<u>Fit for the Future</u>' (2022)

The report demonstrates that by using the 'MOVES' model that engagement of just over 1 million of the inactive population of England in a prescribed leisure services programme would provide the following impacts over a 10-year period:

- Almost 45,000 diseases avoided
- A direct saving to the NHS of £314 million for the cost of treatment of those diseases
- 70,000 Quality-Adjusted Life Years (QALY) gained (a year of life in perfect health is equal to one QALY)
- This QALY gain has a health value of £1 billion and economic value of £4.2 billion
- A 3.7 year reduction in the healthy life expectancy gap
- The inactive population of just over 1 million used in the report model represents referrals of 154 patients from each GP surgery across England

£450m saved by preventing 30 million additional GP visits

Prevention of serious physical and mental health conditions, worth £9.5 billion

24 million participants

3.9 million volunteers

More than 285k jobs

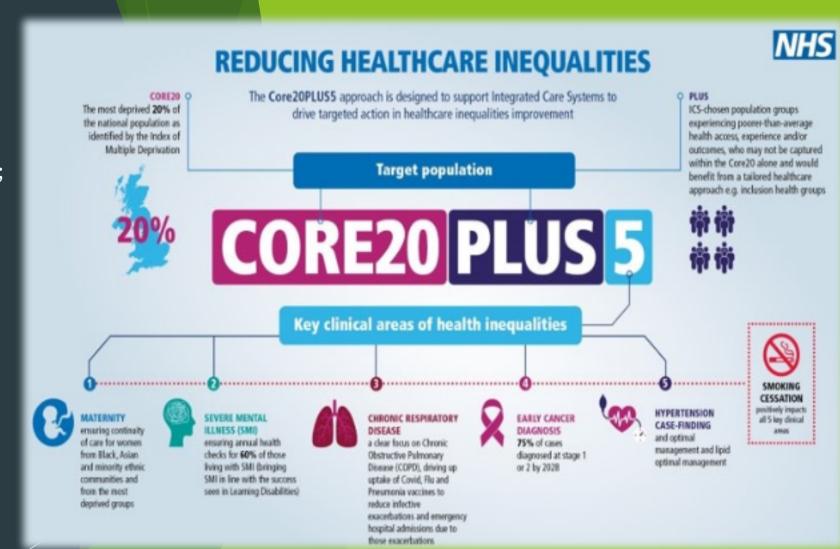
*'Why investing in physical activity is great for our health - and our nation'

The economic importance was evaluated by adopting the National Income Accounting framework and provided a snapshot of the role and significance of sport in England in 2017/18

Sport England National <u>research</u> (2020)*

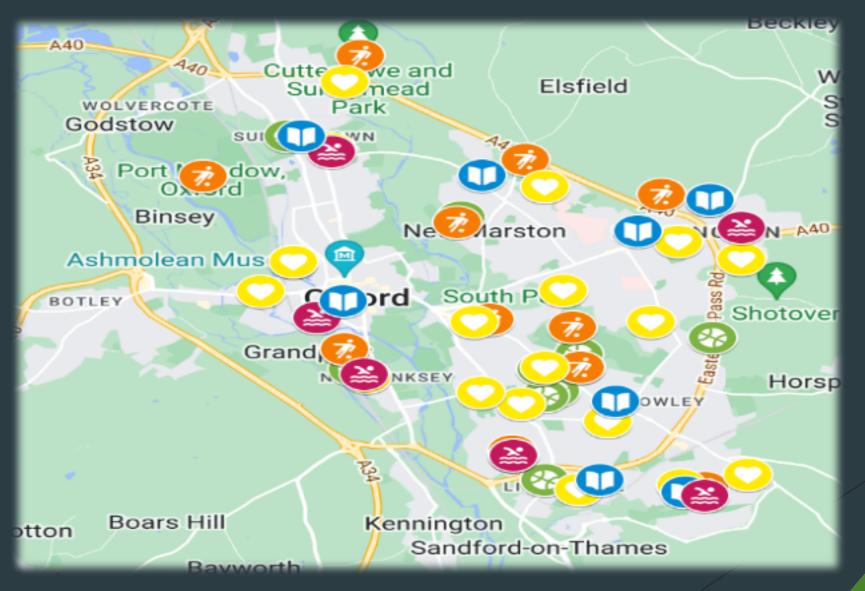
We know that Oxford is a city of contrasts and inequalities

- Ten out of Oxford's 83 neighbourhoods are amongst the 20% most deprived in England (Core20PLUS5)
- After housing costs, one in four children lives below the poverty line; this rises to 36% in Blackbird Leys
- On average, men in the most deprived areas of Oxford live 13.8 years less than those who live in the least disadvantaged areas this is a similar life expectancy gap as between the most affluent and least affluent parts of the UK
- Almost one in three children leaving primary school in Oxford are overweight or obese, with one in six classed as obese; some 63% of adults in England are overweight or obese



Community wellbeing assets

(Link here)



Community centres



Libraries



Public leisure centres



Outdoor courts



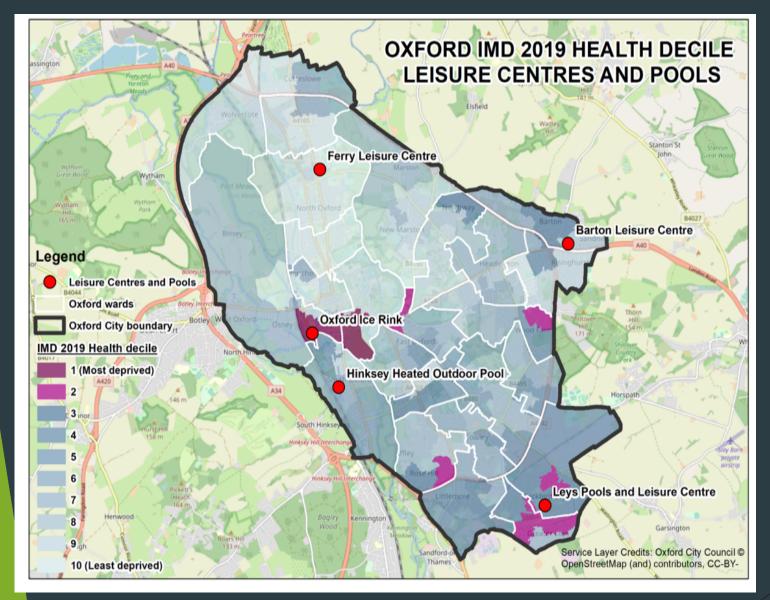
Pitches and pavilions

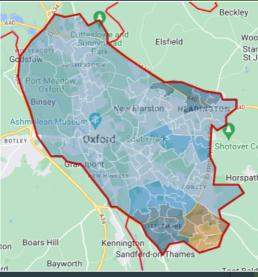


We know that Oxford's leisure centres

Improve	physical health and mental wellbeing
Increase	productivity at school or work
Improve	ability to act as a carer - physical, mental and emotional health & wellbeing
Reduce	risks of falls, and remaining independent for longer
Generate	social return on investment (SROI of £18.3 million in 2016)

Oxford leisure centres, IMD, physical inactivity and obesity





Physically inactive



Obese adults

Oxford Leisure Facilities user data - overview (Jan to mid-Oct 22)

159k active visits from 28k individuals (those we have data for)

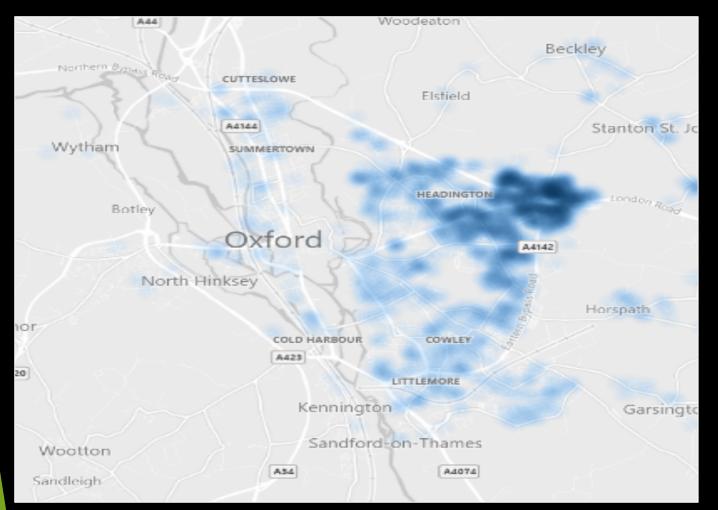
313k total visits (Jan to Sept 2022)

- ▶ 70% visitors from Oxford City
- ▶ 20% from Oxfordshire
- ▶ 10% from outside of Oxfordshire

- **5,520**
- ► 40% concessionary



Leisure user data - Barton Leisure Centre (Jan to mid-Oct 22)



Visits

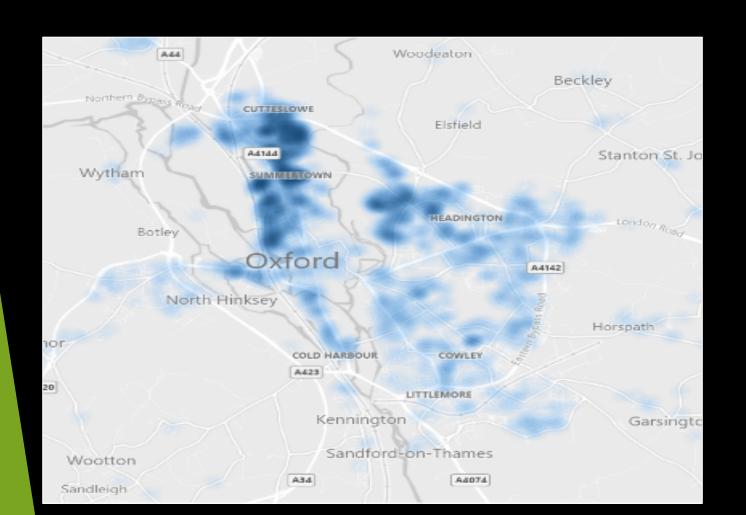
▶ 31k (20% of total)

Individuals

► 4.3k (15% of total)

- ▶ 1,130 (20% of total)
- ▶ 45% concessionary

Leisure user data - Ferry Leisure Centre (Jan to mid-Oct 22)



Visits

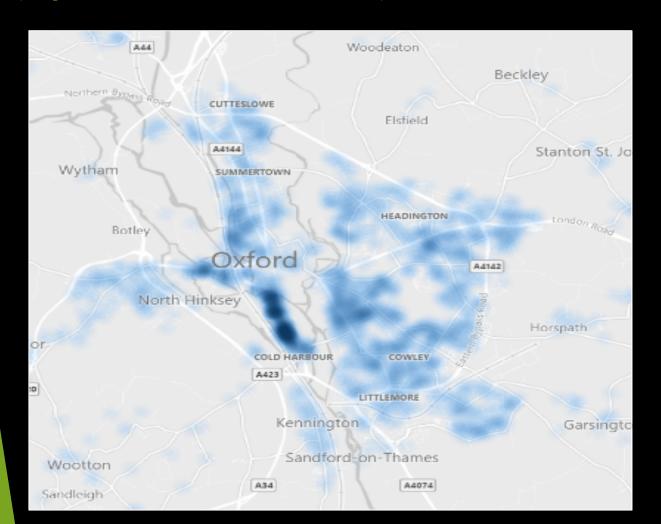
▶ 35k (20% of total)

Individuals

► 5.3k (19% of total)

- ▶ 1,848 (33% of total)
- ▶ 33% concessionary

Leisure user data - Hinksey heated Outdoor Pool - seasonal (Apr to mid-Oct 22)



Visits

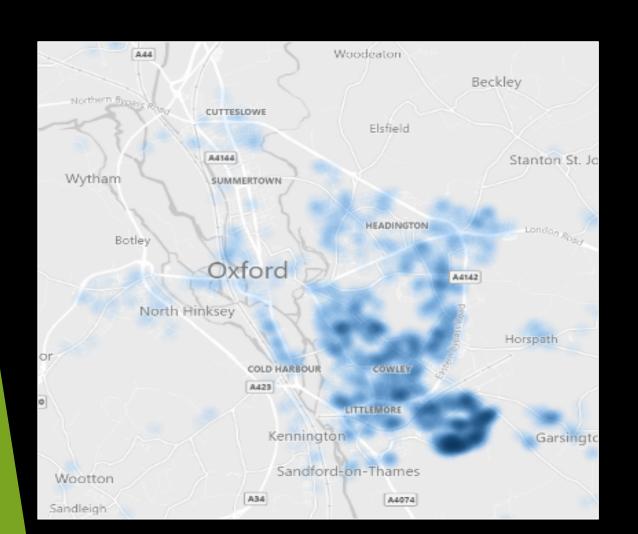
► 41k (26% of total)

Individuals

9.5k (33% of total)

- > 734 (13% of total)
- ► 44% concessionary

Leisure user data - Leys Pools and Leisure Centre (Jan to mid-Oct 22)



Visits

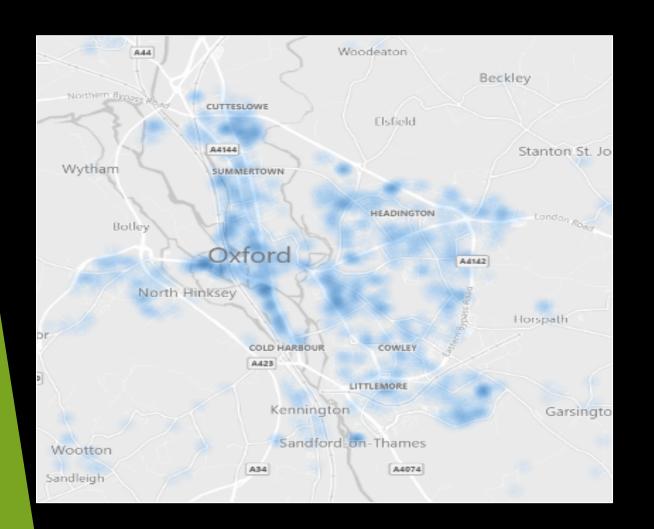
▶ 29k (18% of total)

Individuals

▶ 4.7k (17% of total)

- ▶ 1,635 (30% of total)
- ▶ 42% concessionary

Leisure user data - Oxford Ice Rink (Jan to mid-Oct 22)



Visits

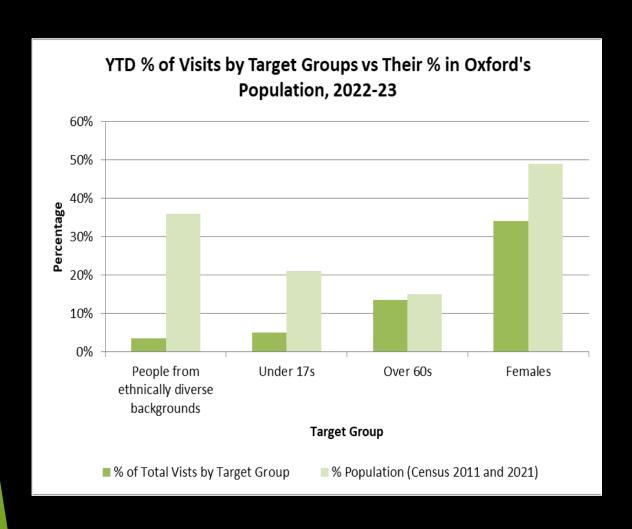
► 23k (14% of total)

Individuals

► 4.5k (16% of total)

- ▶ 173 (3% of total)
- ▶ 28% concessionary

Oxford Leisure centre user data - representation (Apr to Aug 22)



Based on the data we have:

- People from ethnically diverse backgrounds and under 17s aren't represented
- Over 60s are well represented
- Females are slightly underrepresented

BUT note:

- This data doesn't account for pay as you go users
- We don't hold complete records for all users
- Population figures are estimates

Good practice

Learning from other local authorities

- The best results are achieved through collaboration, a sharing of resources and also a sharing of culture and understanding.
- Strong examples of integrated services with GPs, social care, physios, community connectors and social prescribers based in leisure centres, with preventative and recovery programmes delivered and commissioned through the centres.
- A range of collaboration projects such as; Active Mums, <u>Staying Steady</u>, Beat the Street, as well as targeted services to individuals and groups with long term conditions such as pulmonary rehabilitation and cardiac rehabilitation, and GP referral schemes.
- A Weight Off Your Mind Cumbria, Northumberland and Tyne and Wear NHS Foundations working in partnership with leisure services, charities and carers to develop regional weight management plans.

Active Lifestyles Commissioning Group

Connecting this work

- Initially met with PH, ASC and ICB to scope our work
- Aligns with all partners' agendas e.g. healthy place shaping, tackling inequalities
- Links with activity programmes such as You Move and Move Together
- Discussions with local councils
- Support Core 20 PLUS 5

Developing a Business Case

- Co-location of e.g. social prescribers, weight management, physio services, elective recovery
- Preventative services e.g. youth, smoking cessation, health checks
- Outputs e.g. getting inactive people active
- Present via Place Board and ICP?

What's missing?

- Deeper delve of user and non-user data
- Community input

Active Lifestyles

Key dates

Dec 2022

- Thriving Communities Strategy to Cabinet
- Draft a business case
- Create an Oxford leisure tender document

Feb 2023

Advertise Oxford's leisure tender opportunity

Nov 2023 - Apr 2024

Mobilise Oxford's new leisure delivery model

Apr 2024

- Go live
- Our new leisure or Active Lifestyles model

Discussion points and developing the business case

- 1. Are we missing anything?
- 2. How does this fit with your service delivery?
- 3. Developing a Business Case:
 - a) Are there co-location opportunities?
 - c) What services could be commissioned to achieve health outcomes?
 - d) Where should the business case go and when?