Operating Leisure in a two-tier area

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APSE Sports and Leisure Seminar

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DCN
DISTRICT COUNCILS' NETWORK
BETTER LIVES – STRONGER ECONOMIES

The District Councils' Network

- **Who we are**
- **Our contribution to Health & Wellbeing within the system and Two-Tier areas**
- **Addressing health inequalities**
- **Economic impact of the sector**
- **Our value and contribution to recovery**
- **Our offer and asks**

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The District Councils' Network

- **Who we are:** The District Councils' Network (DCN) is a **cross-party** member led network of **183** councils that provide **86** of the 130 most **valued** and **visible public services** in every street in non-metropolitan England

- **What we do:** The DCN provides a single **voice for district services** within the Local Government Association. We get political and senior level engagement across government on the issues that matter most for district services.

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Districts' contribution to health & wellbeing

- **Place based engagement:** District **leisure services** and **centres** are effective at **engaging communities** to be active and healthy. More than that they **foster community connectedness**, address isolation, bolster workforce health, and are ideal in offering **place-based solutions** to health inequalities.

- **Unique in accessibility:** Districts and operating partners **provide spaces** and **activities** that are **approachable** to their communities. They **differ** from commercial settings and **encourage activity** in those that might otherwise not partake. Our **outreach work** enables this even further, and our facilities provide **services that are not available elsewhere**, such as- **swimming lessons; holiday clubs**; classes for **older people**; creche facilities; and **rehabilitation**.

- **Formalising that health contribution:** Through routes such as **social prescription** and **exercise referral** schemes, **discounted** or free **access** to services can be provided to residents in need of health interventions or **suffering health inequalities**. The formal role of facilities in the provision of health functions such as **cancer pre- and rehab** should also be recognised.

The value of district leisure services: Some facts

- Our commissioned research from the **King's Fund** suggests that **up to £23 in value is created for every £1 invested** in leisure services and green space

- Sport England estimates the **social value created** from **participation** in leisure centres totalled almost **£262 million** in May-June 2019

- **Voluntary groups** like the **RNLI** rely on public swimming pools to train their lifeguards during the winter months, and **72% of primary schools** rely on publicly provided pools to deliver their **statutory responsibility** for children to learn to swim

- **66%** of **cancer rehabilitation** takes place in leisure facilities

- Our **Place Based community centred** work on addressing **health inequalities**

What are health inequalities?

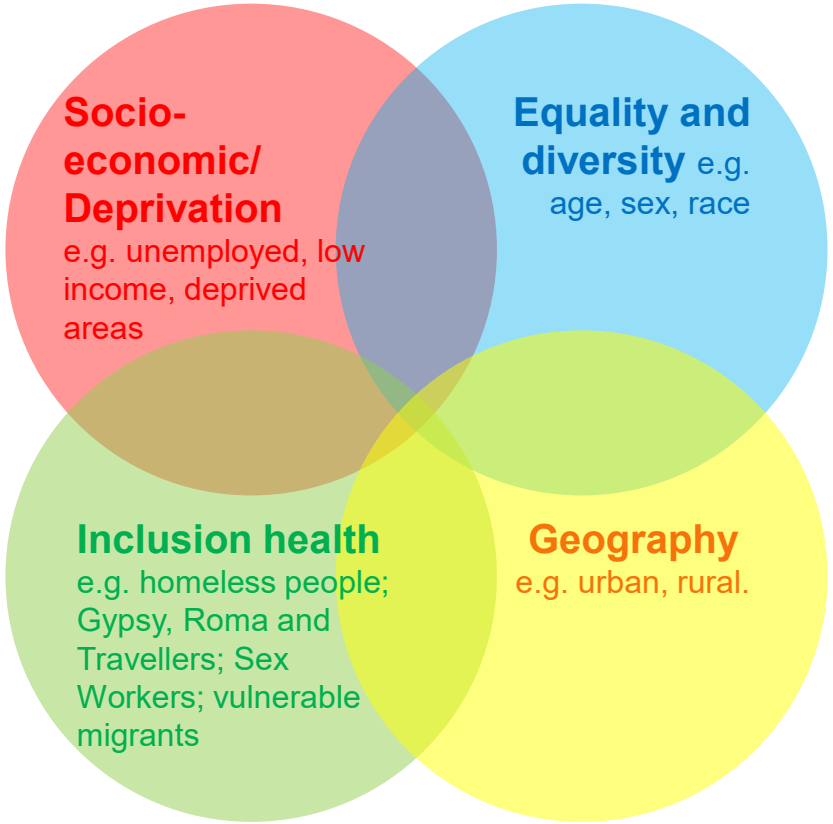
Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health inequalities have been documented between population groups across at least four dimensions, as illustrated to the right.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.

Dimensions of health inequalities



An Example

- 55 year old man from **least deprived** area
- Likely to have had a health check, high blood pressure noted, life style and medication prescribed, adherent to both, changes life style habits, stops smoking, more exercise - joins gym. Attends follow up appointments and then complies with medication – hypertension controlled

- 55 year old man from **most deprived** area
- Turns up in A&E with chest pain, ECG's and other tests performed, angina attack identified, also has high blood pressure. Discharged to GP with medication and life style advice. Does nothing, medication runs out, tries to make GP appt – 4weeks time, time not convenient so doesn't attend. Turns up in A&E with chest pain

WHY IT MATTERS

Barriers to access and early entry points in deprived areas increase avoidable emergency admissions. This adds to NHS burden, and reduces health outcomes.

1 in 7

of all emergency admissions could be managed in primary care[1]

£ THE COST

Over 10 years

for every **£1** spent[2]

the estimated societal return on investment in prevention is:

£2.30

People in deprived areas are more likely to access emergency care, costing an additional

£4.8 billion

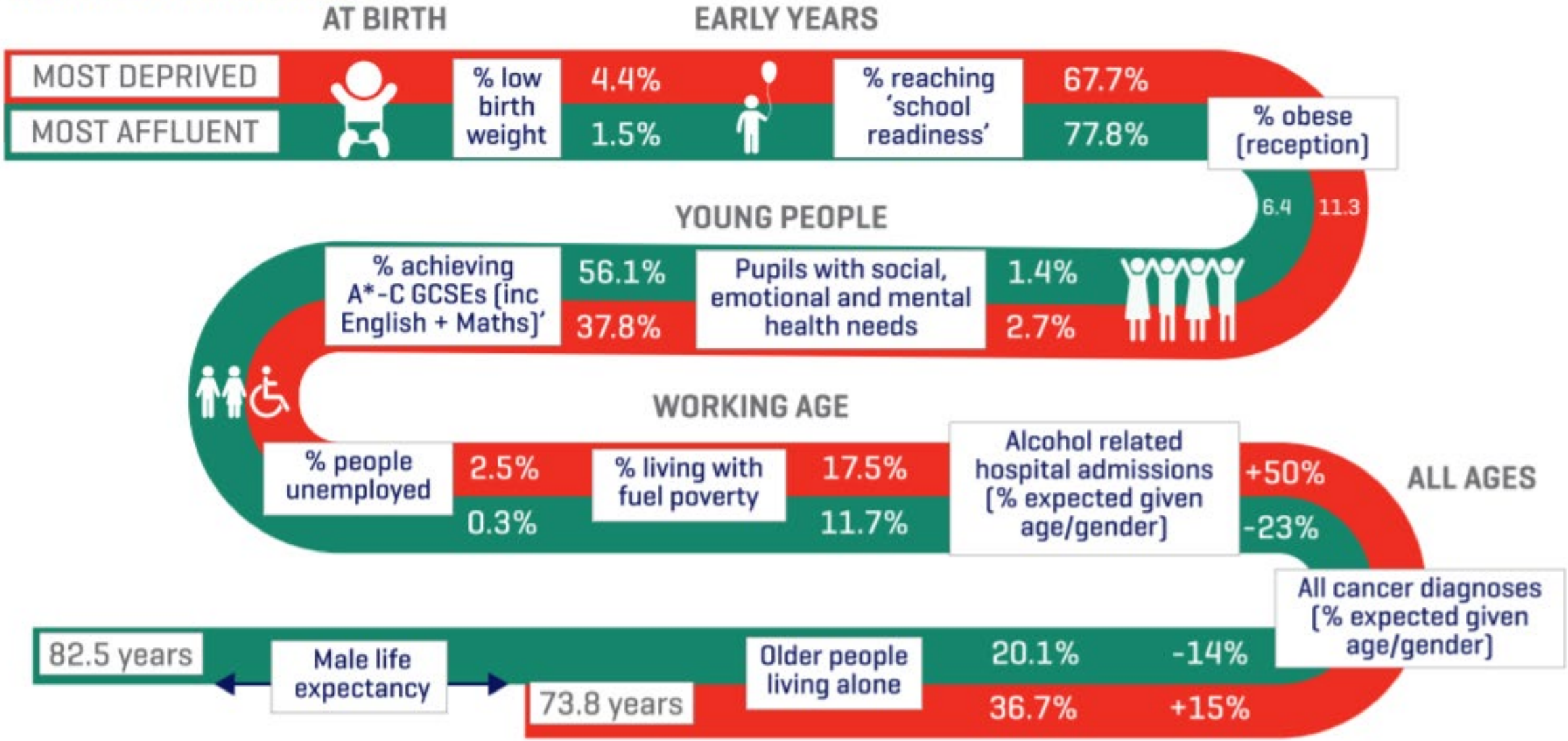
per year[3]

Reducing unplanned admissions among children and young people could save the NHS

£245m

per year[4]

Figure 1: Difference in Health Indicators between Most and Least Affluent Areas of Active Together over the life course



Source: Public Health England. (LLR System Health Inequalities Framework)

Our Offer

- **District-level leisure, sport and wellbeing services stand primed to be key components of Integrated Care Systems. DCN can work with our members to commission services on that basis that will help to:**
  - **Improve** the **health** of the population
  - **Enhance** the **experience** of care
  - **Reduce** the **per-capita cost** of healthcare
  - **Reduce** health **inequalities**

- Districts have **learnt** even more about their **most vulnerable residents** in poor health during the pandemic. We can now parley this knowledge into targeted activity to tackle:
  - The **obesity** pandemic
  - Associated conditions- heart disease; Type II **diabetes, stroke** and **cancer** recovery
  - The crisis in **mental health**
  - Issues of **isolation**, loneliness and connectedness

- We look forward to **working with partners** in counties to achieve a truly preventative public health system.

The value of district leisure services in tackling health inequalities

- The **DCN's** own **survey** earlier this year found that:
    - **98% of leisure centres** had been utilised in specific schemes **promoting** physical activity
    - **79% of leisure centres** had been utilised in **social prescription** programmes.
    - **94% of leisure centres** had been utilised in schemes to tackle **health inequalities**.
    - **88% of leisure centres** had been utilised in projects to improve **mental health**.
    - **84% confirmed** their leisure centres had been utilised in projects aimed at **'hard to reach'** community members.

National economic impact of Sport & Physical Activity Sector

Sport England estimates that sport and physical activity contributes a total value of **£85.5 billion** to the economy.

Of this £85.5 billion in benefits, SE estimates that sport generates **£9.5 billion worth** of **physical** and mental health benefits due to the prevention of illness including:

- prevention of **150,000** cases of heart disease,
- **30 million** fewer GP visits
- **33 million** fewer uses of psychotherapy services

Sector profile: Sport and Physical Activity in Leicester and Leicestershire

Produces **£600m of GVA**...and accounts for **16,900 jobs**

Productivity of £33,600 per job...improving **faster than the UK** average

Underpinned by **1,245 businesses**...84% of which are 'micro'-sized

Since 2010, has created an additional **4,100 jobs**, and **£190m of growth**

Leicestershire hosts **four professional sports teams**, with **38 major honours** between them

Has the potential to **deliver £100m of growth** by 2030

Source(s): See Economic and growth indicators.

The impacts of the pandemic

There have been significant financial impacts of Covid-19. A DCN recent survey found:

- Over a **third** of councils confirmed there was a “likely need” **to close at** least one leisure centre
- Across DCN’s membership **net income** from centres is expected to be **£325m less** than in 2019/20. Context- the average funding package required this financial year to support Leisure Operators across seven Districts in **Leicestershire** is circa **£3.7m**, that’s in excess of £500k per District
- **78%** believed there would have to be **significant cutbacks** in wider service delivery, being many of those services that directly address health inequalities

DCN's key asks

The DCN are calling for:

- The **safeguarding** of the future of **leisure** and **wellbeing** provision with **a £300m revenue recovery package** for shire districts as part of a **three-year recovery programme**.
- Reduction of carbon emissions, boosting of health outcomes, and the generation new jobs through a **£1bn strategic capital investment** in the country's **leisure estate-** in sore need of updating
- **Utilisation of leisure and wellbeing services to recover** from the pandemic, **fight obesity** and associated conditions, address the **mental health crisis**, and tackle **health inequalities-** through strategic involvement in **Integrated Care Systems** in partnership with county health stakeholders.

DCN are working with key national partners to achieve these aims including:

We would welcome further partnerships with other stakeholders