

WIRRAL COUNCIL

SUSTAINABLE COMMUNITIES OVERVIEW & SCRUTINY

COMMITTEE - 26 SEPTEMBER 2011

SUBJECT:	<i>PHYSICAL ACTIVITY FOR VULNERABLE PEOPLE</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DIRECTOR OF TECHNICAL SERVICES</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>CLLR CHRIS MEADEN</i>
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

1.1 This report describes a joint project being delivered between NHS Wirral, Public Health and Wirral Council that is identifying interventions and service changes that will assist in increasing the amount of physical activity undertaken by targeted groups within the 20% most deprived parts of Wirral.

2.0 RECOMMENDATION/S

2.1 Members are asked to note the report.

3.0 BACKGROUND AND KEY ISSUES

3.1 Funding has been allocated by the Primary Care Trust as part of its public health programme with the specific remit of increasing the uptake of physical activity by targeted groups within the 20% most deprived areas of Wirral.

3.2 The project focuses on changing behaviour particularly in 'hard to reach' groups. The Government's Public Health White Paper, December 2010 states; 'Changing adults behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases saving the NHS billions'. Many premature deaths and illnesses could be avoided by improving lifestyles. The Public Health White Paper estimated that a substantial proportion of cancers and over 30% of deaths from circulatory disease could be avoided, mainly through a combination of stopping smoking, improving diet and increasing physical activity.

3.3 Life expectancy in Wirral is increasing but slower than for England as a whole. This means that the gap between Wirral and England has increased for both men and women. In addition, there has been little progress narrowing the life expectancy gap within Wirral and the gap for men has widened. The main contributors to reduced mortality that lead to low life

expectancy are coronary heart disease (CHD), stroke and cancers. Low levels of physical activity are strongly associated with the development of these diseases. Overweight and obesity are caused by an imbalance of energy intake and expenditure (food intake and activity). 21.7% of the population of Wirral are estimated to be obese and this is set to rise to 47% for males and 36% for women by 2025 leading to increased levels of cardiovascular disease and diabetes.

- 3.4 The benefits of physical activity on health are clear, well evidenced and widely accepted. A national report produced by the Chief Medical Officer (2004) highlights the overwhelming evidence of the impact of physical activity on people's health and clearly demonstrates that people who are physically active reduce their risk of a broad range of chronic diseases such as CHD, stroke, diabetes and some cancers.
- 3.5 Whilst activity levels in Wirral Children compares favourably to the North West, for adults, especially women, this is not the case. Wirral Strategic Partnership has set a number of Local Area Agreement targets to improve health and well-being. This includes reducing childhood obesity, with a focus on monitoring children at age 4-5 (reception year in school) and to reducing all age all cause mortality in men and women. In order to achieve these targets, a large proportion of the Wirral population will need to be encouraged to become more physically active.
- 3.6 According to the Marmot Review 2010, there is a social gradient in health – the lower a person's social position, the worse his or her health. Action should therefore focus on reducing the gradient in health. The key population groups associated with the highest inactivity levels are commonly found in the 20% most deprived areas of Wirral.

The target populations for this project are:

- Women (including those who are pregnant) and their families who lead sedentary lives and have children (under 5years old) and who are overweight
- People aged 55-74 (particularly males), that experience one or a combination of the following:
 - Mental illness;
 - Long term condition/s;
 - Unemployment / incapacity benefit claimants

4.0 PROJECT DETAIL AND PROGRESS TO DATE

- 4.1 A Physical Activity Commissioner Board and Physical Activity Provider Forum have been created to inform and deliver the best outcomes possible for the target groups identified. The groups will provide a legacy for the

funding spent and brings partners together and assist in co-ordination of future provision.

4.2.1 In November 2010 a piece of Social Insight work was commissioned as a scoping exercise for this project. The objective was to identify the barriers to influencing participation in physical activity by these target groups. The insight found that many people from the target populations are leading tough, complicated and chaotic lives. It is important to contextualise the relative importance of physical activity within complex lives. Therefore the following were key findings;

- Negative, fatalistic and stoic attitudes to life and therefore physical activity were found to be particularly pronounced among 55-74 year old males.
- Physical activity is rarely a high priority particularly for families with children under 5 years of age and has not been embedded sometimes for generations.
- Physical activity was rarely included in a 'healthy lifestyle' image by the target groups – positively other key healthy messages relating to smoking, drinking and diet were, but are also potentially competing with the promotion of Physical Activity.
- Where Physical Activity was a priority to the target group it usually resulted from numerous factors that were generally linked to a positive mental attitude to life.
- Even if people had a positive attitude and physical activity was considered a priority for some there was a lack of confidence in the ability to exercise effectively. People experienced numerous different anxieties but confidence issues were most pronounced for overweight people or people with disabilities.

4.3 The insight work suggest the following actions to promote Physical Activity:

- Behaviour Change programmes using social marketing
- Service level changes including review of Wirral Passport Scheme
- Development of a promotional campaign to include all existing initiatives
- Creation of a strategy steering group composed of target population representatives
- Evaluation of the programme

See Appendix 1 for detailed programme.

4.4 Behaviour Change programmes

Behaviour Change programmes (using social marketing tools) ultimate goal is to change resistant or persistent behaviours that place people at risk, not simply increase awareness/provide information or alter attitudes. It needs to be tailored to the unique perspectives, needs and experiences of the target

audiences, hopefully with input from representative members of these groups. It uses commercial marketing concepts such as segmentation, insight, behaviour change theory, incentives, consumer research, communication and branding to maximise target group responses.

4.5 Service Level Changes

The Service Level Changes identified being considered are:

- Review of the Wirral Passport Scheme and development of the Health Referral Membership (see 5.0)
- Brief health intervention training and mental health awareness for frontline leisure staff.
- Improving outdoor fitness equipment provision in some Parks
- Targeted activities to be designed with the target populations filling any gaps.
- Workforce Wellness – Linking with Fit4Wirral programme to increase uptake of Physical Activity by Wirral Council and NHS Partners workforces.

4.6 Promotional Campaign

The insight work recommends that a clear promotional message be developed which covers all existing initiatives. Change4Life is a National Campaign that the Government is supporting and there is evidence that it is recognised by residents in the most deprived areas of Wirral. Working with other providers the project will look at how, across Wirral promoting Physical Activity could potentially be linked to offer a consistent message, for example by more use of 'Change4Life' by the Council and other providers.

4.7 Strategy Steering Group

The programme and projects within this piece of work can only be successful if there is direct input from representatives of the target groups. It is proposed to create a Strategy Steering Group that consists of individuals identified through the Social Marketing activities to test future plans and ideas including the promotional message and future activities. This group will provide a forum for other health related issues such as healthy eating, smoking cessation and alcohol consumption.

4.8 Evaluation

A programme of Evaluation will be commissioned to ensure that the outcomes have been achieved.

5.0 WIRRAL PASSPORT SCHEME

5.1 The Wirral Passport Scheme has been running on Wirral since the mid 1990s. There are currently approx. 3,500 members. Although there have

been some small changes to the implementation and delivery of the scheme it fundamentally still operates as a discount scheme primarily for people on low income.

- 5.2 The existing scheme has followed the pricing principles that were agreed in February 2004 following an Audit Commission Pricing Report and the target groups were broadly defined in the same report.
- 5.3 Alongside the Wirral Passport Scheme a 'Lifestyles' Membership has been developed and acts as a health referral scheme from organisations within health such as Lifestyle and Weight Management Service and Health Action Areas where they purchase passes for their clients.
- 5.4 An analysis of 23 other Local Authorities has been started and early findings are that Wirral's Scheme is comparable to the majority of schemes looked at. Two key areas that Wirral does not as yet offer a discount are:
- Junior dependants of adults eligible via benefits and
 - Those eligible for Disability Living Allowance.

These have both been identified as negative impacts through the Passport's Equality Impact Assessment and further analysis/work will bring forward recommendations to members.

6.0 RELEVANT RISKS

- 6.1 Delivery of deadlines, not able to spend the budget within 2011/12, lack of support from partner organisations, commissioned organisations not delivering on targets.

7.0 CONSULTATION

- 7.1 Insight work involved detailed consultation via, in-depth interviews, video diaries, focus groups, ethnographic interviews with families.

Social Marketing activities involve all of the above and detailed consultation to assist in design of programmes.

Strategy Steering Group will consist of representatives of the target population.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 8.1 The 3rd Sector will be fully involved in the programme and are represented on the Physical Activity Provider Forum.

9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 9.1 Budget of £300k allocated by the Primary Care Trust. Project Management and support from existing staff in PCT and Technical Services.

10.0 LEGAL IMPLICATIONS

10.1 None arising from this report.

11.0 EQUALITIES IMPLICATIONS

11.1 This project is intended to assist in improving the health of women and their families and people aged 55-74 who are overweight, are experiencing mental illness, long term conditions or unemployment.

11.2 Equality Impact Assessment (EIA)

(a) Is an EIA required?

No

(b) If 'yes', has one been completed?

Yes (specify date)

12.0 CARBON REDUCTION IMPLICATIONS

12.1 None arising from this report.

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 Planning permission not required.

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APPENDICES

(List and, if not attached, specify location – e.g. website and/or Group rooms.)

REFERENCE MATERIAL

(Include background information referred to or relied upon when drafting this report, together with details of where the information can be found. There is no need to refer to publicly available material: e.g. Acts of Parliament or Government guidance.)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

(Author: Please see overleaf)

Corporate Services Briefing	
Title:	Assessing impact of policy and funding decisions
Date:	17 February 2011
To:	Chief Officers
Author:	Jacqui Cross – Corporate Equality Manager

Context

The Equality Duty 2010 places general and specific duties on public organisations:

1. General Duties (legal requirement)

- (1.1) (1.1) To eliminate unlawful discrimination, harassment and victimisation
- (1.2) (1.2) To advance equality of opportunity
- (1.3) (1.3) To foster good relations between different groups of people

2. Specific Duty (legal requirement)

(2.1) Publish sufficient information to demonstrate compliance with general duties **by 30 July 2011**, including:

(2.1.1) Information on the effect that policy / funding decisions will have / have had on protected groups (race, gender, disability, gender reassignment, age, pregnancy and maternity, religion and belief, sexual orientation, marriage and civil partnership).

(2.1.2) Evidence of analysis undertaken.

(2.1.3) Evidence of information used in analysis.

(2.1.4) Details of any engagement undertaken (internal and external)

Implications for Chief Officers

To ensure compliance with the legal requirements of the Equality Act 2010, Chief Officers must give due consideration to protected groups when making policy and / or funding decisions which will affect services, the workforce or communities. Such consideration must be documented (for example, within minutes, reports, equality impact assessments).

Therefore, please find a template overleaf for Chief Officers to use as a prompt when assessing impact.

Assessing Impact of Policy and Funding Decisions

1. What is being proposed?

Approval of contracts agreed under delegated authority.

2. Is the proposal part of the Corporate Plan? If so, which objective?

No

3. Has a criteria been drawn up for making a decision? If so, what are the criteria?

Tenders were evaluated on price and best value.

4. Have you consulted or taken advice from anyone (internal or external) to inform your decision? If so please state who.

N/A.

5. What information, data or research have you used to inform your decision?

Rates and prices submitted with tender documentation.

6. Will the proposal have a favourable or negative impact on any of the protected groups (race, gender, disability, gender reassignment, age, pregnancy and maternity, religion and belief, sexual orientation, marriage and civil partnership)?

No known impact.

7. What is your decision?

The tenders/contracts listed is not known to discriminate either favourably or negatively against any of the protected groups identified above therefore no separate EID is required.

8. Please document the details of this impact assessment in a memo, set of minutes, in a report, or equality impact assessment and send a copy to Kevin Adderley, who will store the information confidentially and organise the relevant details for publishing on the internet in conjunction with the Corporate Equality Manager.