

Bolsover District Council

Executive

1 December 2014

**Derbyshire Integrated Approach to Health and Wellbeing –
Local Authority Contract**

Report of Cllr A Syrett, Portfolio Member for Leisure

This report is public

Purpose of the Report

- To provide elected members with the necessary information to decide whether or not to accept BDC Leisure Services re-commissioning by DCC Public Health to deliver the new Health and Wellbeing contracts which include the Exercise Referral and Walking for Health programmes that we currently operate on the County's behalf.

1 Report Details - Background

- 1.1 BDC currently delivers a Health Referral and Walking For Health Programme as part of the existing 'HUB' contract with DCC. The current contract to deliver this programme has been extended several times over the last 18 months largely to accommodate the transfer and reorganisation of the Primary Care Trusts and Public Health teams into the Derbyshire County Council structure. This latest extension expires at the end of November 2014 following which the District Council have an opportunity to sign up to a new contract built upon a new approach.
- 1.2 Following review and evaluation, the DCC Public Health Team have re-engineered three existing services into a new wellbeing approach that aims to be affordable, accessible and effective in supporting health and wellbeing improvement and addressing health inequalities. One of these services is Weight Management including Physical Activity and Nutrition – currently the service that Local Authorities and others are commissioned via to deliver Health Referral and Walking for Health programmes amongst others. The proposed overall budget for this new 'integrated' approach is £4.1m – a saving of approximately £700,000 p.a. as part of DCC efficiencies and savings drive.
- 1.3 The current level of funding that BDC receives through the existing HUB contract to deliver the DCC health related programmes are as follows;
1. Health Referral - £42,000p.a.
 2. Walking for Health - £6000p.a.
 3. Total - **£48,000p.a.**

1.4 Whilst DCC have been clear to point out that the new integrated model will result in an increase in overall district funding, the profile of the funding however has changed, see table below;

	Health Referral based on population and SMR	Inactivity Fund based on population and inactivity rate	Walking for Health based on population	Total	Previous amount	+/-
Bolsover	£35,500	£30,000	£6,851	£72,351	£48,000	+£24,351

1.5 Although, as DCC have pointed out, there is an overall increase in funding allocated to the district, there are changes that need to be considered and understood;

- The current level of funding allocated to delivering the Health Referral programme will reduce from £42,000p.a. to £35,500p.a. – however re-profiling of the current Health Referral related budgets ensures that this funding remains sufficient to deliver the health referral element of the contract and will not have any impact on the way we are currently structured to deliver.
- The introduction of the new ‘Inactivity Fund’ element of £30,000p.a. has come about as a result of DCC allocating this funding to focus some of their investment in the wider community setting aimed at the physically inactive, the intention being to complement the Health Referral offer within our facilities. However it must be noted that whilst the £30,000p.a. Inactivity Fund is ring fenced for Bolsover District, this does not necessarily mean that the District Council team would be funded to deliver. The priorities for the Inactivity Fund will be established by a ‘multi stakeholder’ group within the district (including BDC) who will develop ideas to address physical inactivity within the district which would then be approved and funding released from a Countywide ‘board’ or ‘panel’.
- The current target for the number of referrals will be reduced to reflect the small reduction in Health Referral funding, therefore the cost per client referred will be similar to that of the current contract.
- The current level of funding for the Walking for Health programme will increase from £6,000p.a. to £6,851p.a. This will present greater opportunities to further extend this programme.

1.6 When considering the new contract and deciding whether or not to sign up to the new integrated approach, account needs to be made of the impact of choosing not to sign up to it. It is well documented how physical activity improves overall health, fitness and wellbeing levels, however what is probably not as well known is the impact of *‘physical inactivity’*.

- Physical inactivity is said to be the fourth leading cause of death worldwide.
- In the UK it is reported that 17% of deaths are caused by inactivity.
- Only 30% of us are deemed active enough for our health.
- Medical experts have said that getting people who are inactive – active has the greatest single impact in terms of intervention in people’s health.
- Physical activity helps tackle the root cause of many conditions including;

- Diabetes
 - Cardio vascular disease
 - Dementia
 - Depression and anxiety
 - Arthritis and many more
- It is reported that physical activity increases bone density in teenagers which last all of their life.
 - Physical activity can increase the strength and thickness of cartilage and prevent deterioration of the joints.
 - Physical activity is said to reduce depression by 30% and dementia by 40%.

When coupled with other lifestyle and socio-economic issues, the effects of physical inactivity can become compounded and an individual's overall health and wellbeing can be affected to an even greater extent.

Profile of Bolsover District;

- The health of people in Bolsover is generally worse than the England average. Deprivation is higher than average and about 3,300 children live in poverty.
- Life expectancy for both men and women is lower than the England average.
- Life expectancy is 7.8 years lower for men and 4.5 years lower for women in the most deprived areas of Bolsover than in the least deprived areas.
- Over the last ten years, all cause mortality rates show no clear trend. The early death rate from heart disease and stroke has fallen but is worse than the England average.
- About 23.6% of Year 6 children are classified as obese, higher than the average for England.
- Estimated levels of adult 'healthy eating', smoking and obesity are worse than the England average. Rates of smoking related deaths and hospital stays for alcohol related harm are worse than the England average. The rate of sexually transmitted infections is better than the England average.
- Health and wellbeing priorities include: inequalities in avoidable mortality, alcohol, smoking, obesity and inactivity, community management of long term conditions and independence in old age.uk

The importance of physical activity, as mentioned previously, is well known and understood, yet people remain inactive for any number of reasons. Behavioural change is difficult to achieve, however the removal of barriers to participation and creating greater accessible opportunities to engage in physical activity will make this behavioural change process much easier. Targeted intervention programmes such as the Health Referral and Walking for Health Programmes are thought to be pivotal in that behaviour change process.

2 Conclusions and Reasons for Recommendation

- 4.1 The DCC commissioned health referral based contracts formerly known as 'HUB' and the newly proposed 'Integrated Wellbeing Approach' are extremely important areas of work particularly in this district when consideration is given to the impact of

physical inactivity and the health profile of Bolsover District which is detailed in section 1.6.

- 4.2 Although as detailed previously, the new 'Integrated Wellbeing Approach' proposal and contract does present a small reduction in health referral funding, following re-profiling of the current Health Referral related budgets this remains sufficient to deliver the health referral element of the contract and will not have any impact on the way we are currently structured to deliver.
- 4.3 The current level of funding for the Walking for Health programme will increase from £6,000p.a. to £6,851p.a. This will present greater opportunities to further extend this programme.
- 4.4 Overall, there will be an increase in funding for the district due to the introduction of the new 'inactivity fund' element of the contract. Whilst the report acknowledges that the 'Inactivity Fund' is ring fenced for Bolsover District, and does not necessarily mean that the District Council team would be funded to deliver, opportunities/ideas will be generated by the District Council Leisure Services team to address physical inactivity within the district via this fund.

5 Consultation and Equality Impact

- 5.1 This proposal will impact on a number of target user groups resulting in increased participation and physical activity levels.

6 Alternative Options and Reasons for Rejection

- 6.1 Reject the contract and cease the current Health Referral programme – This would be both financially and socially detrimental to both the District Council and wider community respectively.

7 Implications

7.1 Finance and Risk Implications

- 7.1.1 The current level of funding allocated to delivering the Health Referral programme will reduce from £42,000p.a. to £35,500p.a. – however following re-profiling of the current Health Referral related budgets this remains sufficient to deliver the health referral element of the contract and will not have any impact on the way we are currently structured to deliver.
- 7.1.2 The introduction of the new 'Inactivity Fund' element of £30,000p.a. is in effect 'new' or 'additional' funding to that which we currently receive as part of the existing 'HUB' contract. If signing of the proposed contract is approved, the BDC Leisure Services team will create and explore opportunities and ideas to address physical inactivity within the district further via this fund.
- 7.1.3 The current level of funding for the Walking for Health programme element will increase from £6,000p.a. to £6,851p.a. This will present greater opportunities to further extend this programme.

7.2 Legal Implications including Data Protection

None

7.3 Human Resources Implications

7.4 BDC currently employ a number of staff to deliver the current 'HUB' contract and the broader Bolsover Wellness programme. If the recommendation to sign the new 'Integrated Wellbeing Approach' proposals are rejected, then a review of the existing structure would have to take place which may lead to a reduction in staff.

8 Recommendations

8.1 It is recommended that Executive approve the signing of the new 'Integrated Wellbeing Approach' 3 year contract with a start date of December 1st 2014.

8.2 The Executive agrees to the decision being treated as urgent, which means that it may be implemented immediately following this meeting and will not be subject to call in procedures.

9 Decision Information

Is the decision a Key Decision? (A Key Decision is one which results in income or expenditure to the Council of £50,000 or more or which has a significant impact on two or more District wards)	yes
District Wards Affected	All
Links to Corporate Plan priorities or Policy Framework	

10 Document Information

Appendix No	Title
N/A	
Background Papers (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet (NEDDC) or Executive (BDC) you must provide copies of the background papers)	
N/A	
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