

Pre-Meeting briefing sheet for 1st November 2010

Regional Physical Activity Alliance

Chair: Martin Corck **Coordinator:** Roz Fitches

Our Current Understanding

The Coalition: Our Programme for Government (http://www.cabinetoffice.gov.uk/media/409088/pfg_coalition.pdf) was published in May 2010 and provided an overview of the key policies that the Government proposed to take forward. The programme is inspired by the values of freedom, fairness and responsibility.

On 18 May 2010, the Coalition Government announced a new era of people power where everyone plays their part. The Building the Big Society document (<http://www.cabinetoffice.gov.uk/media/407789/building-big-society.pdf>) details policies that the Government believes will help make that possible:- give communities more powers, encourage people to take an active role in their communities, transfer power from central to local government, support co-ops, mutuals, charities and social enterprises, and publish government data. Voluntary and community sectors will play a greater role.

Equity and Excellence: Liberating the NHS, the NHS White Paper, was published in July 2010 and sets out the vision for the future of the NHS. It is the long-term plan for the NHS with a focus on quality and service improvement, allowing the debate on health to move away from structures and processes to priorities and progress in health improvement for all. It set the groundwork for the Public Health Service. (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

The vision of the Secretary of State for Health

Our **mission** is to protect the public; and to improve the healthy life expectancy of the population, improving the health of the poorest, fastest.

Our **values** are:

- To seek to prevent harm and reduce the risks of poor health by early and effective interventions;
- To strengthen responsibility (in individuals, families, communities, business and government) for our health by working together to promote positive actions to improve health;
- To do what works on the basis of evaluation and evidence focused on outcomes, recognising the influence of the wider determinants of health.

Our **principles** are:

- To establish a clear national strategy and world-class public health infrastructure of health protection and for supporting health improvement;
- Locally-led strategies which link across communities and government, seeing health and wellbeing as integral to civic and social responsibility;
- Partnership, reaching across government, business and the voluntary sector, to create integrated, joined-up strategies;
- Positively supporting the adoption of healthy lifestyles and supporting self-esteem and confidence;
- Actively adapting the environment to make healthier outcomes easier to achieve, reducing potential harm and encouraging healthy choices, especially at key moments in one's life.

Comprehensive Spending Review (CSR) and the Budget

On the 20th October 2010, the CSR confirmed the previous announcements of cuts from the budget and presented the financial picture from April 2011. Reducing the debt is the key area being addressed across the board, although to varying extents within different departments (http://cdn.hm-treasury.gov.uk/sr2010_completereport.pdf). The areas of greatest relevance to us in the physical activity sector in the East of England are as follows:

- No programme funded workers post March 2011 (e.g. regional physical activity coordinator post)
- Decision to cut funding from Department of Health (DH) to County Sports Partnerships (CSPs will continue to receive core funding from Sport England)
- Decision to cut funding from DH to active challenge routes (they are continuing with funding from other sources as walk4life miles)
- Decision to abolish the free swimming programme after July 2010
- Strategic Health Authorities to be abolished 2012
- GO-East will be closed and work ceased by 31 March 2011
- EEDA to be abolished
- No Public Service Agreement (PSA) boards
- No comprehensive area assessments

- No LAA reward monies and no LAAs post March 2011 (a new Transparency Framework will be implemented – a single comprehensive reduced list to be reviewed annually)
- No regional spatial strategy
- Growth Area Funding and the Thames Gateway programme to end

- Change4Life to continue with more support from the private sector
- Joint Strategic Needs Assessments (JSNA) will remain – local authority to lead – will inform Health & Wellbeing Boards and comprehensive strategies
- Quality, Innovation, Productivity, Prevention (QIPP) programme will remain a priority
- Locally driven outcomes will be a focus
- New Local Transport Plans will exist from March 2011 as it will remain a statutory duty
- Capital funding to be provided for new schools by rebuilding or refurbishing over 600 schools through the Building Schools for the Future and Academies programme
- Around £470 million over the spending review period to be directed to support capacity building in the voluntary and community sector
- The sporting legacy of the 2012 Games will include the launch of a new Olympic and Paralympic style school sports competition; other legacy plans are still to be confirmed

- DCMS: resource funding for Whole Sport Plans for National Governing Bodies is to be protected and subject to a cut of no more than 15% across the spending review period; continued support for sports facilities through Sport England; and restoration of the Lottery to its original good causes meaning the sport sector will get £50million a year extra funding from 2012

- DfT: local communities will now be free to decide what their own priorities are and set their budgets according to local not national priorities; a local sustainable transport fund will be established for transport interventions that support economic growth, reduce carbon emissions, deliver cleaner environments with improved air quality, enhanced safety and reduced congestion in communities; a small proportion of the local sustainable transport fund will be allocated to provide continued funding for the successful Bikeability scheme (cycle training for young people); and there will be no new funding for any further “Act on CO₂” campaigns.

Further details from departments will be published over the coming weeks.

Further developments in a nutshell

- A number of non-departmental public bodies (quangos) to be affected which play an important role in physical activity with further announcements due after the spending review (<http://download.cabinetoffice.gov.uk/ndpb/public-bodies-list.pdf>):
 - Cycling England to be abolished (although the Government has announced a Local Sustainable Travel Fund and will explore ways of marshalling expert input on cycling issues)
 - Sport England and UK Sport to be merged after the 2012 Games
 - Natural England will be retained but substantially reformed to become a ‘more customer focused organisation’ and clarify accountabilities
- Publication of Public Health White Paper due in December 2010
- Development of 3 Outcomes Frameworks (due autumn 2010) – public health, social care and NHS – key will be how these can work together
- Formation of the national Public Health Service, to be launched in April 2012
- Creation of national NHS Commissioning Board
- The responsibility of health improvement transferred to Local Authorities – public health and health improvement in LAs gives better opportunity for links with planning, environment and transport
- Directors of Public Health (DsPH) will sit in unitary and upper-tier authorities and lead on health improvement as part of the local public health service (some public health workforce working for DPH in primary care trusts (PCT) may also move with their function)
- Creation of Health and Wellbeing Boards in top tier local authorities – key will be how these work with district councils
- Secretary of State for Health will agree with local authorities the local application of national health improvement outcomes
- GP Consortia to be formally established in 2012, to lead on QIPP and have a commissioning role (they are replacing practice-based commissioning and PCTs who will be abolished by 2013)
- Ring-fenced public health budgets allocated to local authorities from April 2013

The national Public Health Service (PHS)

- The PHS will work within 5 workstreams:
 1. *Structure and function*: the PHS will not be a separate legal entity from DH and will work with the NHS through the Commissioning Board, Health and Wellbeing boards (subject to consultation) and informally.
 2. *Ring-fence budget*: to protect public health funds; 'health premium' will be related to outcomes by rewarding progress and recognising need; what is to be included is under discussion.
 3. *Outcomes framework*: current thinking was submitted to the Secretary of State early October 2010 including a vision (To improve and protect the public's health) with 5 domains of public health (avoidable mortality, health inequalities, health improvement, prevention of ill health and protection & resilience), under which indicator sets would be developed.
 4. *Evidence*: supporting evaluation and evidence and doing what works, taking the opportunity for synergies and simplification across a complex system.
 5. *Workforce*: moving some arms length bodies (such as the Health Protection Agency and the National Treatment Agency) into DH in the PHS, and moving DsPH from PCTs to local authorities.
- It is proposed that the PHS will have both national and local functions:
 - *National functions*: publish evidence on what works and report public health data including outcomes, commission one-off specific services and/or campaigns, provide health protection services including public health emergency planning and linking to NHS resilience, advocate across government and with national partners for public health, allocate the ring-fenced budget, and set a public health outcomes framework against which local areas will be assessed.
 - *Local functions*: administer the local ring-fenced budget according to local priorities, support and advise LA colleagues on the health impact of their policies, provide and/or commission appropriate interventions for health improvement, and support and advise GP commissioning consortia on public health issues.

Public Health White Paper

Due in December 2010, the Public Health White Paper will broadly cover four areas (problem, approach, solution and implementation/transition) with greater detail being released post-publication. The consultation period will run from December 2010 to March 2011.

Implications for physical activity

Key messages that appear to be coming from the coalition government programme suggest that the evidence base for sport and physical activity will become increasingly important and making the business case for investments will be critical. The need to show cost-effectiveness and value for money is essential and it is recommended that organisations ensure that they are able to provide details of the true cost of activity, alongside identifying the outcomes and benefits for participants to support cost-benefit analysis. Programmes need to be outcomes focused and support will be given to those that are proven to work. There will be a need to provide health data at a localised level. Simplifying language and building in sustainability of programmes will help as we strive for greater collaboration to take joint ownership of public health issues.

A number of developments have been highlighted above which will influence our role as commissioners and deliverers of physical activity. Our regional physical activity alliance meeting on 1st November will provide the opportunity to discuss the implications of these further. Our discussions would also benefit from your considering, prior to the meeting, what you see as priorities for the Alliance in the future in light of this.

Dr Roz Fitches
Regional physical activity coordinator – East of England
21st October 2010