Public Health Survey 2014

www.sporta.org/case-studies/public-health

The purpose of this survey was to provide Sporta with an understanding of the sort of health programmes being provided for by members in their communities. This will provide Sporta with guidance for future development of the Public Health Group which was set up in December 2013 and is free for all Sporta members to join.

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Sporta Purple

Sporta Purple is the first themed (tailored) document produced by Sporta which aims to share the work of the members in a comprehensive format that will make it easier for stakeholders to differentiate, navigate and find specific information relating to this broad and all-encompassing area, public health.

List of Questionnaire Participants

#	Name of Sporta members who contributed	Sporta Region or Country
1	East Dunbartonshire Leisure & Culture	Scotland
2	Edinburgh Leisure	Scotland
3	Fife Sports & Leisure Trust	Scotland
4	West Dunbartonshire Leisure	Scotland
5	Kilmarnock Leisure Centre Trust	Scotland
6	West Lothian Leisure	Scotland
7	North Ayrshire Leisure Limited	Scotland
8	North Lanarkshire Leisure	Scotland
9	Borders Sport & Leisure Trust	Scotland
10	Falkirk Community Trust	Scotland
11	South Lanarkshire Leisure and Culture	Scotland
12	Live Active Leisure	Scotland
13	Active Stirling	Scotland
14	Renfrewshire Leisure	Scotland
15	Highlife Highland	Scotland
16	Active Newham	London and South East
17	Achieve Lifestyle	London and South East
18	Basingstoke & District Sports Trust	London and South East
19	YMCA Watford & District	London and South East
20	Better (GLL)	London and South East
21	Active Nation	London and South East
22	Vision Redbridge Culture & Leisure	London and South East
23	Impulse Leisure	London and South East
24	Fusion Lifestyle	London and South East
25	Brentwood Leisure Trust	London and South East
26	Inspire Leisure	London and South East
27	Jubilee Hall Trust	London and South East
28	Wychavon Leisure Community	South West and Wales
29	Wave Leisure Trust	South West and Wales
30	Teme Leisure	South West and Wales
31	LED Leisure Management Ltd	South West and Wales
32	Circadian Trust	South West and Wales
33	Tone Leisure Ltd	South West and Wales
34	Bay Leisure	South West and Wales
35	Aspire Sports & Cultural Trust	South West and Wales
36	Halo	South West and Wales
37	BH Live	South West and Wales

38	East Northamptonshire Cultural Trust	Central
39	Stevenage Leisure Limited	Central
40	Active Luton	Central
41	Abbeycroft Leisure	Central
42	Hertsmere Leisure	Central
43	Slough Community Leisure	Central
44	Doncaster Culture & Leisure Trust	North East and Yorkshire
45	Sheffield International Venues	North East and Yorkshire
46	Leisureworks	North East and Yorkshire
47	Kirklees Active Leisure	North East and Yorkshire
48	Jesmond Community Leisure	North East and Yorkshire
49	Blyth Valley Arts and Leisure	North East and Yorkshire
50	Pendle Leisure Trust	North West
51	Rossendale Leisure Trust	North West
52	Carlisle Leisure Ltd	North West
53	Tameside Sports Trust	North West
54	Bolton Middlebrook Leisure Trust	North West
55	Hyndburn Leisure	North West
56	Warrington Ne3ighbourhood and Wellbeing	North West
57	Oldham Community Leisure Trust	North West
58	Wigan Leisure and Culture Trust	North West

A Map of Trust HQ's Across the UK

Sporta Trusts In Numbers:

More than 100 Sporta trusts across the UK.

238 million customer visits per year.

£118 million of external investment.

Collectively operating over 1600 facilities.

A combined turnover of £1.048 billion.

Employing more than 50,000 staff.

Questions Asked

There were 23 questions asked in total. The questions that were asked are as follows:

1) Please complete the following. (Name, Position, E-mail Address, Trust Name & Sporta Region).

2) What Public Health programmes do you run?

3) Do you deliver PH programmes in more than one Local Authority?

4) If yes, how many local authorities' areas do you deliver programmes for?

5) Is there a member of your Trusts on the health and wellbeing board or community health partnership?

6) If you answered yes to question 5, what position do they currently hold within your Trust?

7) Which are the main target groups addressed by your health related activities?

8) Which are the main demographic groups of which public health programmes are focused?

9) From your experience, through what channels do members of the indicated target groups become your beneficiaries for public health related services?

10) How do you maintain communication with participants on a public health programme?

11) How do you inform, educate and empower people about health issues?

12) The following table crosses the types of services offered by organisations with the most common categories of public health practices. Please tick as appropriate taking into consideration the activities of your Trust.

13) How are your programmes funded?

14) Do you receive funding directly from your local authority/public health budget to deliver programmes?

15) How does your trust use research data and information?

16) What are your key concerns in the delivery of public health programmes?

17) What sort of impact data does your trust collect from the programmes you run?

18) What support would you like to receive?

19) Please identify areas in health where the trust feels it can make an impact.

20) Where would your trust like to offer benefits, but are currently unable to do so (due to lack of funding/ co-operation/ recognition) etc.

21) What would you describe as the biggest barrier to leisure trust in making a bigger contribution to public health?

22) How important is delivering public health services to the identity and reputation of your Trust?

23) How far do you think the regular work of your Trust is recognised as a public health benefit? (By local people, local authorities and by the NHS)

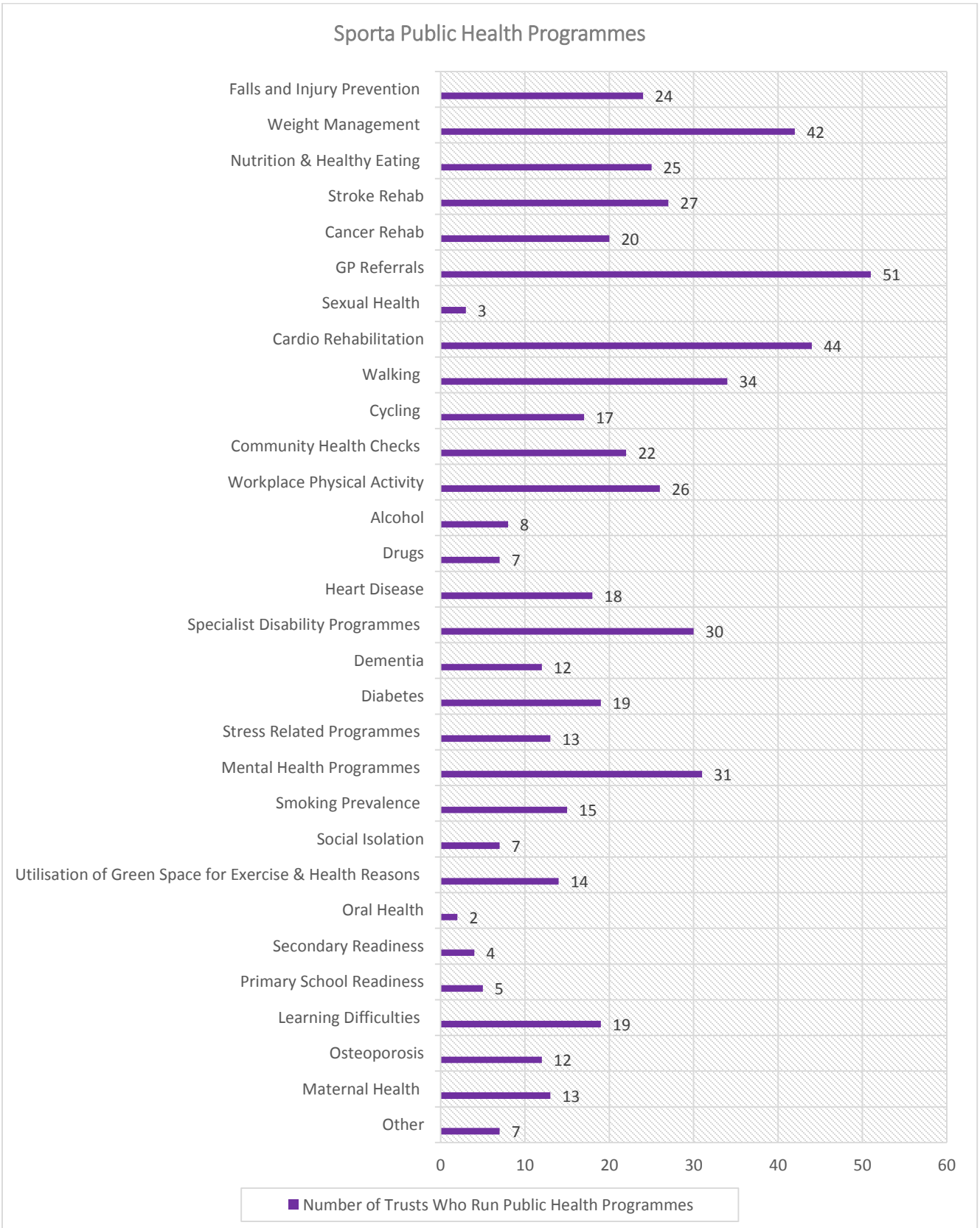
Questionnaire Results

58 Sporta Trusts answered the questionnaire out of 105, this was a **response rate of roughly 55%** in relation to the membership size.

Question 1 – Please complete the following. (Name, Position, E-mail, Trust Name and Sporta Region).

There were **58 responses from Sporta members** to this questionnaire with 15 from Scotland, 9 from North West, 6 from North East & Yorkshire, 6 from the Central region, 10 from South West and Wales and 12 from London and South East.

Question 2 – What public health programmes do you run?



Question 3 – Do you deliver public health programmes in more than one Local Authority?

For this question there were 58 responses with 25 members answering 'Yes' to delivering public health programmes in more than one local authority and 33 responding 'No'.

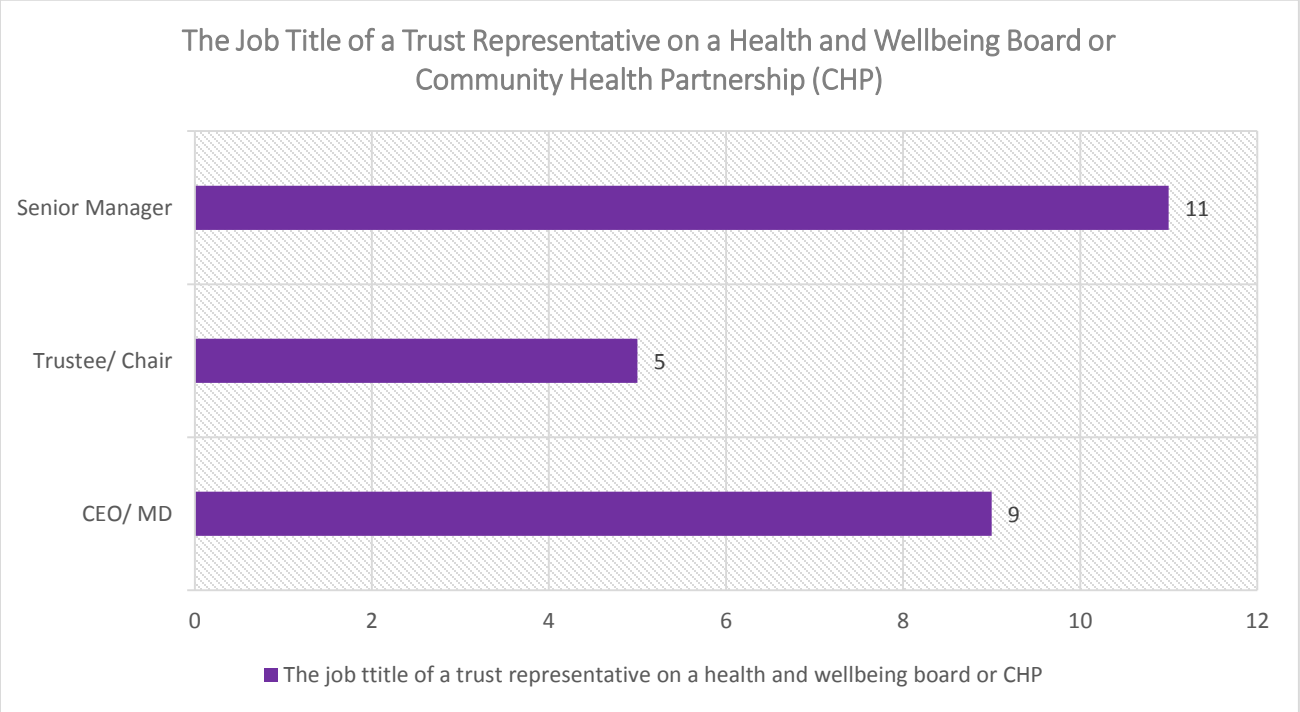
Question 4 – If yes, how many local authorities' areas do you deliver programmes for?

Answer choices	*Responses*
One	***11***
Two	***5***
Three	***6***
Four	***0***
Five or More	***3***
Total Respondents	***25 out of 58***

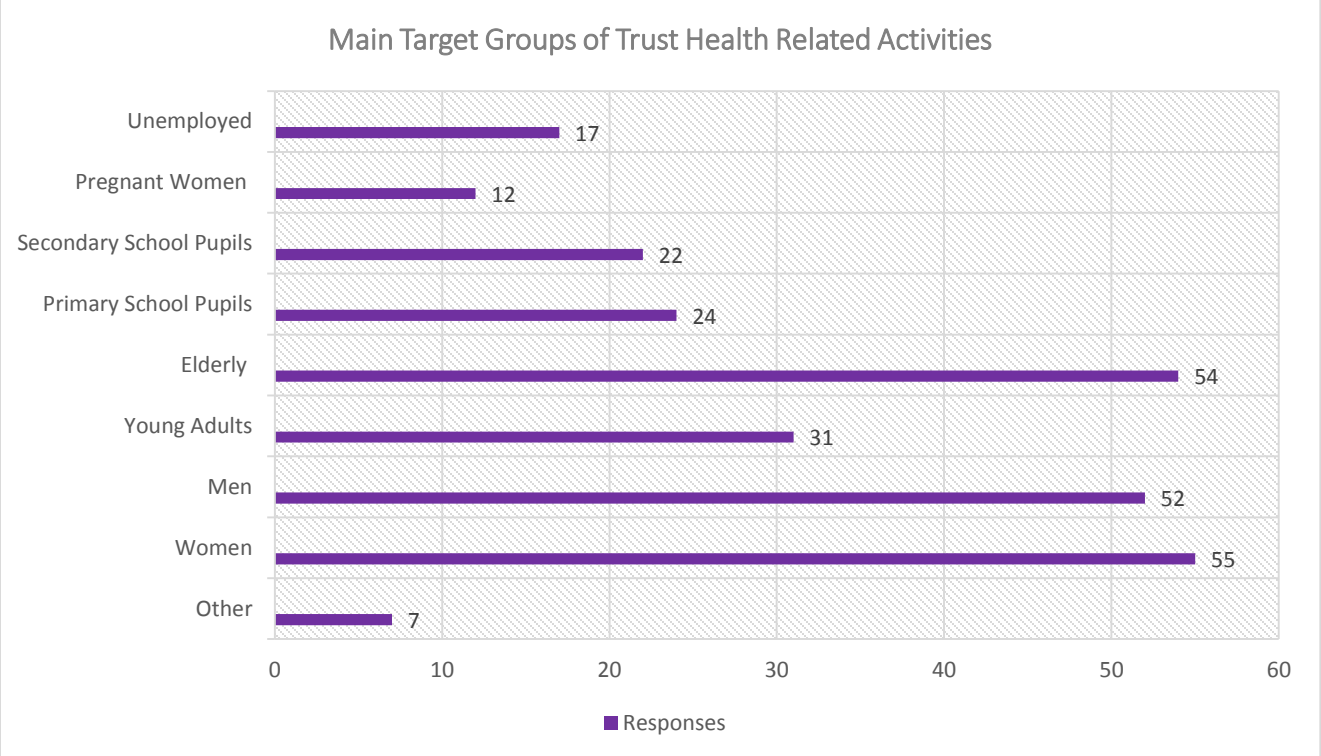
Question 5 – Is there a member of your Trust on the health and wellbeing board or community health partnership?

Answer choices	*Responses*
Yes	***25***
No	***33***
Total Respondents	***58 out of 58***

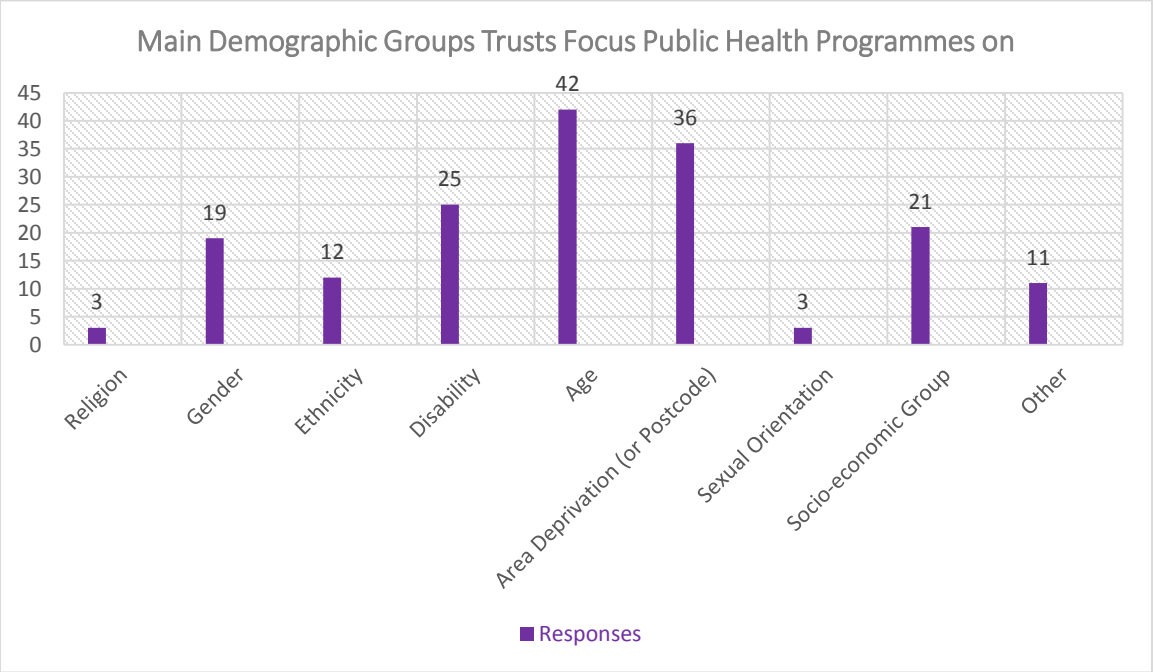
Question 6 – If you answered yes to question 5, what position do they currently hold within your Trust?



Question 7 – Which are the main target groups addressed by your health related activities?



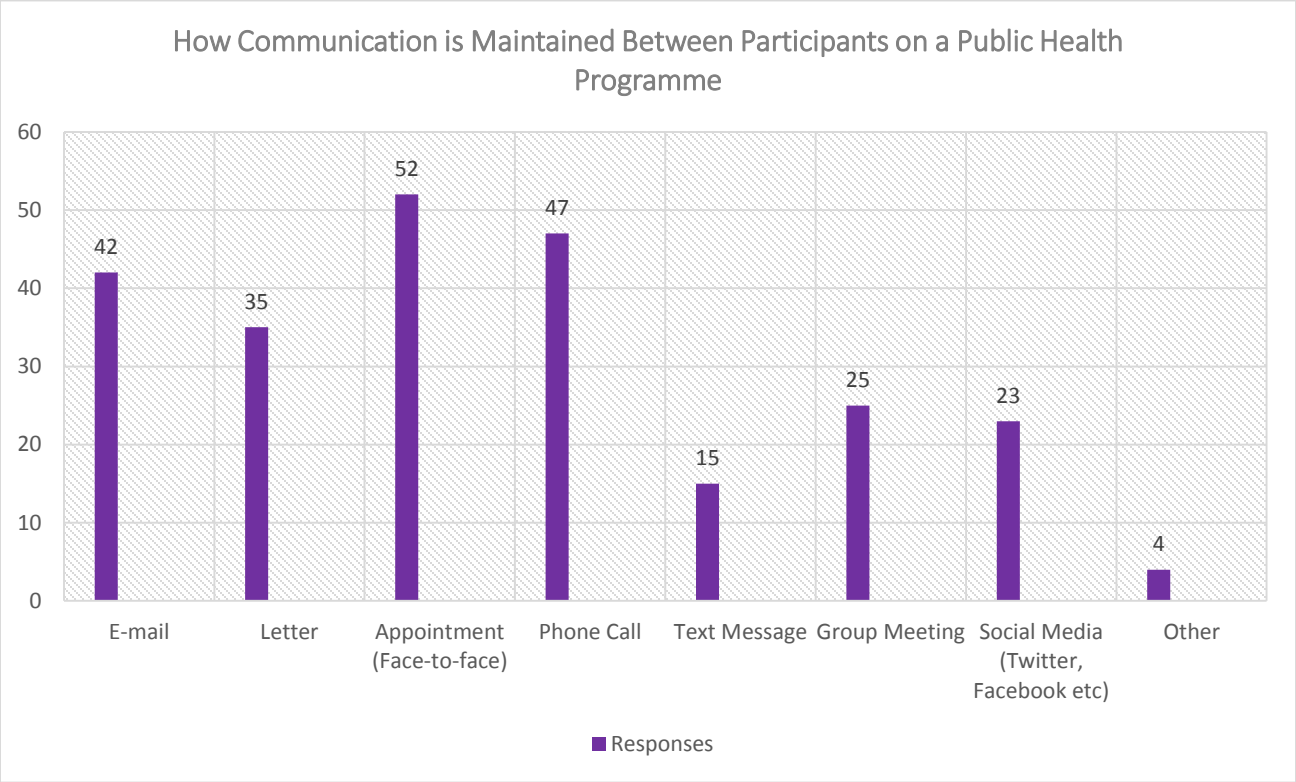
Question 8 – Which are the main demographic groups of which public health programmes are focused?



Question 9 – From your experience, through what channels do members of the indicated target groups become your beneficiaries for public health related services?

Answer choices	*Percentage of Responses and number of respondents*	
Formal individual application	***37%***	***22***
Walk-in	***49%***	***29***
Referrals by national health service	***97%***	***57***
Trust outreach	***67%***	***40***
Referrals by other NGOs	***25%***	***15***
After receiving other service provided by your Trust	***40%***	***23***
Referrals by government departments	***5%***	***3***
Word of mouth	***63%***	***37***
Other (Please specify)	***9%***	***5***

Question 10 – How do you maintain communication with participants on public health programmes?



Question 11 – How do you inform, educate and empower people about health issues?

Most Trusts use a wide range of tools to inform people about health issues from broad marketing initiatives, partnerships with other local bodies and intensive 1-2-1 sessions. See further details in **Appendix 1** for more detailed responses to this question.

Question 12 – The following table crosses the types of services offered by organisations with the most common categories of public health practices. Please tick as appropriate taking into consideration the activities of your Trust.

It is clear from the table **(Please see Appendix 2)** that 'Leisure Centres' were the most commonly used venue for providing public health programmes in every single category on the list, with the most popular programmes offered in this type of venue being, as follows: 'Prevention' (52 responses), 'Rehabilitation' (54 responses) and Health Education (42 responses). Moreover, both 'Community Centres' and 'Outdoor' space were used for 'Prevention' and 'Rehabilitation' purposes. The other results are nominal, but still show the various different ways of using services, this includes 'Cultural Facilities'.

Question 13 – How are your programmes funded?

Answer choices	*Percentage of Responses and number of respondents*	
Internal funding from the Trust	***20%***	***12***
Grant funded/ external partner	***17%***	***10***
Combination of both	***80%***	***47***
Charitable donation	***7%***	***4***
Other (Please Specify)	***12%***	***6***

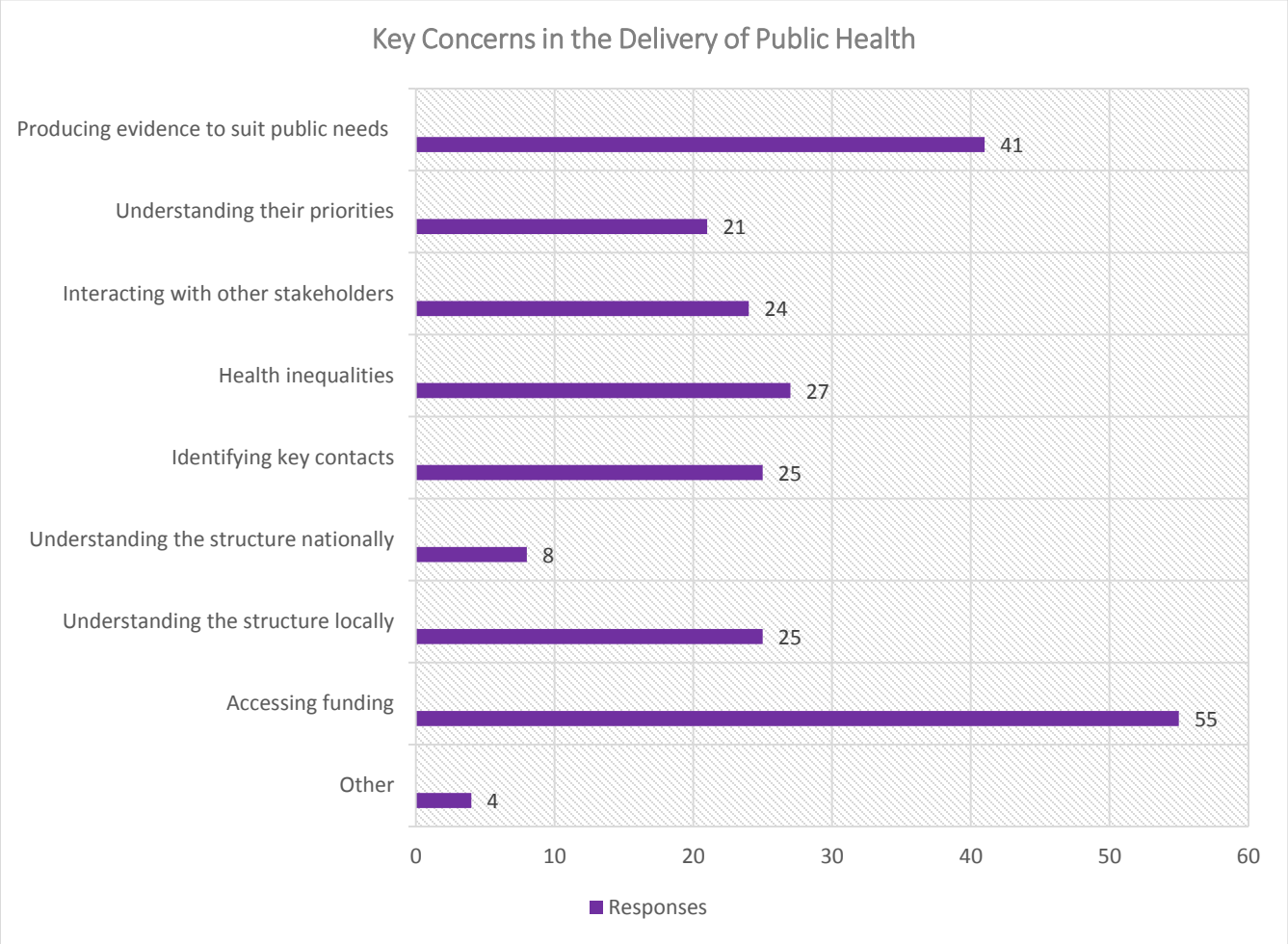
Question 14 – Do you receive funding directly from your local authority/ public health budget to deliver programmes?

Answer choices	*Percentage of Responses and number of respondents*	
Yes	***58%***	***33***
No	***25%***	***15***
Both (Please specify)	***17%***	***10***
Total Respondents	***100%***	***58***

Question 15 – How does your Trust use research data and information?

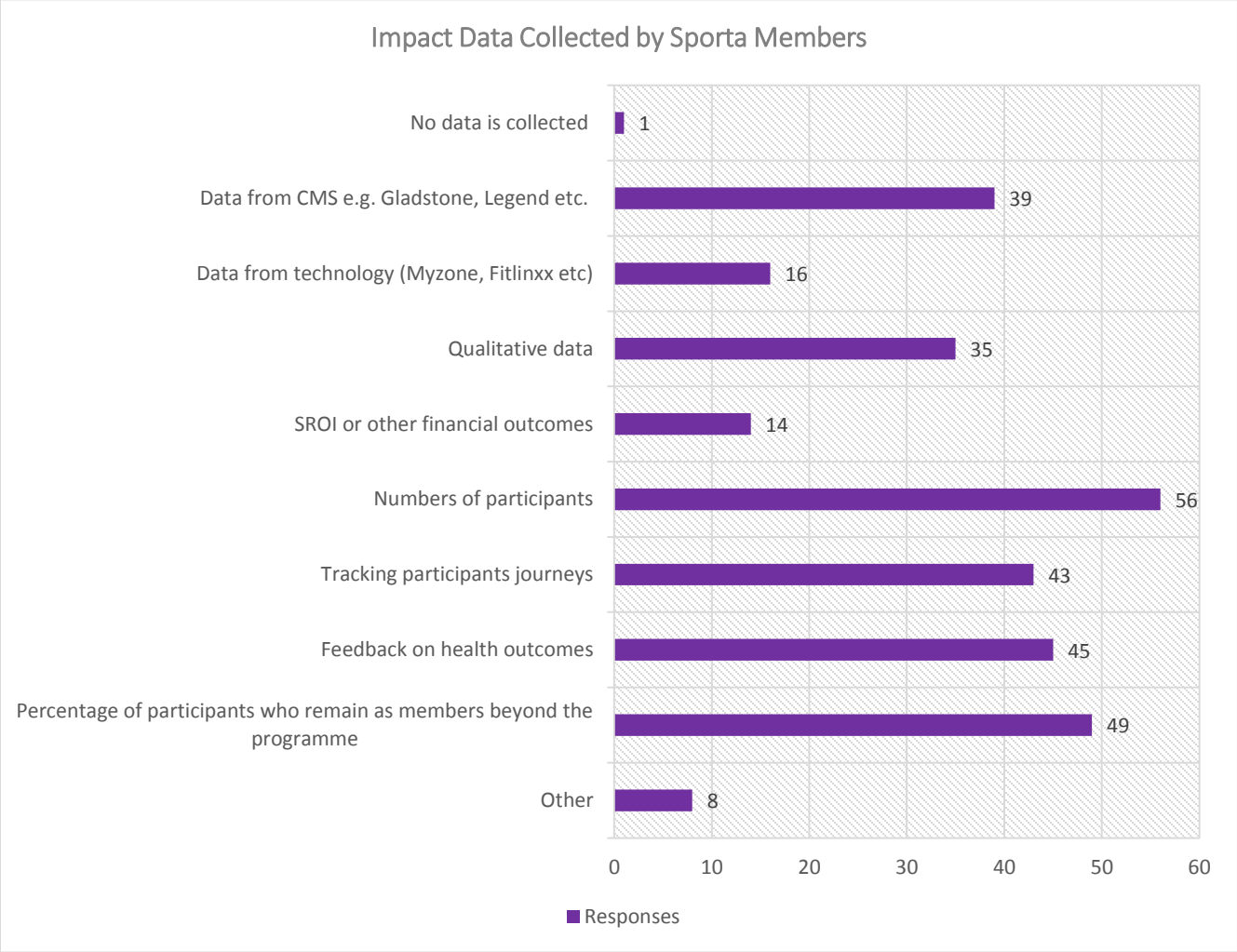
Answer choices	*Percentage of Responses and number of respondents*	
Inform choice of program	***64%***	***38***
To deepen general knowledge in support of activities	***78%***	***45***
Research for new insights and other publications	***49%***	***29***
Referenced in case studies and other publications	***44%***	***26***
To help design and adjust programmes by introducing insights etc.	***81%***	***48***
Total Respondents		***58***

Question 16 – What are your key concerns in the delivery of public health programmes?

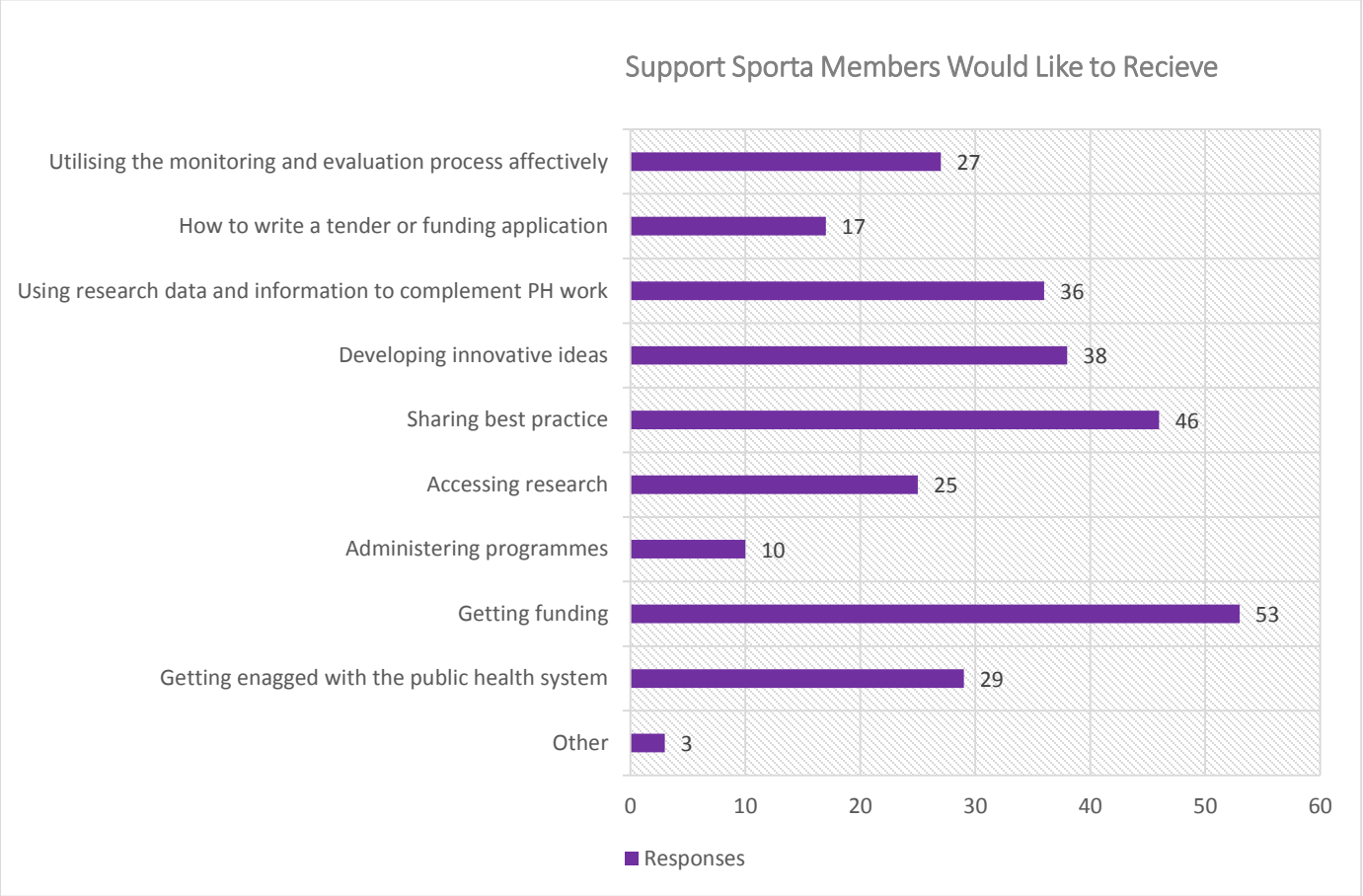


Question 17 – What sort of impact data does your Trust collect from the programmes you run?

Some trusts are using established systems for collecting and assessing impact data while others are currently in the process of reviewing their chosen methods. Generally, this appears to be an area for more development. Please see **Appendix 3** for 'Other' responses to this question.



Question 18 – What support would you like to receive?



Question 19 – Please identify areas in health where the Trust feels it can make an impact?

Answer choices	*Responses*	
Address local issues & priorities	***100%***	***58***
National issues & priorities	***24%***	***14***
Influence the setting of local priorities	***76%***	***44***
Other (Please Specify)	***2%***	***1***
Total Respondents		***58***

Question 20 – Where would your Trust like to offer benefits, but are currently unable to do so (due to lack of funding/ co-operation/ recognition) etc?

This response shows that nearly all Trusts are ambitious about increasing their public health offer in very specific areas or to provide a comprehensive service. However, the shortage of resources and process complications present considerable barriers including, the ability to engage with hard to reach groups. See **Appendix 4** for responses to this question.

Question 21 – What would you describe as the biggest barrier to leisure Trusts in making a bigger contribution to public health?

The responses from the Trusts highlighted several factors which may challenge their ability to contribute to the public health agenda. Funding was the main response which was raised as well as, a lack of understanding and willingness from the health services. See **Appendix 5** for responses to this question.

Question 22 – How important is delivering public health services to the identity and reputation of your Trust?

A very large majority of Trusts see public health services as a very important part of their work and identity. A few believe it to be of moderate importance alongside other priorities. See **Appendix 6** for detailed responses to this question.

Question 23 – How far do you think the regular work of your Trusts is recognised as public health benefit? (By local people, local authorities and by the NHS).

There is a varied picture on this. In some areas the work of the Trusts and their potential is very well recognised. However, the more general position is one where their contribution is undervalued. Considerable progress needs to be made where there are barriers in the way of progress, including greater understanding of resources and attitudes. Please see **Appendix 7** for responses to this question.

Closing Comments

As mentioned previously, the survey had **58 responses** from various regions which meant we were able to produce a more conclusive report. This questionnaire will be used to highlight the breadth of programmes undertaken by the members. It is hoped that an accumulation of evidence can help support funding opportunities whilst supporting the contribution of Trusts when engaging with various public health related bodies/stakeholders in England, Wales and Scotland.

Introduction to the Appendix

The appendix presents a list of qualitative responses to some of the questions which were asked as part of the Sporta Purple – Public Health Survey 2014. Some responses have been altered to protect the identity of the Trust however, comments which were anonymous were not altered. There is a wide range of responses from Trusts throughout the UK, all with a distinct and unique relationship with their communities.

Appendix 1

Q11) How do you inform, educate and empower people about health issues?

Outreach sessions e.g. school classes price reduction.
Working through Health Trainers and GP's.
Usual channels – leaflets, posters, website, Facebook, Twitter, face-to-face meetings.
Outreach roadshows and in-house literature and displays.
1-2-1 sessions with individuals and family.
Very limited at present.
A range of programmes with various approaches – some are referrals from health/ social care agencies, some are via outreach and others are self-referral.
Engagement through a variety of means. Ensuring that it is relevant and meaningful. Keeping it accessible. Building knowledge and shaping attitudes. Informing decision making. Developing skills and behaviors for healthy living. Partnership working and Social marketing.
In person, social media and 1-2-1 meetings.
Working in partnership with local groups using various venues and spaces to facilitate. Social media. Offer facilities for individuals and groups to operate in. Assist in funding applications to ensure groups can access money to do what they need/want to do.
A combination of physical activity and behavior change, with a focus on diet and lifestyle changes.
Publicity material and information resources, staff training and stakeholder meetings.
Promotional materials, word-of-mouth, face-to-face interactions, social media, partnership work to create a more diverse and multi-agency approach.

During focus groups, one-to-one appointments and focused marketing.
We link with NHS service providers to train our staff teams to deliver key messages around healthy eating or specific long term conditions and the benefits of physical activity.
During sessions.
We do not do this proactively. Although, during the assessments this is achieved by our instructors to our patients.
We use a variety of marketing and communication tools to inform people who live and work locally about the Lifestyles Services they can access through the Trust. Some of this marketing is targeted in nature and other methods are generic.
Through utilising workforce, up skilling teams, including health and fitness and front of house, to be able to deliver key health messages appropriate to individual clients and customers. Our programmes are based around educating the public, giving them the knowledge and skills they require in order to take a more proactive approach with their own health and wellbeing.
Information, advice and support through GP Referral Scheme, peer support through walking programmes including Buggy Walking and Nordic Walking, information from gym staff within gym facilities, information to GP's and health professionals to disseminate to patients, local road shows, events and health fairs, information on social media and website.
Working in partnership with NHS to communicate key health messages through projects targeting appropriate channels.
Websites; consultants; health fairs/ Body MOT's and doing more publications.
Face-to-face.
By offering and promoting services in partnership with public health and NHS. Also by outreach work.
Group education programme 1-2-1 appointments literature.
Individual consultation.
Structured evidence based programmes around healthy eating and physical activity behavior change using a combination of 1-2-1, group sessions and written materials. We contribute to the physical activity strategy for the areas that we work in and in the coming year plan to develop a marketing campaign for the community to push the physical activity message.
We don't.
One-to-one interface.

All of the above, healthy lifestyles group meetings, outreach, work places, social groups, one-to-one programmes.
In an informal manner through engagement with specific activities and offerings both in our sites and during outreach community work.
Various internal and outreach public health programmes in place in the Trust. Joint Trust and a NHS Working Group in place to address poor health issues and health inequalities. Joint health training programmes for Trust coaches delivering programmes and services. Direct referral programmes in place. We also has a local hero programme to celebrate customer stories who have overcome illness, obesity or rehabilitated through physical activity to improve their health and wellbeing as an inspiration to others. Also have a 'Going for Gold' 2014 Commonwealth Games related health pledge initiative in place.
Through our marketing resources, website and Facebook.
Attend work place events and attend one off presentations.
Standard, clear, consistent national message that is maintained for a long period of time (10 years plus) - "Change for life" had potential, but now much lower profile. Resource shift from care to prevention, over the long term reducing resources from care services and investing in preventative ones.
We operate a community health vehicle (Activator) which delivers health checks and provides information within local communities. This vehicle also signposts to our exercise referral programme along with other programmes such as smoking cessation, drugs agencies etc.
We provide face-to-face advice, hard copy resources, web based information and e-shot communication.
Mainly, group sessions, Facebook and face-to-face.
Newsletters Awareness Roadshows Training Events.
In conjunction with the Community Health Improvement Project (CHIP)
Marketing and advocacy through various partnerships.
Group sessions.
Through the use of social media and utilizing national campaigns such as 'Change 4 Life'.
Instructors delivering health classes will reinforce health issues to clients attending.
Events, poster campaigns, radio campaigns, print and attendance at relevant meetings.
We provide information and support through the programmes that we run and our partnership networks.

Group sessions and individual sessions.
One-to-one initial assessment, six weeks re-visit and on exit.
Generally through social media, structured instructor led sessions and some outreach.
In partnership with public health departments e.g. Focus Groups, emails, social networks, newsletters, internal posters.
Currently through posters and literature, although we are in the process of developing a separate health website and information portal that can be linked to our own website and local health/GP surgery websites.
Through face-to-face, marketing and social media.
Undertake local social marketing campaign through media opportunities and road shows events. GP surgery information and good relationships with practice managers and community groups.
We do a 2hr programmes with all groups which is split 1hr activity, 1hr education.
Face-to-face meetings and information packs regarding all areas of applicable activities.
Website, social media, face-to-face with GP Practices and leaflets.
Group work, outreach, communications through health professionals, campaigns and face-to-face.
Communications and marketing programmes as well as, educational resources in cultural facilities.
Through connection with key stakeholders.

Appendix 2

Q12) The following table crosses the types of services offered by organisations with the most common categories of public health practices. Please tick as appropriate taking into consideration the activities of your Trust.

The table can be found on the next page.

	Residential care	Daytime centre	Clinic/out-patients	Community centre	At home services	Leisure centre	Cultural facilities	Outdoors	Total Respondents
Prevention	16.98% 9	16.98% 9	16.98% 9	45.28% 24	11.32% 6	98.11% 52	22.64% 12	41.51% 22	143
Diagnosis	0% 0	6.67% 1	46.67% 7	40% 6	6.67% 1	86.67% 13	6.67% 1	0% 0	29
Treatment	6.45% 2	9.68% 3	16.13% 5	22.58% 7	9.68% 3	96.77% 30	9.68% 3	16.13% 5	58
Rehabilitation	9.26% 5	3.70% 2	12.96% 7	37.04% 20	5.56% 3	100% 54	7.41% 4	24.07% 13	108
Health Education	13.64% 6	20.45% 9	18.18% 8	47.73% 21	13.64% 6	95.45% 42	29.55% 13	27.27% 12	117
health operators vocational training	13.33% 2	13.33% 2	13.33% 2	40% 6	0% 0	73.33% 11	20% 3	0% 0	26
Informing public opinion on health issues	17.65% 6	20.59% 7	32.35% 11	44.12% 15	11.76% 4	97.06% 33	35.29% 12	26.47% 9	97
Sanitation & waste disposal	28.57% 2	28.57% 2	28.57% 2	42.86% 3	28.57% 2	85.71% 6	28.57% 2	28.57% 2	21

< Most Relevant

< Most Relevant

< Most Relevant

< Most Relevant

Appendix 3

Q17) What sort of impact data does your Trust collect from the programmes you run?

Self-Efficacy.
Information from Paths For All database and customer feedback at the end of referral programme.
We are currently funding a PhD project which will look at the efficacy of our exercise on referral programme, so we collect a wide range of data.
All relevant data info, visits, activity and length of stay.
Although, we have it all and are happy to share this – the public health services do not proactively engage with us to receive this.
Outcomes star feedback.
Participants can attend the programme for life, no time constraints. Cardiac Rehab is a10 -12 week programme of which they are then sign posted to a general health programme for maintenance.
Collected the above for more recent programmes started/ due to start.

Appendix 4

Q20) Where would your Trust like to offer benefits, but are currently unable to so (due to lack of funding/ co-operation/ recognition) etc.

Providing a wellbeing solution across the whole borough and implementing a holistic triage service to aid signposting and constancy.
All physical activity based interventions – funding for qualifications is a barrier as well as, subsidised fees for areas of deprivation.
In the area of eight management/obesity/diabetes. Funding for weight management programmes has gone to dietary organisations like Weight Watchers which only offer short-term and short lived solutions, as weight is easily put on again at the end of the programme period. Physical activity plus diet offers a more permanent lifestyle change and will help sustained weight loss over a longer period.
Healthy Weight Solution, active in later life, youth engagement and stronger families programmes.
Lack of involvement in the winder health provider / engagement with more partners.
On the doorstep delivery. No need to be delivered via Leisure Centres.
We could deliver a more comprehensive programme of activities if funding was available.
Our biggest issue is capacity at the moment. This area of work wasn't seen as a priority by the Trust previously so we have gone from doing a minimal amount of work to quite a lot. However, growing capacity in terms of staff resources to enable us to take advantage of the opportunities is extremely hard, particularly as we are a relatively small Trust.
We are currently unable to include all long term conditions to attend the health programmes due to resources (funding).
Maintenance of referral programmes and physical activity programmes as an alternative to traditional medicine.
We would like to use physical activity as a preventative measure to prevent child obesity in the 1-4 year age group, however current funding only covers aged 5- 15 age group.
As a key deliverer of prevention services.
With both the local council and ourselves involved in a sometimes disjointed programme on offer funding is the main driver.
We could really make a more significant impact in reducing health inequalities if we were given additional resources, over a longer term period and with the cooperation and

collaboration of a wider range of partners. We could also provide benefits to the CCG and our local population if CCGs were more open and able to recgonise what we can offer. We could also promote better access to our facilities to non-users from the most deprived who traditionally do not participate in our facilities due to financial constraints and other barriers.
Targeting inactive communities.
We would like to expand opportunities to engage key target groups including; older adults, women (in particular pre/post natal) and young people and adults with a disability and/or learning difficulties.
Health promotion activity is not income generating therefore, when savings are required, HP activity is an easy target. Currently, lack of funding is stopping us from visiting the islands plus, we can only timetable visits to communities around 6 times per year. More visits would deliver the message more effectively and contact more people.
Low cost, preventative alternative to NHS care; more direct referrals from local CCG Doctors would be useful; more joined up approach and preventative focus required. New NHS systems (e.g. CCG's/ Public Health etc.) still settling itself.
Our main barrier to making a bigger offer and having more of an impact is access to the centre. We are sited away from main areas of deprivation and car and train access are good, but walking or bus access is more difficult. We could do with more funding to overcome the transport issue.
Encourage more people in the local community to use our facilities.
Given that physical activity has been described as Public Health's 'Best Buy' by Dr. Harry Burns, Scotland's Chief Medical Officer, anything and most of what the Trust does contributes positively and effectively to the PH agenda.
We have many programmes that we are delivering ourselves across the country which public health would hugely benefit from partnering with us on. However, even though we have a very good relationship with them and open lines of communication it seems that process and protocol rom the County Council place many barriers in the way for access to funding, co-operation & recognition. Whilst public health seem to want to engage more and use the delivery partners in the county more, they have to jump through so many hoops to get anything going and the process is so arduous and policy led.
We recently set a new programme offering customers post 12 week & new clients subject to health check and referral if necessary exercise classes, circuit chair based etc, these classes have proved popular, to which in addition we are offering further classes plus aqua jog, funding to support these classes to buy equipment is much needed.
Financially restricted population / deprivation / rural location with people lacking transportation.
Funded sessions.

We would be interested to offer NHS Health Checks if this is viable, look at the Lets Get Moving Pathway and try to develop a suitable pathway that is appropriate to area need and possibly involves leisure staff offering services at surgeries. We see tier 2 weight management as an area of development. Community based physical activity tracking programmes.
Scope for GP's to prescribe funded exercise.
The services currently offered by the Trust could be experienced in other partnerships dependent on available funding and the formation of specific care pathways.
Don't know, we already run several programmes which cost us a significant sum annually. There are probably other schemes we could run, but funding is always an issue.
By delivering in the community not within a leisure centre.
As a Trust we are able to deliver health / obesity programmes, but we are unable to access funding to understand the bigger picture of the health & wellbeing boards.
Areas of deprivation.
More widespread delivery of community based interventions following primary care – some of this is happening but, limits on staff resources, relevant training (and funding for training) and networking with relevant partners makes this difficult. It would also be useful to develop better networks and links with departments so we fully understand each other's remit and desired outcomes. There's often a misunderstanding about what we do and the services we provide, including fees changes to participants.
We are currently developing an integrated wellness model that will offer a one-stop-shop for lifestyles services, we are hoping to link this with other service providers also i.e. police, DWP, CAB, but need to make links with these organisations and understand their aims and objectives and how by working together we can become more than the sum of our parts.
Positive life changing benefits for the patients and in turn reduction in drugs bill for GP's – if only more were engaged to refer and there was the funding available for workers to engage and educate on the benefits of a referral programme.
Offer more targeted interventions. The Trust currently offers a wide array of bespoke health programs, but could do more.
Expertise and service – We are the experts in terms of delivery of many physical activity intervention – not having a place at the strategic planning level locally for public health can limited the ability for Trust resources to be directed most effectively to respond.
The widening of our exercise on referral scheme to impact more people out with our local authority area.
A wider geographical area. More diverse and a more targeted demographic.
Cancer rehabilitation transportation costs.

While we offer some sort of public health based programmes in most of our partnerships, in most cases the Trust are offering limited services or have capacity issues. Being able to expand the services and capacity would offer a greater service to the communities we work in.
Mental health especially targeting the under 18's.
Direct interaction to do preventive and education work with school children.
Prevention agenda (on a bigger scale).
To date we have made good progress with establishing public health areas, but the challenge of evolving services and retaining / extending funding is our main concern. In addition, the majority of current public health areas focus on physical health and active leisure and we also need to demonstrate the impact of the creative and cultural services on offer.
Need to have a dialogue and be recognised by the NHS Regional health board as a partner able to contribute.
One-to-one sessions.
A range of exercise based programmes.
We can provide a range of solutions (too many to list) but engaging with public health is bureaucratic and time-consuming.
Help to engage with inactive percentage of the community.
Further outreach in in-reach services.
Long term development of health programmes and being able to react quickly to changing demands of client's health issues due to very specific funding.
Delivery of cardiac rehab as the nearest is 15 miles away, assistance in promoting our Cancer Rehabilitation services, support and deliver health check schemes, weight management programme delivery and prevention.
Daytime funding.
Funding for subsidising access to physical activity can be challenging to secure.
Key benefits in prevention by increasing numbers and frequency of physical activity. Better co-operation between partners could increase educational resources available around key health issues.
Recognition of national agenda, yet access to external funding.

Appendix 5

Q21) What would you describe as the biggest barrier, to a leisure Trust in making a bigger contribution to public health?

Credibility of the leisure sector in the health arena. Lack of robust evidence based programmes that will provide reassurance to the commissioner that outcomes will be met. Locally based health Trusts can be difficult to compete against on a level playing field.
Not enough impact and based on current correspondence, limited direction.
Financial Support, unrealistic targets set by PH.
Public health and the medical profession's reluctance to recgonise the overall benefits of exercise and physical activity as a key determinant in reducing health inequalities and improving overall health. Also, they have a misconception in that we cannot get customers to commit and stay in the schemes.
Utilising monitoring and evaluation processes effectively. Aligning and reporting outcomes in line with public health priorities.
Perception and deeper engagement and appreciation of the impact of health lifestyles and the support to maintain the services and message within the community, particularly by health professionals on the impact of prevention in activity rather than the rehabilitation after the event.
Continued funding.
Capacity to deliver.
Freeing up funding from secondary care to fund preventative measures.
Need to be credible delivery partner with a track record and established stakeholder networks. The biggest barrier to that would be a lock of insight on behalf of the Chief Exec/ Board that this is an area that the Trust should be working in.
Biggest barrier is the NHS engaging with Leisure when looking at re-designing services. Being recognised for the professional and worthwhile services that we offer to clients with a long term condition.
Being able to influence academics and clinicians as well as, a better evidence base.
Funding a new programme or initiative is a key factor in delivering a bigger contribution to public health.
Lack of support and resources form public health. Also, a clear lack of understanding around our wider community remit…..we don't just mange facilities!

Funding.
Limited resources often attached to short-term delivery trying to make an impact on long-term outcomes.
Lack of funding.
Capacity to deliver and recruit hard to reach groups and the financial risk of introducing new activities for target group's e.g. targeted activities for specific demographics are less likely to cover their costs and often require kick start funding over a period of time.
NHS are still very inward looking rather than working effectively and efficiently with partners. Funding support from NHS would be a good start along with acknowledgement of impact of activities and training levels of staff.
Protectionism from existing public health providers; lack of understanding from public health commissioners e.g. the potential of leisure Trusts; funding pressures facing leisure Trusts.
Biggest barrier is that Public Health are not used to using our Trust for their services event through we offer good value for money.
Everyone realising the benefits of a healthy, active lifestyle.
Local efficiency savings agenda may result in NLL either having to close or go to a single shift in three of the swimming pools that we operate, which would have a devastating impact on public health, despite an overwhelming growth in demand for our services as the public are becoming ever more health conscious and the popularity for sport and physical activity as a result of the Olympics and Commonwealth Games. Still an equitable subsidized services so any increase in supply to meet this demand also means a reality of increasing subsidy levels, so needs to be pitched in light of other health and society benefits.
Structure of public health being now governed by County Council and the limitations on funding – really not proactive or engaging to the needs of the people.
The leisure Trust is working to better its communication with the PH, understanding its services, working together and delivering exercise for the needs of its customers. Funding and timings are key to deliver these services, with this the Trust can plan its contribution.
Lack of direction from PH in locality Lack of external funding (any!)
Cost.
Lack of recognition by health partners that we offer a professional and evidence based approach to lifestyle change.
Funding to support prescribed exercise as above.
Budget and funding – without identified budget to undertake these services, the pressure will be increasingly placed upon Trusts to deliver these services as part of 'core' operations. This

will lead to increasing pressures on centre teams being able to deliver sales targets and effectively manage health priorities and may well compromise on the quality of what is being delivered.
The constant need to provide "evidence" which in some cases outweighs the actual costs of delivering the activity/ service!
Appreciation of the value of physical activity.
Understand Public Health priorities and if there is funding available and how commissioning/ tendering works.
Financial.
Limited opportunity to network and update health professionals on the services we provide and how we can work together to deliver synergistic programmes in the community following a healthcare intervention.
The investment in long term staff/ reducing staff turnover and providing provision in rural areas.
Public Health not understanding what we do and could deliver that would contribute towards a reduction in health inequalities.
No scheme funding available.
Being competitive in a tender process against bigger national service deliverers Skilled to write a competitive tender.
A lack of a proactive approach by public health to plan with Trusts. We are chasing them all the time. The scale of local need compared to our resources.
Accessing funding due to budget deficits across for example NHS and knowing precisely what evidence would be required to present in order to reallocate funding from major institutions such as the NHS.
Lack of funding.
Space at peak times of demand Transport links.
Funding is the biggest issue, mainly for training or staff, but in addition the changing landscape of Public Health is difficult to understand and explain.
Money Lack of investment in facilities.
Failure of GPs to actively engage/Trust the leisure industry. Also confusion over CCGs vs. Council responsibilities for Health in this transition phase.
Investment required to implement a genuine preventative approach.

Lack of evidence hinders the value of leisure and culture and its contribution to addressing the public health challenges. As essentially a non-mandatory service, leisure and culture funding is more likely to get cut rather than prioritised as a means of addressing escalating health and social care costs.
As above – being recognised by the NHS as able to help and support the health agenda.
Funding – often the sessions are staff intensive but low yield in terms of income.
Lack of a settled structure within public health.
We are not necessarily seen as part of the solution (especially as we don't operate council leisure centres). Suspicion from the medical profession about level of qualifications and quality of delivery in leisure/ fitness sector. Unnecessary red tape around contract, SLA's insurance etc.
Majority of those inactive and with Health issues also suffer from low income. Need to find funding to engage and offer regular exercise which is cost effective for the applicant and the Trust.
Funding.
Lack of funding and the acceptance of the longer term benefits that the leisure Trust can offer as a holistic approach to health.
Not enough opportunities to voice and put forward the services required due to barriers with the NHS system.
Resources & financial.
Instability of funding multiple funding streams for condition specific work leads to confusion for health professionals e.g. keen to develop one model for referral to accommodate multi-conditions however, currently receive individual funding from multiple sources for condition specific classes receive individual funding from multiple sources for condition specific classes.
Funding is a key issue for the Trust in balancing core delivery of services and targeting specific public health issues.

Appendix 6

Q22) How important is delivering public health services to the identity and reputation of your Trust?

Public Health Service delivery is essential to the reputation of the Trust and the links to other services that we offer in the cultural landscape.
Extremely, however, still fragmented and the links between.
Very it is an integral part of our role.
Very. We have identified health and wellbeing as a key growth area for the company in the future through our corporate strategies.
Critical, public health funding is a critical success factor in delivering numerous programmes that deliver on a social level.
Very, the impact and links between public health and active and health lifestyles is an integral partnership and should be more valued.
Very important on the added value.
Very.
We want to be seen as an organisation with a strong health focus.
Extremely important – not just in terms of profile and reputation but, in terms of income and sustainability. I believe that Public Health and commissioning is important and relevant to the future sustainability of many Trusts.
It is very important to the Trust. We pride ourselves on offering programmes that highly skilled instructors deliver to people of all ages and abilities.
Extremely important as we are being challenged by stakeholders or a regular basis with regard to how we impact on Public Health.
As a Trust promoting health & wellbeing to our clients, it is key to our reputation that we are seen to deliver public health services.
Very important.
Reasonable important.
Very important, however, it can sometimes get lost when the commercial imperative takes precedence.

Very important and becoming increasingly important.
Very important.
Very important Please note: public health services delivered within KAL sites in very close partnership with the Council's Sport and Physical Activity teams, who have a strong link with the key public health staff in the local authority and help to divert funds towards KAL.
Our founding principle is to serve the people of the area so it is an important part of our delivery that we want to protect and enhance.
It supports our local community approach along with partnership working.
This can't be separated from the sport, recreation, advancement of health and provision of social welfare charitable objectives of the Trust. The argument for sport and physical activities contribution to maintaining health, reducing ill-health and therefore contributing towards economic growth is irrefutable with further evidence being cited on a daily basis. The fact also should be recognised that those who take part in sports and physical activity are less likely to have other poor health habits, such as smoking, drinking, drug taking or having a poor diet adds a multiplier effect to the case for physical activity.
It's a key priority – especially as our focus and vision is to work with those who have the least ironically, the same key health objectives as our local Public Health body?!
It's always important for the Trust to deliver these services working towards its strategic promise of better leisure, better culture and better lives. We are committed to the success of its service and value the health and wellbeing of its community.
Very important to help meet our social objectives and improve the health of the local community.
Quite important.
It is one of our top priorities.
Written into our Values: Opportunities We value providing active, healthy and culturally enriched opportunities that are inclusive to all members of our communities.
The work of our health teams is integral to the ethos of the Trust. We strive to ensure that we build better communities and improved services which means establishing care pathways for as broad a range of individuals as possible to access our centres. We work in partnership with Public Health and Health Professionals to ensure that the service that we deliver is meeting local need.
Vital – we are seen as a key partners in the locality.
Quite important.

As present we run two health programmes on behalf of public health, it isn't necessarily about reputation more about recognizing the local need and working together.
Very.
It's part of our business plan and we have a responsibility through the Council's Single Outcome Agreement to deliver on health inequalities.
Extremely – it is a corner stone for us.
Very important, as a neighborhood and wellbeing company the delivery of a health offer is vital to our overarching vision.
Extremely important.
Very important…. Our mission statement is 'Creating Healthier & Active Communities'
Immensely important. Has shaped some of our approaches to service delivery and company identity.
Extremely important in delivering our strategic objective of getting more people more active more often.
Largely important.
Very important as an inclusive service provider for community benefit.
Being able to make a difference to the community is key for the Trust and we recgonise that getting inactive people active is essential to the future of the organisations success.
One of the main reasons to justify its existence and why it differs from other private local providers.
The Trust had developed a good relationship with the NHS – now we are having to start over with a new commissioners within the CCH who know nothing about our previous work or track record. Not only is it an important revenue stream, but it helps us target key non-user groups who would not normally access or sites.
It is very important and one of our main priorities (if not the main priority).
Important part of the work we do with the local authority.
It is an important plus one for us.
Of moderate importance.
One of our prime objectives to create healthy lifestyle opportunities.
Extremely.

Very important to deliver a range of long term programmes to improve and maintain health in an ever aging population.
Very important as we recgonise the value of the services we can provide and the expertise in our employees to deliver.
It's a lower priority as the community and services are our priority.
Making a positive difference to people's health and wellbeing is at the heart of what we do.
Very important that the Trust is able to contribute to the SOA and make a recognised contribution in delivering key health outcomes.

Appendix 7

Q23) How far do you think the regular work of your Trust is recognised as a public health benefit? (By local people, by the local authorities and by the NHS).

There is local recognition that the current physical activity and wellness services offered add benefit to the public health portfolio.
Only by those that attend our programmes not by the wider community.
To some degree by local people, usually contractually by local authority (although we go beyond the requirements of the contract) but, unfortunately less recognition from the NHS/CCG's.
Could be better recognised by some public health departments and stakeholders – but, Leisure Trusts need to do more on a local and national level to raise advocacy on the range of innovative programmes they are successfully delivering.
Very little, pockets of good work but, not enough interest or engagement by the wider NHS services.
Very well, we have delivered a number of unique health programmes
Very little indeed.
Definitely recognised by local authority and NHS.
We are a key member of a number of partnership groups working on the health agenda in the city.
Regular physical activity work less recognised by any stakeholder. Certainly, our specific health and wellbeing work is recognised now by our local and county Councils, Public Health and the local CCG. It is being recognised by people accessing these programmes but, too early yet for wider awareness recognition.
We are recognised by the operational NHS staff who refer into the programme. The people attending the programme value the programme (this has been evidenced by external evaluation). Local authority value our contribution but, this is not reflected in the management fee.
CCG is acknowledging some work but, impact at health and wellbeing board level is extremely difficult, although this appears to be a problem for all physical activity advocates in the area.
I believe we have limited acknowledgement within the wider public area however, there is recognition form the groups, health professionals which we work closely with.

Not very. There is still an impression that leisure Trusts are 'just in it for the money' not true. We see ourselves as a key partner in delivering health services.
Well recognised by all the above.
Not so much by local people. Parts of the local authority recgonise it –some parts more than others. NHS colleagues certainly recgonise it, however, we are having great difficulty in getting our work recognised by the CCG.
Outside of the health practitioners who refer to us, not that well recognised.
I believe that our reputation has grown over the past few years and that we are starting to become recognised as a key health improvement partner, however, we still have a way to go.
I think that this area of our work in growing recognition. Local authority are very supportive, local people are aware and also growingly supportive. NHS are aware of our activity and are slowly acknowledging and supporting.
Role of the Trust as a major contributor towards positive public health well recognised by all parties – public/LA, including public health, health and wellbeing board. Work needed on the CCG's.
There is a growing awareness of the value of our contribution to Public Health. Something we want to capitalize on.
Undervalued and not high enough on the agenda.
The Trust undertook the SROI study which helped to highlight the contribution of the service towards the public health agenda and this report was presented to the NHS Board by the Trusts CEO who has subsequently bought into a number of programmes and dedicated partnership group has been established. However, funding is not mainstream and generally subject to transient sources of funding being available, so programmes can also be tenuous, even if the benefits are clearly recognised. The majority of local people would recgonise the connection and we enjoy great support from the elected members of the Council, but perhaps less so from the Senior Officials as their services also need to fight for a reducing part of the funding pie. Under such circumstances where self-interest naturally prevails over what is essentially a cross-cutting agenda topic, there is perhaps a need for national government to recgonise the wider 'spend to save' arguments across a number of public sector agencies and portfolios to see that the services are adequately funded to generate more positive societal and health outcomes. Perhaps some top sliced 'ring-fenced' funding should be identified from health and criminal justice budgets to ensure the service is maintained and expanded in accordance with the growth in public demand. Otherwise, the current discretionary nature of the service will be promulgated by those that it suits to make these arguments to maintain their funding streams in other areas, rather than taking the much more bold leadership step of turning the problem on its head and putting funding (capital and revenue) into prevention, diversion and inclusion, through sport and physical activity. Doing this will begin to stem what appears to be an ever increasing demand for health intervention

and budgets and increasing criminal justice costs which the Trusts' services can help mitigate considerably.
It's recognised by the local people and those in the communities we impact upon. The local authorities and NHS are so far removed from what other delivery organisations are actually doing within communities. However, this may be due to a lack of effective marketing and networking on our part. However, our limited time and resources are funneled into the activities, consultation and delivery themselves with those in the most need – rather than promotion and lobbying of the gatekeepers in the local authority and government institutions.
Meeting our customers who have and are still benefiting from our services is very rewarding, feedback from senior management to authorities and NHS can only come from improvements and developments, therefore helping the Trust be recognised for its participation, work in this area.
Locally – very good, LA – good, NHS – a little.
Not greatly.
Local people value the leisure services that we provide as does the local authority. We see that movement of public health into the local authority as a positive thing and we know that our GP referral scheme is seen as an example of good practice. Our sports development service offers health related activities for young people that are well recognised and valued.
Programme specific, reported quarterly to local authority clients. Scope for more recognition, although needs to be underpinned by concrete performance reporting.
There is currently only limited recognition of the work that is currently undertaken by our Trust. We will be working over the next year to raise this profile.
Highly recognised we won the APSE Partnership Award in 2011 for the provision of our Exercise on Prescription programme and its results.
Partly.
We have a good reputation with our local public health team from an obesity point of view but, I would like to expand this to mental health/ social care.
Widely recognised.
The programmes are well known and respected in the community, and we have a well-established link with GP's and a number of health care professionals. I think we can always do more to keep our programmes forefront in the public consciousness and it's a key part of our planning strategy for the year ahead. The programmes were developed while the services were part of the local authority and as such they have a good understanding and buy-in to the services we deliver.
Increasingly.
Not as far as it could and should be.

It is a major intervention and has maximum impact for the small number who are referred currently.
Public Health – Good, NHS – Nonexistent, Local authority – Ok.
Local people see us as a key provider. Local authority and NHS/CHP service leads and practitioners recognised and rely on us. There is a smaller recognition in the NHS strategically of the benefits.
To some degree it is recognised however the challenge is in the continuation of work beyond short term external funding periods to create sustainability.
Our community based work is largely decided by the PH priority areas at any current time. We tailor our work in the communities to meet these agendas. Our work is recognised as being very beneficial.
Well recognised as a vehicle for activity.
Limited, but we don't tend to shout about it much.
It has been a key priority in the last 3 years and progress has been made in some areas with local providers. The biggest barrier remains an unsympathetic local authority.
Rarely recognised – odd newspaper article. But, only really have proper interaction or contact when funds are due to be renewed.
Recognition is continuously improving.
The Trust have received on-going positive feedback with regards to public health programmes. This has been reflected in the commissioning and re-commissioning of external competitively procured contracts. We recognised that there are both opportunities and challenges associated with Public Health as a core function of the local authority, as opposed to the NHS.
As above – not at all currently.
Not recognised – people view it as a service that is provided by local authority and should be cost free to them.
Limited.
Not very much.
Only by those participating.
Not very much as the health work is seen by the general public has been separate to the mainstream work and leisure services are often seen as facility managers rather than activity providers.

Recognised by local people and the local authorities but, barriers are in place within the NHS system thus, not giving people the necessary information to engage in health activities.
I think our Trust is recognised for the good work we do within the community.
Our reputation is growing as a key deliverer of quality health interventions however, we still have a long way to go in building our profile with wider public, and some health practitioners. Last 3 years have seen major positive attitudinal shift from GP's.
The impact of physical activity opportunities including targeted programmes are generally well recognised by partner organisations.

About Sporta

Sporta is the national association of leisure and cultural trusts. Sporta members operate a wide range of leisure and cultural services in communities across the UK - from the Shetland Isles to Cornwall and from the Western Highlands to Kent. Together they provide 30% of public leisure centres in the UK – with over 1600 facilities, they have a combined turnover of more than £1billion and they employ around 50,000 staff.

Sporta is governed by an Executive of ten Chief Executives or Managing Directors and holds three General Member meetings each year. With two small offices – in London and Edinburgh - we provide policy intelligence, business services and trust development support for our members. Most of our work is done through networks and groups of members.

Sporta membership is open to non-profit distributing organisations, primarily but not exclusively those that manage cultural and leisure facilities.

There are over 100 Sporta trusts HQ's around the UK.

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