Report of Economic Scrutiny Panel

Leisure Services – 5 Year Plan

1. Background:

Economic Scrutiny Panel were tasked with looking at Leisure Services five year strategic plan. A presentation was given to the Panel by the Leisure Services Manager outlining the strategy and the five high level objectives:

- Social Inclusion
- > Health
- Anti Social Behaviour
- Access to Sport
- Education

These objectives align themselves to the Council's vision for Flourishing Communities.

It was stated that there were four basic areas to be scrutinised:-

- Stock Take
 - -- Improving and investing in existing facilities
- How do we work with young people?
- Exercise Referrals
 - -- Funding
 - -- Marketing
 - -- Partnerships
- Accessibility
 - --Social Inclusion
 - -- Pricing Policy
 - -- Disability Act.

2. Stock-take:

(Meeting dates - 28/06/05 & 26/07/05)

The Leisure Services Manager gave a report on facilities and activities currently available. The Leisure Services Manager stated that activities attracted 600,000 visits per year. This figure is broken down by sports hub:-

\triangleright	Abbey	172,000
\succ	Coxhoe	73,000
\succ	Deerness	113,000
\succ	Sherburn	72,000
\succ	Meadowfield	97,000
\triangleright	City Baths	77,000

Many of the original targets were exceeded at the Sports Centres.

Activities are monitored, where an activity becomes unpopular it is usually dropped, however, there are some activities that may appear to be not well used but there are socially important reasons for keeping them. The Programme of events is continually evolving and is constantly refreshed.

Leisure management systems could be used to monitor members' visits to the leisure centres by issuing a plastic card. Also, Passport to Leisure is available to those in

receipt of state benefits which will log member trends. 15,000 card holders are required to make this scheme successful.

The Leisure Services has a long-term objective to open up many opportunities to young people up to the age of 25 years. Also, it may be a possibility of setting up youth clubs in the leisure centres.

The number of visits to the leisure centres has increased as this is a value for money service.

Members raised concerns that the sports centres were not accessible to all and that many villages wished to use their communal halls or community centres. A lot of work had been carried out by the Community Development team who are in the process of creating a database of what facilities are available. The Database is expected to be ready by December, 2005.

3. <u>Provision for Young People:</u> (Meetings dates: 27/09/05, 25/10/05)

The Community Safety Officer and the Leisure Services Manager gave an outline of 'hotspots' for anti social behaviour and the part leisure plays in alleviating the situation.

The Community Safety Officer advised the panel that an operations group made up of the Youth Engagement Service, Police, Primary Care Health, Education Bodies and Durham City Council meet regularly to discuss problems and problem areas.

The Leisure Services Manager reminded the Panel that it is young people who are the victims of anti social behaviour. Using Positive Futures initiative Leisure Services engage with young people.

Youth clubs have been launched at Coxhoe, Sherburn & Meadowfield with Abbey and Deerness to follow.

Young people become frustrated that they have nowhere to go, the Leisure Services Manager informed the Panel that the Children's Fund was working to address what young people really want.

Members of the Panel indicated that there is a core element of young people who cause problems but when encouraged to take part in events this has a detrimental effect on the young people who do not cause problems.

Panel Members asked that a mini appraisal of where youth clubs are, What they are doing and the numbers attending could be carried out.

4. Identified Problems

- Geographical -- Current facilities are remote for many young users
- Safety
- -- Perceived problems with youths between villages
- Lack of Provision -- Provision scarce and not uniform

5. <u>Accessibility</u> (Meeting date: 19/12/05)

The Panel were informed by the Leisure Services Manager that a report entitled 'Leisure Industry Challenge Event – Improving Lifestyles' had been considered at Cabinet in February, 2005.

The Report covers such issues as Future Procurement of Services, Pricing Policy, Marketing and Promotion.

The report recommended that the pricing policy be approved for a trial period of 12 months from being implemented in February, 2005 and that a further report outling the results of the changes implemented be submitted to Cabinet for consideration within a 12 month period.

The Panel were informed that the Head of Property Services was currently addressing the implications of the Disability Act 1995 to ensure that all Leisure Service sites met the criteria of the Act.

6. <u>Exercise Referrals</u> (Meeting dates: 19/12/05 & 31/01/06)

Durham and Chester-le-Street Lifestyle Initiative (which Durham City Council is a partner) currently provide four specialist programmes which offer facilities for people who for health reasons have been referred by a health professional to participate in organised fitness activities.

The Panel was informed that when a person is referred by a health professional they present themselves at the nominated Leisure Centre with the necessary documentation.

Members were informed by the Leisure Services Manager that there were no referral to the City Baths – all referrals were to the fitness suites.

Figures were recorded on the numbers of Exercise Referrals that had been sent to each Leisure Centre.

Methods of recording attendance figures for Exercise Referrals had changed because levels of motivation amongst some referrals tended to wane after the first Figures provided from the Leisure Services Manager show relatively low levels of numbers referred by GP's. The figures show new G.P. referrals only.

A guest speaker from Durham Chester-le-Street Lifestyle Initiative Mr. Andrew Power attended a Panel Meeting together with the Leisure Services Manager and answered Members questions relating to Exercise Referrals. A breakdown of questions and answers can be found at Appendix A

Members were concerned that some villages to the East of the district were not covered by Durham & Chester-le-Street PCT, but by Easington PCT and this caused logistic difficulties in attending sessions at the designated leisure centre.

Members gave their wholehearted approval of the work done by the Lifestyle Initiative. Some Members had participated in the Exercise Referral programmes and had benefited from their involvement.

7. Recommendations

That the City Council operated sports centres continue to act as main hubs for the development of various leisure activities, youth provision and new leisure initiatives for the district. In addition that Leisure Services work to make the provision of such facilities and activities at more accessible and at reasonable rates to all members of local communities. The continued expansion of the services offered to the public should be tailored to meet the needs of the population of the district.

That other local community assets identified from the stock-take are communicated to members of the public within the villages thus encouraging greater involvement of members of the public and also increase the positive image and culture of proactive consultations with the Authority. That the use of communal halls and community centres are actively encouraged as centres of delivery to provide more activities to outlying areas or to areas where access to sports centres may prove difficult. Also, to take programmes offered in the sports centres into community centres and communal halls although these may have to follow an amended programme of contents and timetable.

That greater synergy between Leisure Services and Community Safety be established to provide up to date information on 'hot spot' areas and develop positive communications and programmes for interaction with young people. That Community Development to liaise with Leisure Services relating to the outcomes of The Tactical Tasking and Co-ordination Group. Also that a representative from Leisure Services be nominated to attend Community Safety meetings to enable a more direct, efficient and effective role for the Authority. This process has begun with representatives from Leisure Services attending Community Safety meetings.

That Community Development carry out a consultation to determine the types of activities requested, the possible venues and the frequency of the activities. Results of the consultation should be passed on to Leisure Services for their information, to be then assessed as to feasibility and realistic worthwhile delivery. Care should be taken as not to be seen to be making promises or commitments at these initial stages, public perception of the Council can easily be damaged.

That time be given for the recommendations put forward in the Head of Environment & Leisure Services' Report on the Lifestyle Initiative to be put into practice before the Panel scrutinises Leisure Services Accessibility.

That promotion of programmes offered/available under the umbrella of the Lifestyle Initiative are publicised in Durham City News to raise Exercise Referrals.

That a representative from Leisure Services continue to participate in PCT Partnership meetings relating to Exercise Referrals.

That a review of the Exercise Referrals and the continued use of facilities after being referred by a GP take place in due course.

Question & Answer Session -- GP Referral

Question 1: There appears to be no referral back to GP Surgeries from the Leisure Centres, this does not appear to be a two way process?

<u>Answer:</u> Any referrals received fro the programme will be followed up. An attendance report is sent back to the referrer. The referrer keeps records and checks are made. GPs are responsible to make follow ups on referrals they have made.

Question 2: The GP's surgery at Kelloe comes under Easington PCT does this mean that any referrals made by the GP at this surgery would have to go to Peterlee when Coxhoe Leisure Centre is just down the road? There are logistic problems as there are no public transport vehicles that travel to Peterlee.

<u>Answer:</u> There is usually an understanding with other district Councils as to which leisure centre the patient is referred. This case would have to be researched. Members were asked to contact the Leisure Services Manager where this anomaly occurs.

Question 3: What is Durham City Council's involvement with the Lifestyle Initiative?

<u>Answer:</u> The Primary Care Trust is the majority contributor to the Lifestyle Initiative Healthy Horizons Project goes out into the community using Parish Centres, and Community Centres. Other projects are ongoing; the group responsible for future projects is Health Improvement Group.

Question 4: How do we liaise with the PCT to develop and promote partnership meetings with Durham City Council and Chester-le-Street?

Answer: Initial funding has been secured however, there is no specific co-ordinator but this will be the next appointment to be made.

Question 5: Who is the Durham City nominated Officer?

<u>Answer:</u> The Leisure Development Officer attends partnership meetings on behalf of Durham City Council.

Question 6: How many people slip through the net of being referred because GPs do not refer as a matter of course and patients who have had health problems in the past are not referred unless they ask? Also in some surgeries the Practice Nurse refers patients – is this usual practice?

Answer: Up to 5 years ago it was difficult to get GPs to refer patients. A document was produced 4 years ago which has helped referrals to be made. There are problems with certain surgeries but inroads have been made with promotion of quality safe exercise. Also medical defence unions have encouraged referrals from a litigation point of view.

Question 7: Do GP's have targets for the number of patients they refer?

<u>Answer:</u> The National Institute for Clinical Excellence have set guidelines for depression referrals. To meet targets GP's will have to refer patients for exercise referrals.