

March 2011

Department of Health: Consultation on Healthy Lives, Healthy People: Funding and commissioning routes for public health

Sport and Recreation Alliance Response

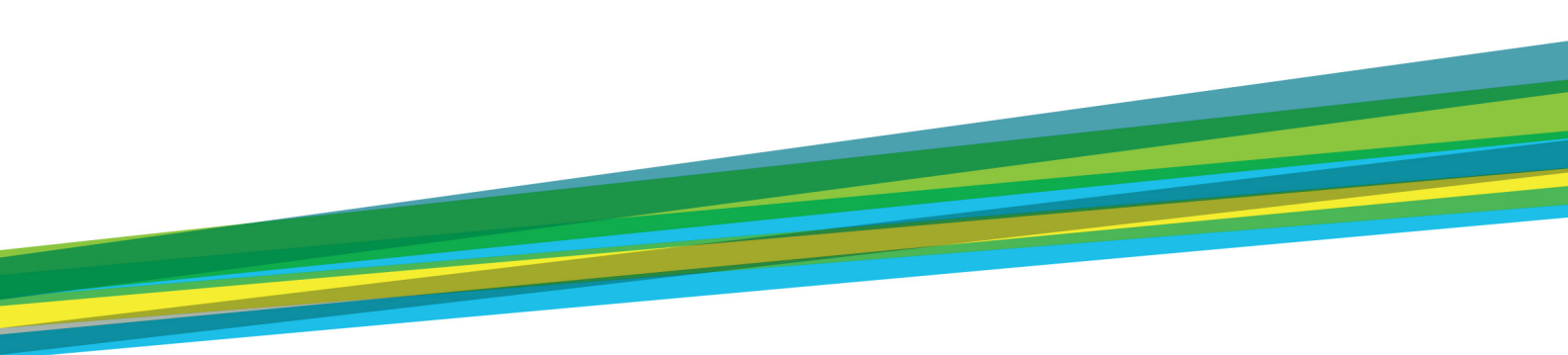
Introduction

The Sport and Recreation Alliance is the national independent voice for sport and recreation, representing over 320 member organisations including the national governing bodies. Our members account for 151,000 sports clubs catering for some 13 million participants, and the Alliance exists to protect and promote the role of sport and recreation in healthy and active lifestyles.

This document outlines the Sport and Recreation Alliance's response to the Government's consultation document entitled *Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health*. We welcome the Government's proposal for a ring-fenced public health fund and urge the Government to recognise the valuable contribution that the sport and recreation sector can make to the delivery of public health services. While the consultation poses a range of questions this response will only address those which are directly relevant to sport and recreation.

Physical Activity in Context

The myriad benefits of physical activity for health are well documented. The evidence clearly shows that greater levels of participation in sport and physical recreation lead to a happier and healthier society. Physical activity brings significant benefits in tackling a wide range of common diseases, for people of all ages, and inactivity is as important as smoking and an unhealthy diet as a major factor of chronic disease.¹ There are also benefits for other public health priorities; evidence shows that increased sporting activity is linked to the development of the type of personality resistant to drug and alcohol addiction,² while girls participating in sport are less likely to be sexually active at a young age and have teenage pregnancies.³



Despite the benefits on offer, levels of physical activity in England remain low. The Department of Health's most recent survey revealed that only a quarter of adults reported that they regularly took part in sport, and less than half of respondents said they made walks of twenty minutes or more at least three times a week.⁴ The Government's proposals for public health must therefore respond to a significant challenge, the scale of which is illustrated by the fact that the UK is the most obese nation in Europe. The promotion of active lifestyles – of which sport and physical recreation are a key part – would both improve health outcomes and represent a significant saving for the NHS. The direct costs associated with physical inactivity are estimated to be between £1 billion and £1.8 billion,⁵ excluding the far greater indirect financial costs to society as a whole which are estimated to exceed a further £5 billion. Without decisive action the costs of tackling obesity could reach £50 billion by the year 2050.⁶

It is vitally important to reverse the current situation whereby a majority of adults are either overweight or obese while a minority meet guidelines for regular physical activity.⁷ Sport and physical recreation has a broad appeal, is inexpensive to deliver and can bring about lasting improvement for individuals of every age and background. It is clear that there can be no effective strategy for public health which does not promote and facilitate sport and physical recreation.

Responses

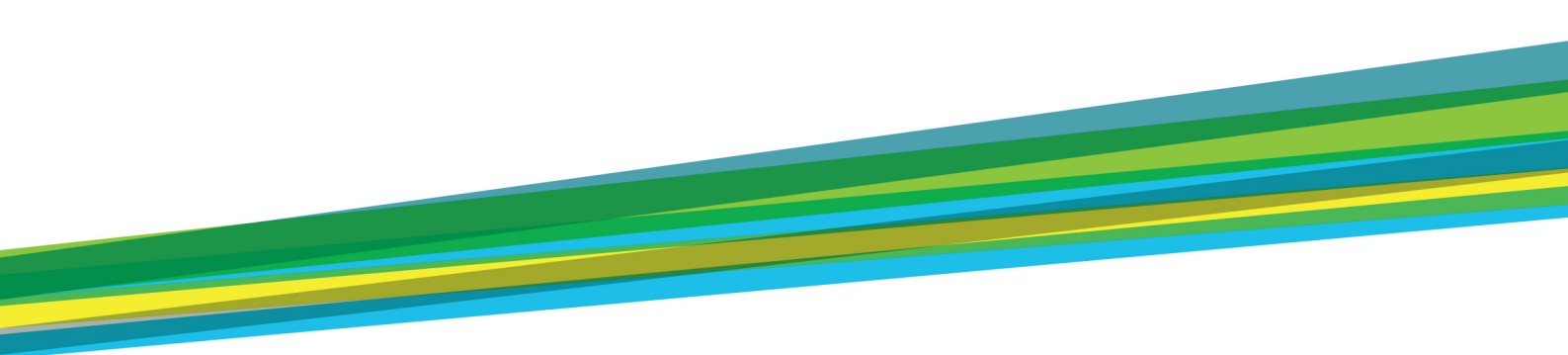
1. Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

and

2. What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?

We welcome the Government's commitment to ensuring that the voluntary, community and social enterprise sectors are supported to play a full part in providing health and wellbeing services. The Sport and Recreation Alliance recognises the important role that will be served by Health and Wellbeing Boards in providing a mechanism for bringing together discussions about investment in cross-cutting services. Given the importance of promoting physical activity, it is vital that sport and recreation are represented on the boards.

As the consultation document highlights, local authorities already carry out a range of functions that effect public health, including provision of leisure services. Health



and Wellbeing Boards must consolidate the link between local facilities and services provided by local authorities and initiatives to achieve broader public health goals. The Boards can act as a valuable coordination mechanism for local sport provision and physical inactivity initiatives, but to do so effectively County Sport Partnerships must be represented.

Furthermore, mechanisms should be in place to ensure that support which is provided under the public health framework is not a substitute for support that would otherwise be provided by the local authority. Funding allocated for the purposes of public health should not be used to 'top up' or replace other allocations, and while sports clubs should be utilised as partners they should not become reliant on funding which is awarded on the basis of positive health outcomes.

6. Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?

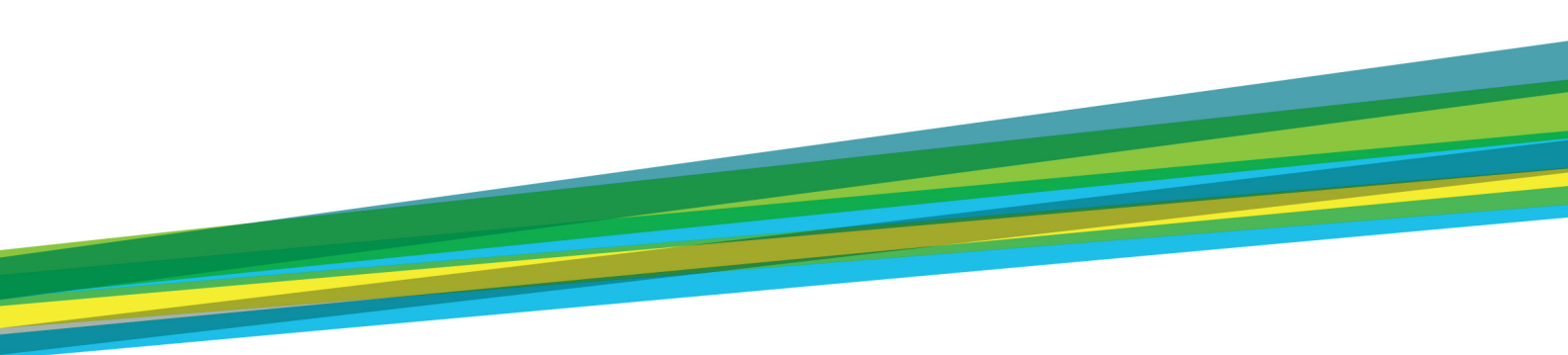
We welcome the explicit reference made in Table A to the programmes specifically designed to improve physical activity. However, it should also be acknowledged that physical activity should play a key role within 'obesity programmes'.

The example currently listed ("delivering the National Child Measurement Programme") is not a preventative measure and will not directly address obesity. Therefore it should be clear to local authorities that these areas cannot be considered in isolation, and that programmes to increase physical activity are also meeting other objectives for which they have responsibility.

8. Which services should be mandatory for local authorities to provide or commission?

Given the wide range of health benefits and positive social outcomes to be derived from regular exercise, local authorities should be required to provide opportunities for physical activity. However, individuals need access to facilities if they are to engage in sport and physical recreation, and local authorities should therefore be compelled to ensure that individuals are within a reasonable distance of the following:

- Green space (e.g. park or playing field)
- Playing pitch
- Swimming pool
- Sports hall
- Tennis court

- 
- Squash court
 - Access to outdoor water (where applicable).

This list describes the minimum level of provision necessary for individuals to be able to engage in regular physical activity. The long-term provision of these services is dependent on the new streamlined National Planning Framework; sport and recreation need greater protection from development because clubs are non-profit, volunteer led organisations. Current planning guidance (PPG17) recognises the unique role sport plays in society and it is important to ensure that the new Framework also recognises this.

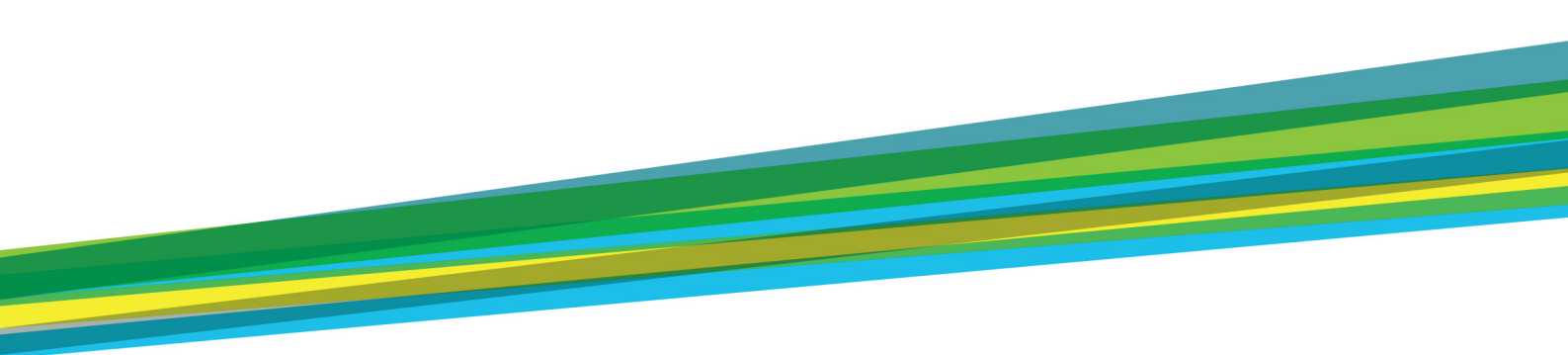
9. Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

The Sport and Recreation Alliance welcomes the allocation of a ring-fenced grant but is clear that these funds should not be used to replace or 'top up' other spending. Funds intended for improving public health should be dedicated for that purpose and should not provide cover for spending cuts elsewhere.

The transition of public health to local authorities will not work if local authorities give with one hand and take away with the other. To encourage public health at local level, the local authorities must support physical activity holistically. For example, Community Asset Transfer must not be used as a fire sale to remove unprofitable facilities from the local authority's books, community assets such as bowling greens must be protected (Manchester City Council has already announced the closure of many), discretionary relief for sports facilities must remain in place and the forthcoming national planning framework must support access to physical activity. In order for the transition to be smooth, the Department of Health must encourage other departments and local councils to support its vision.

12. Who should be represented in the group developing the formula?

The formula driving the health premium should be developed in consultation with representatives of sport and recreation. The premium should be able to accurately reflect achievements relating to physical activity, taking account of the varied nature and time span of the associated health outcomes. Many of the benefits derived from physical activity are not seen for many years; for example, exercise in early life will lead to healthy outcomes in later life (for example, by preventing cardiovascular disease). The health premium should be designed so as to reward long-term thinking as well as short-term results.



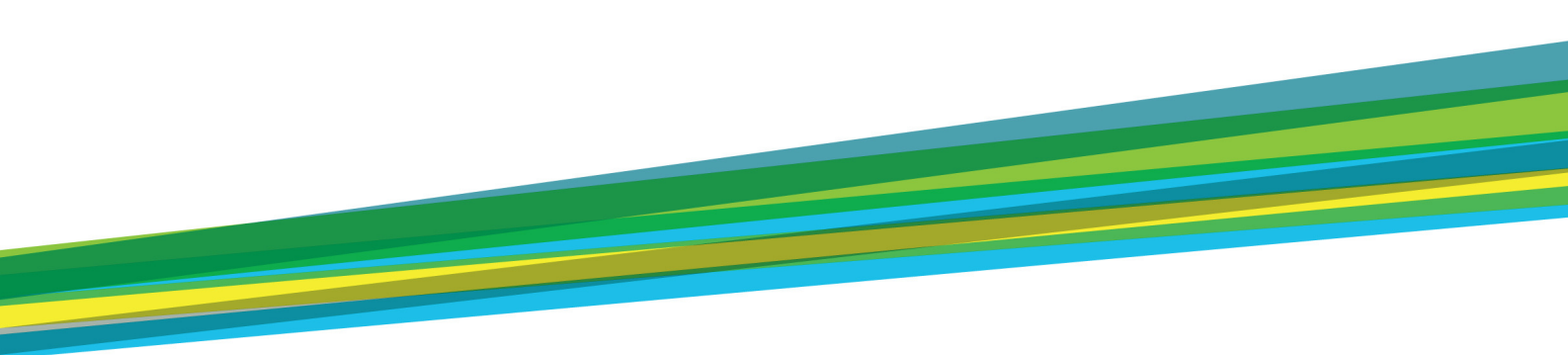
14. How should we design the health premium to ensure that it incentivises reductions in inequalities?

Sport and recreational activities are inclusive, accessible, and can be provided at a low cost to individuals. They are also inherently social, bringing individuals together and removing boundaries within communities. A compelling example is provided by the Get Walking Keep Walking (GWKW) programme, which is a four year project developed by the Ramblers. GWKW aims to increase regular independent walking amongst previously inactive and insufficiently active people.

GWKW comprises of six projects designed to exploit the ease and accessibility of walking in an imaginative way, drawing together a unique combination of outreach, led walks, resources and online tools. The basic principle of GWKW is for people to gradually increase their level of walking using structured plans, and there are a number of ways in which participants can engage with the programme; at the end of February 2011 GWKW had engaged 71,635 people from across the UK. An independent evaluation of GWKW⁸ revealed that participation in the programme led to an increase in the number of days on which people are active for more than thirty minutes. There were clear benefits for individuals, who were more likely to be happy, motivated, energised and engaged, with nearly 40% saying they had taken up another form of exercise following their involvement in the programme.

A further measure of success is the participation by those who would otherwise fall short of physical activity levels recommended by the Chief Medical Officer. By placing a strong emphasis on outreach activity and “taking walking to communities rather than expecting people to go on walks” GWKW serves diverse populations well, engaging with people from black and ethnic minority communities, younger people, inactive people, those with physical and mental health conditions and people with disabilities. At the end of October 2010 forty two per cent of beneficiaries of the walking programme were from non-white ethnic backgrounds and thirty one per cent were under the age of thirty five, demonstrating the programme’s success in widening the demographic appeal of walking.

GWKW is a prime example of how programmes to promote sport and recreation can improve the health and wellbeing of those who have the most to gain from changing their behaviour and those least likely to engage with other physical activity or health interventions. The programme increased walking by individuals, improved wellbeing and motivated people to positively change their behaviour. Crucially, the independent evaluation found that the outcomes generated appear to be sustainable and concluded that “the outreach work undertaken locally is key to the success of the programmes and must be maintained moving forwards.” The Sport and Recreation Alliance suggests that, under the proposed public health framework, Local Authorities should support the implementation of this scheme and similar projects to generate long-lasting positive trends in physical activity uptake. It is also



recommended that other representative and national governing bodies of sport and recreation should be encouraged to follow the example of the Ramblers by running successful programmes to promote physical activity. As the experience of GWKW shows, sport and recreation organisations can draw on their knowledge and network to deliver effective public health programmes.

Given the ability of sport and recreation to deliver equitable health outcomes, it is recommended that initiatives designed to encourage physical activity are incentivised and that the health premium therefore take into account the relevant indicators.

Conclusion

The NHS could be bankrupted by preventable diseases such as obesity in the coming years. In 40 years' time, the bill to treat obesity could amount to an unaffordable £50 billion. In order to stop that figure becoming reality, action is required now; the 50+ year olds of 2050 are already becoming inactive today.

Physical activity is fundamental in addressing obesity and cardiovascular disease. Inactivity is a proven cause of such diseases and therefore sport and recreation must be integral to any public health plan and physical activity must be a key indicator.

Local authorities need to support this drive to improve community health, and the Sport and Recreation Alliance strongly believes that physical activity should be a mandatory provision for local authorities. We also propose that access to sport as well as physical activity should be taken into account in the design of the health premium.

The Sport and Recreation Alliance welcomes the opportunity to respond to this consultation, and would be happy to follow up on any issues that arise from this response.

Simon Butler
Parliamentary Liaison Officer
sbutler@sportandrecreation.org.uk
www.sportandrecreation.org.uk

References

- ¹ Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health
- ² Kircaldy, B., Shephard, R. and Siefen, R. (2004) The relationship between physical activity and self-image problem behaviour among adolescents, *Social Psychiatric Epidemiology* 37(11):544-550
- ³ Sabo, D.F., Miller, K.E., Farrell, M.P., Melnick, M.J. and Barnes, G.M. (1999) High school athletic participation, sexual behaviour and adolescent pregnancy: a regional study, *Journal of Adolescent Health*, 25(3):173
- ⁴ NHS Information Centre (2011) *Statistics on obesity, physical activity and diet, England 2011*
- ⁵ Department of Health (2009), *Be active be healthy: a plan for getting the nation moving*
- ⁶ Foresight (2007) *Tackling Obesities: Future Choices*.
<http://www.bis.gov.uk/foresight/our-work/projects/published-projects/tackling-obesities>.
- ⁷ NHS Information Centre (2011) *Statistics on obesity, physical activity and diet, England 2011*
- ⁸ Centre for Local Economic Strategies (November 2010) *Evaluation of Get Walking Keep Walking*.