

March 2011

Department of Health: Consultation on 'Healthy Lives, Healthy People: Our strategy for public health in England'

Sport and Recreation Alliance Response

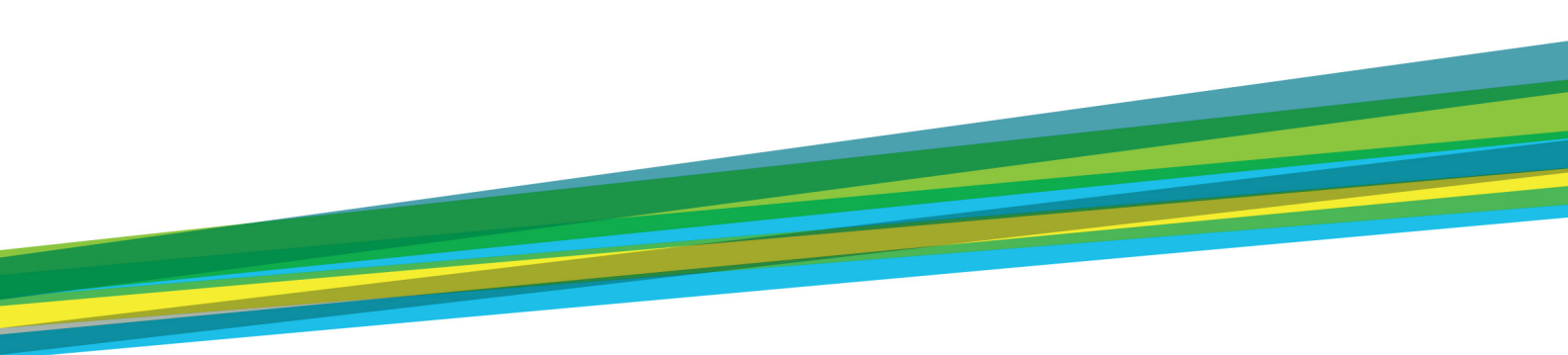
Introduction

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 White Paper entitled *Healthy Lives, Healthy People: Our strategy for public health in England*. We welcome the opportunity to consider the most effective ways to empower individuals to adopt healthier lifestyles, and seek to highlight the benefits of sport and recreational activities for physical and mental wellbeing. We urge the Government to recognise the valuable contribution that sport and recreation bodies can make through the provision and promotion of opportunities for physical activity. While the consultation poses five 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; achieving the recommended levels of moderate intensity physical activity can reduce premature mortality by between twenty to thirty per cent.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

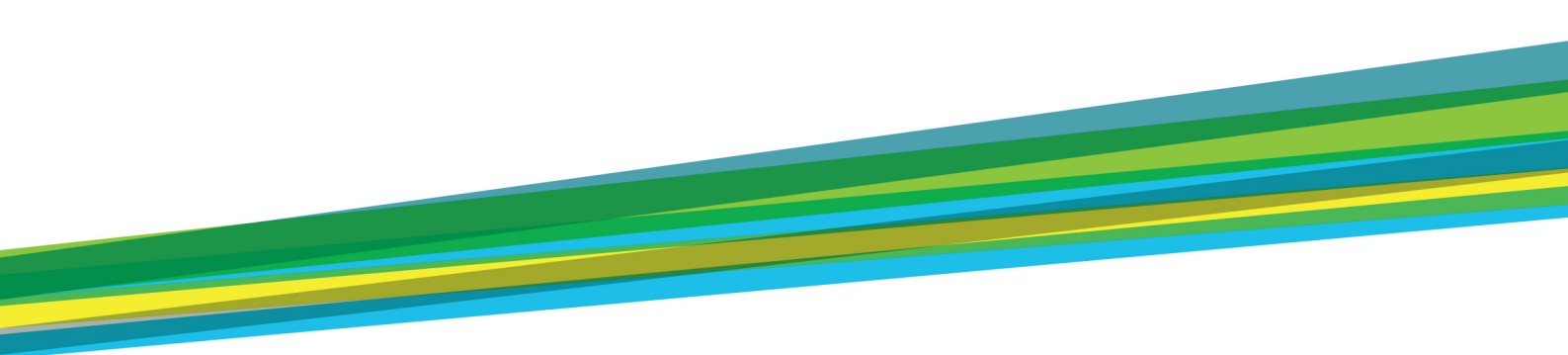
It is vitally important to reverse the current situation whereby a majority of adults are either overweight or obese while a minority meet guidelines for regular physical activity.⁷ Sport and physical recreation have a broad appeal and are inexpensive to deliver, and can bring about lasting improvement 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

(a) Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

Given the importance of physical activity for public health, GPs should be fully equipped to promote and facilitate sport and physical recreation. Proposals to strengthen the focus on public health issues in education and training are welcome, as GPs can be strong advocates for participation in sport and physical recreation. GPs should:

- Understand and communicate the full range of benefits of regular physical activity, both as a preventative measure and as a form of treatment
- Be aware of local opportunities to engage in sport and physical recreation
- Have access to resources providing information about these benefits and opportunities which can be easily disseminated to patients.



It is also necessary to improve channels of communication between GP Practices and public health stakeholders. It should be as easy as possible for sport and recreation organisations to share information and research, for example by making available a database of GP Practices.

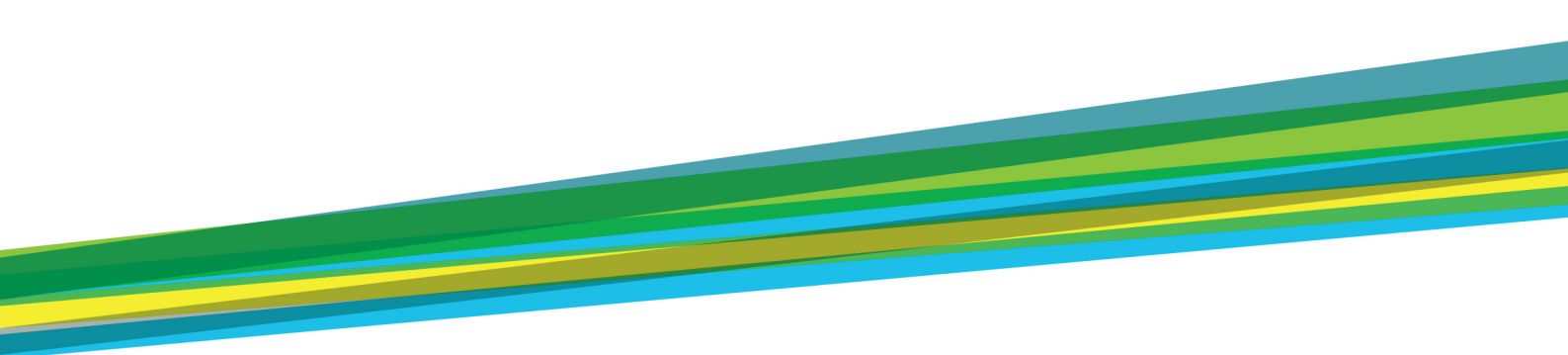
Sport and recreation organisations are well placed to work alongside GPs to develop pathways to physical activity, as the example of the 'Swim4Life' GP Referring Programme demonstrates. Similar 'medic-to-sport' initiatives which form a connection between patient advice and local sport and recreation opportunities should be a key feature of public health framework.

Case Study: Swim4Life GP Referring Programme

The 'Swim4Life' GP Referring programme is an initiative by the Amateur Swimming Association (ASA) to establish swimming as a tool for GPs across the UK, seeking to transform the way swimming is delivered to individuals. The programme establishes working relationships between ASA regional teams, pool operators and GP Practices, thereby providing an effective and workable outline for boosting physical activity through the development of local partnerships.

The 'Swim4Life' referring programme recognises that GPs will, under the Government's proposals, have the power to influence involvement in exercise and the funding to buy care for patients. The ASA is therefore actively seeking to build a stronger relationship with the medical profession to encourage doctors to recommend swimming. The 'Swim4Life' referring programme ensures that GP Practices receive locally relevant information and helpful literature as well as template correspondence, enabling GPs to easily send a personalised letter to patients recommending a visit to their local pool. Leaflets are also provided for display in GP surgeries to highlight the benefits of swimming.

The programme's trial run in the East Midlands was successfully delivered through the effective coordination of ASA regional staff, a GP Practice and the manager and staff of a local swimming pool. Patients were contacted by the GP – utilising the ASA's template correspondence – and were encouraged to visit their local pool, where participating staff greeted patients and guided them through the visit. The results of the trial programme were encouraging; of the 1500 patients who were contacted by their GP, 60 participated in the programme and a quarter of those who completed the programme went on to become members of the facility. The ASA's initiative therefore goes beyond a GP recommendation to undertake more exercise by providing a comprehensive system of referral, starting with active engagement by the GP. Individuals who decide to act on the advice are greeted by a friendly face at the leisure facility and given the support they need from the car park to the poolside,



helping them to overcome any hesitation and get into the habit of swimming regularly.

The 'Swim4Life' referring programme is a practical and potentially effective way to ensure that GPs continue to play a key role in public health. By linking the advice individuals receive in the doctor's surgery with the service provided at local facilities, swimming is more accessible and more attractive to those who would otherwise remain insufficiently active. By providing a comprehensive referring system from medic to pool, the ASA's example demonstrates the potential benefits of closer engagement between GP Practices, local facilities and sport and recreation bodies, and shows that sport can play a key role in the delivery of key public health objectives. However, effective partnerships require a long-term commitment to retaining provision of sport and recreation opportunities; patients need access to facilities if they are to act on the recommendations of their GP.

(c) How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?

The Sport and Recreation Alliance welcomes the principle of adopting an evidence-based approach to public health. Effective strategies to tackle the wider determinants of health in a cost effective and inclusive way require support from Public Health England. Local authorities should be fully aware of the importance of physical activity for tackling public health challenges.

There is a comprehensive evidence base to support the promotion of sport and physical recreation as a cost effective, inclusive and sustainable route to tackling a range of public health challenges. Research has shown physical activity to be protective against obesity, type II diabetes, osteoporosis, haemorrhagic strokes⁸, arthritic problems⁹, cardiovascular disease and certain cancers. An active lifestyle can also improve psychological wellbeing, proving effective in tackling clinical depression, stress, anxiety and low self-esteem.¹⁰ The Sport and Recreation Alliance therefore believes that the promotion of physical activity must be at the heart of public health strategy at the national and local level.

Public Health England must provide leadership to local authorities through the promotion of initiatives which tackle the wider determinants of health in a cost effective and inclusive way. The sport and recreation sector has a significant role to play, as demonstrated by the Get Walking Keep Walking programme.

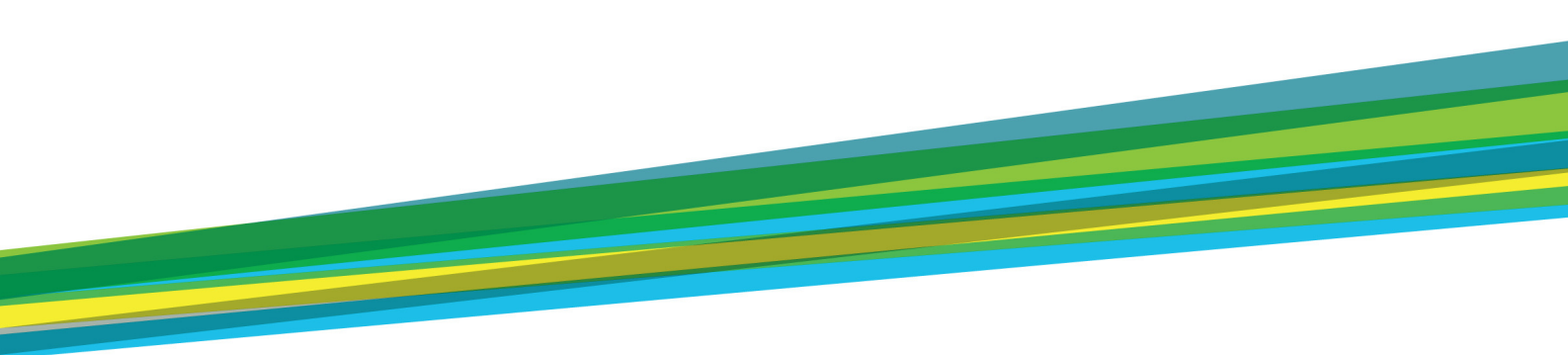


Case Study: Get Walking Keep Walking

Get Walking Keep Walking (GWKW), a four year project developed by the Ramblers, aims to increase regular independent walking amongst previously inactive and insufficiently active people. The programme 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 £5 million initiative has been funded principally by the Big Lottery Fund Wellbeing programme through the Travel Actively consortium of walking and cycling organisations, with match funding from Ramblers Holidays Charitable Trust and in-kind support by local authorities. By widening the appeal of physical activity and encouraging regular and independent exercise, GWKW provides a compelling example of how sport and recreation organisations can deliver positive public health outcomes.

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. Local GWKW staff work with local community services, health providers and the public (amongst others) to develop walking programmes of up to twelve weeks for adults alongside one-off taster events and school programmes (lasting up to six weeks). A 'Get Walking Pack' is also distributed widely, providing a log book, a pedometer and a 12-week plan to develop regular independent walking as well as information about the benefits of walking. The GWKW website provides further information and guidance, including downloadable maps of local walking routes. A key strength of the programme is therefore the ease with which individuals can engage with walking; at the end of February 2011 GWKW had engaged 71,635 people from across the UK.

An independent evaluation of GWKW¹¹ 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.

(d) What can wider partners nationally and locally contribute to improving the use of evidence in public health?

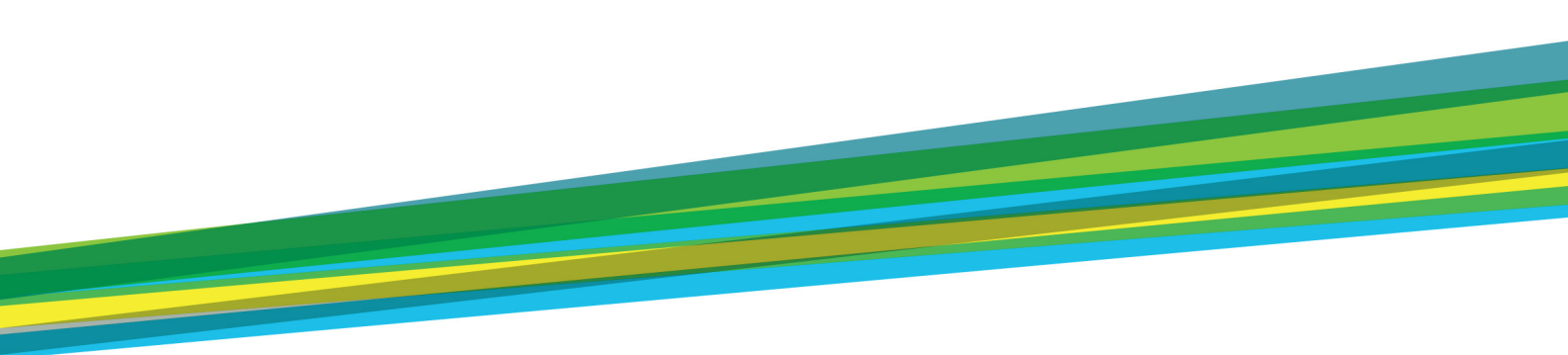
As the example of ‘Get Walking Keep Walking’ illustrates, sport and recreation bodies can draw on their knowledge and network to deliver effective public health programmes. It is important that networks which are already engaged in this way are fully utilised; organised initiatives to promote sport and physical recreation present valuable opportunities to draw on useful experiences and exploit existing partnerships for more effective delivery of the public health strategy.

It is also vital that best practice is shared between these networks. County Sport Partnerships, with full view of local initiatives, can coordinate and facilitate the sharing of information locally (and nationally through the County Sport Partnership Network) through their participation in Health and Wellbeing Boards.

Conclusion

A wealth of evidence already exists to show that regular physical activity can prevent a host of preventable diseases. The obesity epidemic is likely to create the biggest drain on the National Health Service in coming years; it is estimated that in 40 years’ time the NHS bill for tackling obesity will be some £50bn.

Physical activity counteracts obesity. Communities need to be empowered to become more physically active. GPs should prescribe physical activity; and the community must have the facilities and infrastructure to provide support and access. The ‘Swim4Life’ GP referring programme has been a success; but if local pools are closed down this cannot work. The Government’s approach must, therefore, be



holistic and physical activity must be a key indicator locally. If not, it will allow local authorities to cut sport and recreation provision, ignore physical activity in planning requirements and continue to remove discretionary reliefs for sport and recreation facilities.

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.

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