

March 2011

Department of Health: Consultation on 'Healthy Lives, Healthy People: Transparency in Outcomes - Proposals for a Public Health Outcomes Framework'

Sport and Recreation Alliance Response

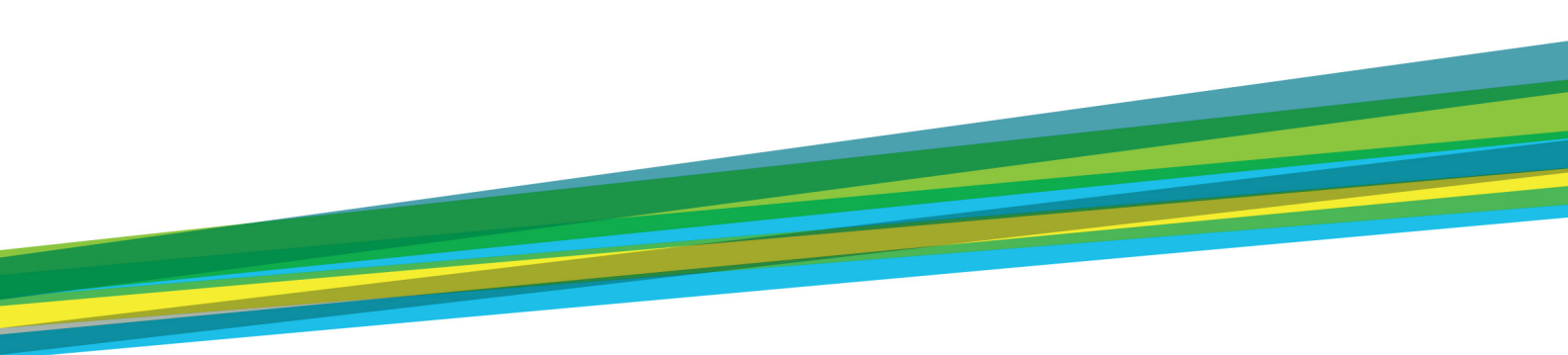
Introduction

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: Transparency in Outcomes*. We welcome the chance to consider how best to measure success in public health and are encouraged by the Government's commitment to working with the voluntary sector and communities to tackle public health challenges. We urge the Government to recognise both the value of physical activity and the valuable contribution that sport and recreation bodies can make through the provision of opportunities for healthy living. 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

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 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 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.²



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,³ excluding the far greater indirect financial costs to society as a whole which are estimated to exceed a further £5 billion.

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.⁴ 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. Developing opportunities for physical activity will be the key to encouraging individuals to adopt healthy lifestyles, and national governing bodies can play a central role. British Cycling's 'Sky Ride', for example, attracted more than 210,000 sedentary people or occasional cyclists into the sport.⁵ It is clear that there can be no effective strategy for public health which does not promote and facilitate sport and physical recreation.

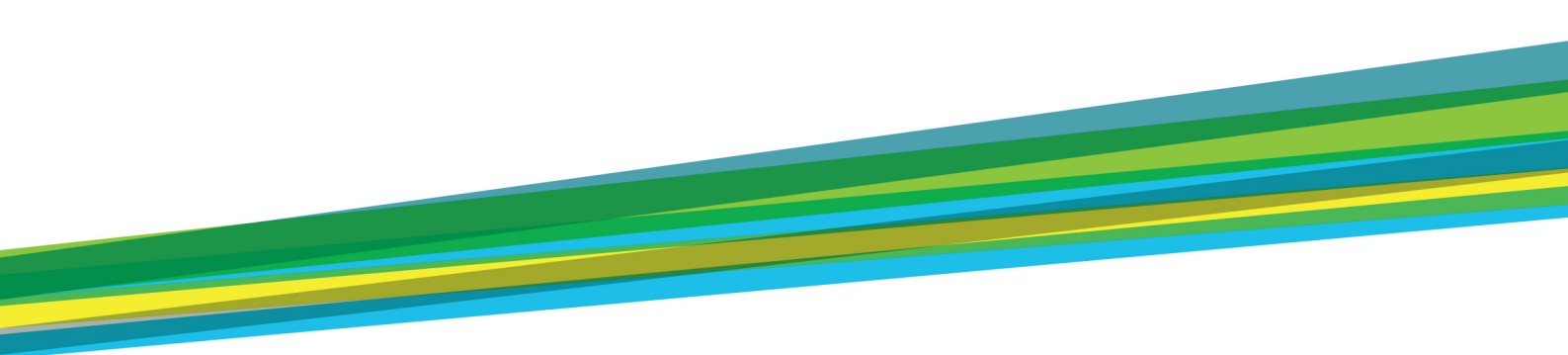
Responses

1. How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

The Outcomes Framework should produce a set of indicators that allow partnerships to form at a local level. It is essential that local authorities and GPs engage with sport and recreation bodies and with Country Sport Partnerships through the Health and Wellbeing Boards. The Outcomes Framework should recognise that sport is already being provided at the local level by community clubs, and so changes to the public health structure must allow health professionals to become plugged into existing partnerships. Rather than aim to reinvent the wheel, the Outcomes Framework should provide a platform for all parties to come together to improve existing provision for encouraging physical activity.

2. Do you think these are the right criteria to use in determining indicators for public health?

In addition to the listed criteria, the selection of indicators must also be guided by an analysis of the cost of intervention versus the predicted benefits. The most effective



interventions will tackle the most serious public health problems at a relatively low cost.

Boosting physical activity is a clear long-term challenge for the healthcare system; it is estimated that without decisive action the costs of tackling obesity could reach £50 billion by the year 2050.⁶ The solution lies in encouraging uptake of sport and physical recreation, which can be provided at a low cost to both the provider and participant. 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 strokes⁷, arthritic problems⁸, cardiovascular disease and certain cancers.

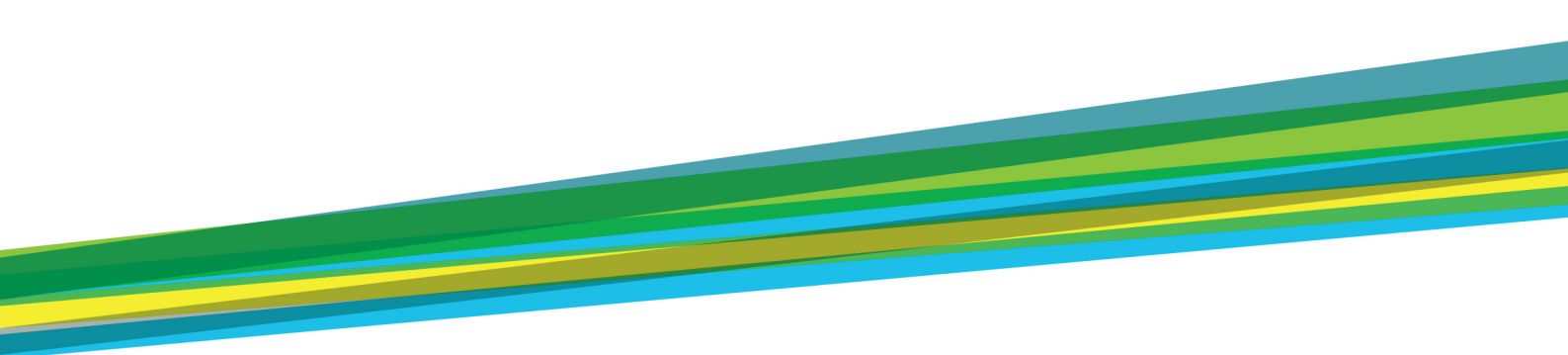
However it should also be remembered that it is difficult to trace causality, and while some benefits derived from physical activity are more direct, others are harder to observe. For example, evidence shows that increased sporting activity is linked to the development of the type of personality resistant to drug and alcohol addiction,⁹ while girls participating in sport are less likely to be sexually active at a young age and have teenage pregnancies.¹⁰ An active lifestyle can also improve psychological wellbeing, proving effective in tackling clinical depression, stress, anxiety and low self-esteem.¹¹ Therefore it is necessary to take a wider, long-term view of the cost-benefit implications, and the evidence is clear that physical activity achieves positive outcomes in both the short-term and the long-term.

3. How can we ensure that the Outcomes Framework, along with the Local Authority Public Health Allocation, and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

The Sport and Recreation Alliance welcomes the proposal for an Outcomes Framework which sets goals for improving and protecting health and provides a mechanism for transparency, accountability and incentivisation across the public health system.

If the Framework and the health premium are to contribute fully to health inequality reduction, it is vital that the full range of benefits of physical activity for individuals and communities is taken into account. As highlighted above, research has shown physical activity to be protective against a range of chronic conditions and can also improve psychological wellbeing.

Physical activity can be particularly beneficial for those with physical disabilities, helping them to become more mobile, build their confidence and improve health, which can in turn reduce the need for carers and support. Sport and physical recreation also offers valuable opportunities for social contact, and the relationships



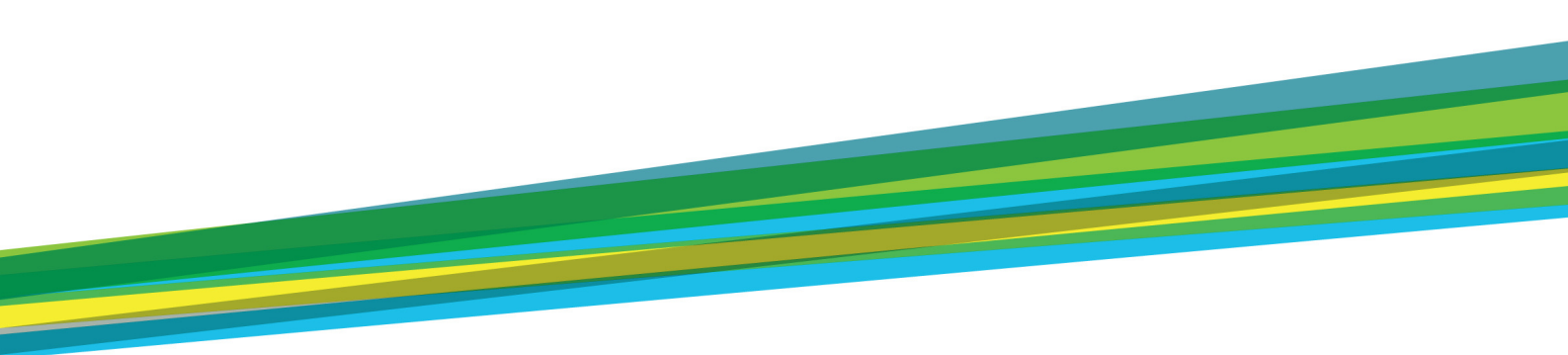
formed through participation provide a strong incentive for sustained, regular involvement. There are also benefits for other public health priorities, as shown in the previous section.

A compelling example of the role of physical recreation in advancing equality in health is provided by the Get Walking Keep Walking (GWKW) programme. GWKW is a four year project developed by the Ramblers which 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 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, including walking programmes for adults and schools, taster events and 'Get Walking' packs (which provide materials to help individuals take up walking).

An independent evaluation of GWKW¹² 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 therefore 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."

A second example of effective intervention is provided by Blackburn with Darwen's 're:refresh' scheme, which was created by the Borough Council and Primary Care Trust in 2007. The scheme aimed to support individuals to make healthier choices, tackling



the problems of low physical activity participation rates and low life expectancy. Individuals were encouraged to take part in activities such as cycling, walking and tennis, and at the heart of the programme were free sessions at the council's five leisure centres. The initiative has had significant, population-wide results; as a result of the initiative adult participation in sport and physical activity increased by 7.5%, including rises within 'hard to reach' groups such as women (from 13% to 17%), black and ethnic minorities (from 11% to 24%) and people with disabilities (from 18% to 22%).¹³ By boosting participation within these groups the 're:refresh' initiative has made significant progress towards reducing health inequalities in Blackburn and Darwen.

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, and must be taken into account within the design of the Outcomes Framework.

4. Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

Any approach to alignment across the Public Health, NHS and Adult Social Care frameworks must recognise that physical activity is beneficial both in terms of preventing ill-health but also in terms of patient care. Achieving greater levels of participation in sport and recreation would have a clear benefit both for the NHS (the direct costs associated with physical inactivity are estimated to be between £1 billion and £1.8 billion¹⁴) and for social care (by contributing to rehabilitation and healthy ageing).

The Sport and Recreation Alliance welcomes the Government's recognition of the fact that a range of local services make a crucial contribution to public health outcomes. Increasing levels of physical activity are closely linked to the availability of opportunities to participate in sport and recreation. This means that public health outcomes are intimately linked to the provision of facilities by local authorities as well as access to outdoor spaces such as playing fields and rights of way.

5. Do you agree with the overall framework and domains?

The importance of physical activity as part of a healthy lifestyle should be recognised within the overall framework. Domain 3 must therefore explicitly recognise physical activity as a key part of the vision for public health – it should not be subsumed within references to 'healthy lifestyles', which may be interpreted inconsistently.

6. Have we missed out any indicators that you think we should include?

Walking offers a straightforward and easy way to meet the recommended levels of physical activity. It is easily integrated into everyday life, inexpensive and requires no special equipment, training or knowledge. It is also low impact and ideal for people of all ages. However, as highlighted above, a recent survey by the Department of Health revealed that less than half of respondents made walks of twenty minutes or more at least three times a week.¹⁵ A corresponding indicator would therefore be a sensible and effective addition within domain 2.

7. We have stated that we need to arrive at a smaller set of indicators than we had previously. Which would you rank at the most important?

and

10. Which indicators do you think we should incentivise through the health premium?

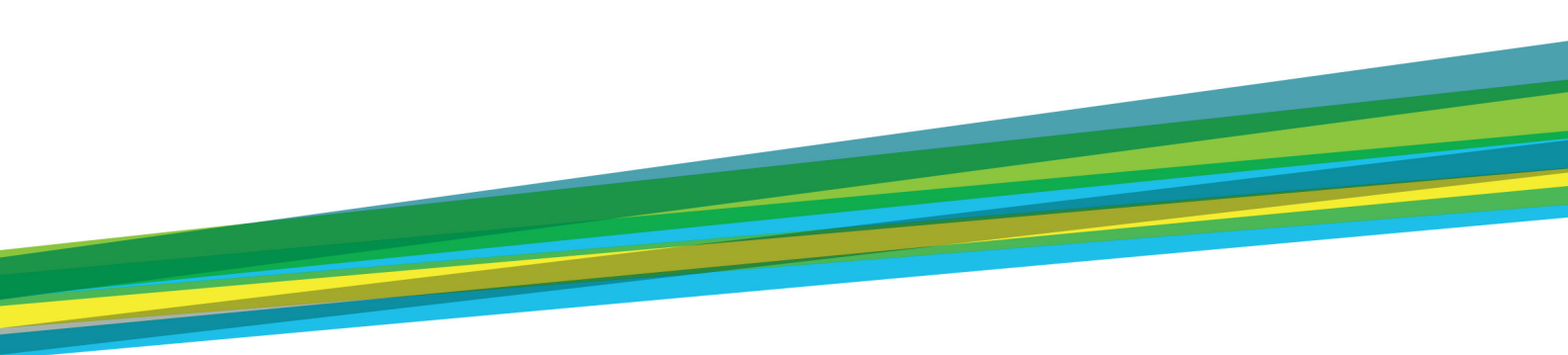
Given the myriad benefits of physical activity for public health outlined above, local government should be encouraged at every opportunity to boost participation in sport and physical recreation. The Sport and Recreation Alliance would welcome the payment of a 'health premium' to incentivise authorities to make progress in this area and to promote healthy, active lifestyles. The Sport and Recreation Alliance therefore considers that the following indicators should be both prioritised and incentivised:

- 1. Access and utilisation of green space (domain 2)*
- 2. Cycling participation (domain 2)*
- 3. Percentage of adults meeting the recommended guidelines on physical activity (domain 3)*
- 4. Walking participation (recommended indicator)*

Of these, the most important is the percentage of adults meeting the recommended guidelines on physical activity. As discussed above, this measurement would reveal the extent of progress in tackling wide range of health challenges including chronic diseases such as osteoporosis and type II diabetes as well as mental wellbeing and social inclusion.

It is vital that the framework and the health premium recognise the importance of the physical activity indicator above others listed. Physical activity is in effect a 'super-indicator', given that it leads to positive outcomes across a range of other indicators:

- Reduction in crime (domain 2) – see case studies below
- Truancy rate (domain 2)
- Prevalence of healthy weight in children (domain 3)

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- Prevalence of healthy weight in adults (domain 3)
 - Percentage of adults meeting the recommended guidelines on physical activity (domain 3)
 - Self-reported wellbeing (domain 3)
 - Prevalence of recorded diabetes (domain 4)
 - Work sickness absence rate (domain 4)
 - Health-related quality of life for older people (domain 4)
 - Mortality rate from all cardiovascular disease (domain 5).

The relationships between these various measures of health highlight the fact that indicators should not be taken in isolation. The framework should also do more than track what is happening (e.g. measuring mortality rates) but should indicate progress in prevention. In this context, physical activity indicators are more revealing as measures of an effective public health strategy.

Case studies: Sport and crime prevention in the community

In August 2010 the innovative Mobile Boxing Arena project was launched in Bolton, targeting specific wards where there are high crime rates and anti-social behaviour. Outreach work (coordinated by the local authority in association with a local boxing club) identified young people to participate in boxing sessions held in mobile arenas. Following the introduction of the scheme crime rates have fallen in the areas concerned; there has been a 35% decrease in less serious wounding, a 42% decrease in criminal damage and a 14% decrease in burglary.¹⁶

The Boxing Academy in Tottenham is further evidence that sports projects can be highly effective when it comes to tackling youth crime and antisocial behaviour. The Academy works with young people who have struggled in mainstream schools, combining boxing training with other sports and regular lessons, such as English and Maths. Many of the young people who attend are known offenders and have been excluded from school. An independent report¹⁷ found that young people who attend the Academy were found to be more likely to achieve qualifications than their peers in Pupil Referral Units and less likely to re-offend. The project is also highly cost-effective, creating £3 of value for every £1 invested.

In the United States, similar initiatives have been in place since the 1980s in the form of 'midnight basketball leagues'. The leagues were created to provide safe, constructive activities for young men between 10pm and 2am to keep them occupied. Results show cities that were early adopters of officially sanctioned midnight basketball leagues experienced sharper decreases in property crime rates than other American cities during a period in which there was broad support for midnight basketball programs.¹⁸



9. How can we improve indicators proposed here?

The list of proposed indicators of health improvement (domain 3) rightly includes the percentage of adults meeting recommended guidelines on physical activity. However, the Framework should take into account the wide range of activities that may be included here, ranging from shorter duration, more intensive activities (such as squash or running) to less intensive, longer duration activities such as cricket or golf. The indicator must reflect that each of these activities leads to a positive outcome for health, but that patterns of participation differ greatly.

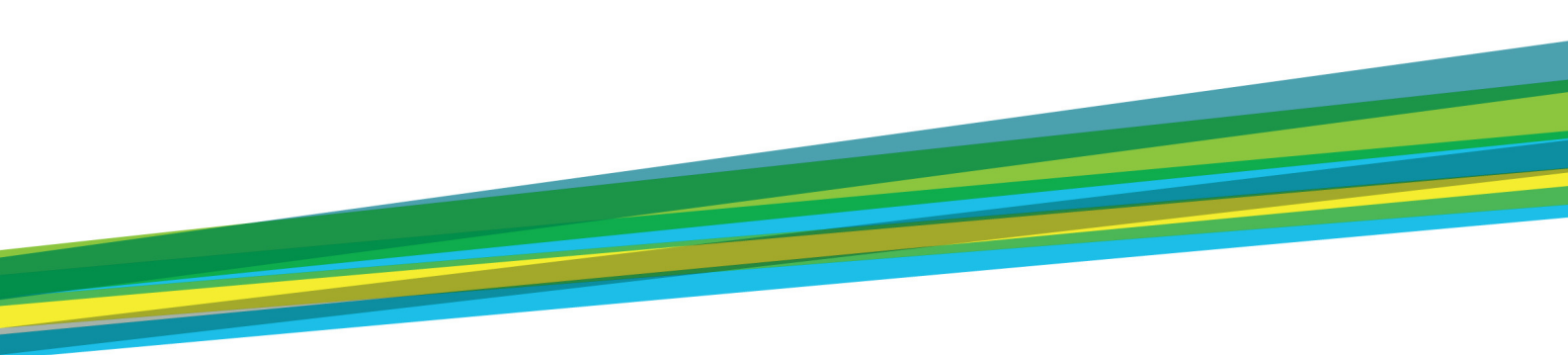
Domain 2 includes “access and utilisation of green space” as a proposed indicator. This is an important inclusion given that research suggests that where people have good access to green space they are 27% more likely to be physically active.¹⁹ However, this indicator must extend to cover other facilities beyond green space, including built facilities that provide opportunities for participation in sport and recreation. This includes swimming pools, sports halls (including school facilities), leisure centres and playing pitches, all of which individuals require access to if they are to lead healthy lifestyles.

12. How well do the indicators promote a life-course approach to public health?

Physical activity is important for health outcomes across the life-course. While exercise in early life is protective against a wide range of conditions, physical activity in later life can help the management of painful conditions. The Outcomes Framework must therefore take into account the pattern of participation in physical activity across different age ranges. It is vital that public health strategies address the problem of declining physical activity levels over the life-course; last year a quarter (26.2%) of 16 to 34 year olds met activity guidelines in 2009/10, as opposed to 7.7% of those aged over 55.²⁰ The relevant proposed indicator may therefore be improved further by monitoring physical activity in age groups (a) 16-34 (b) 35-54 and (c) 55 and over, in line with Sport England’s *Active People Survey*.

Conclusion

The direct costs associated with physical inactivity are estimated to be between £1 billion and £1.8 billion,²¹ excluding the far greater indirect financial costs to society as a whole which are estimated to exceed a further £5 billion. The cost of treating obesity alone could rise to an estimated £50 billion in just 40 years’ time. Inactivity is a cause of obesity; it is therefore absolutely vital that sport and recreation is accessible at the community level and that physical activity is a key indicator for public health success and for local authorities.



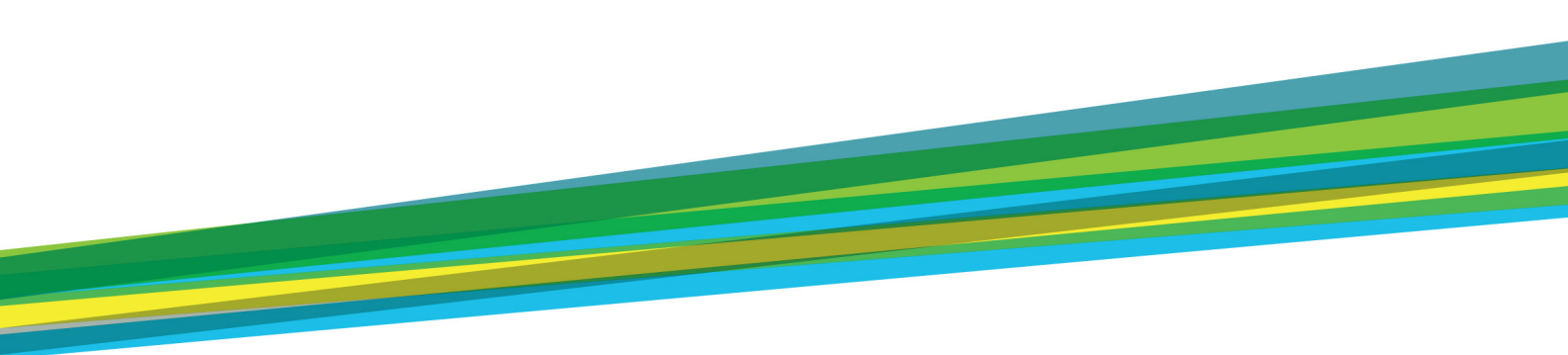
The Government's approach to healthy communities must be holistic. Physical activity provision can be seen as expendable at a local level where cuts are currently hurting; a new approach to public health should therefore be used to encourage communities to protect and improve provision for physical activity.

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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