

Physical activity and health

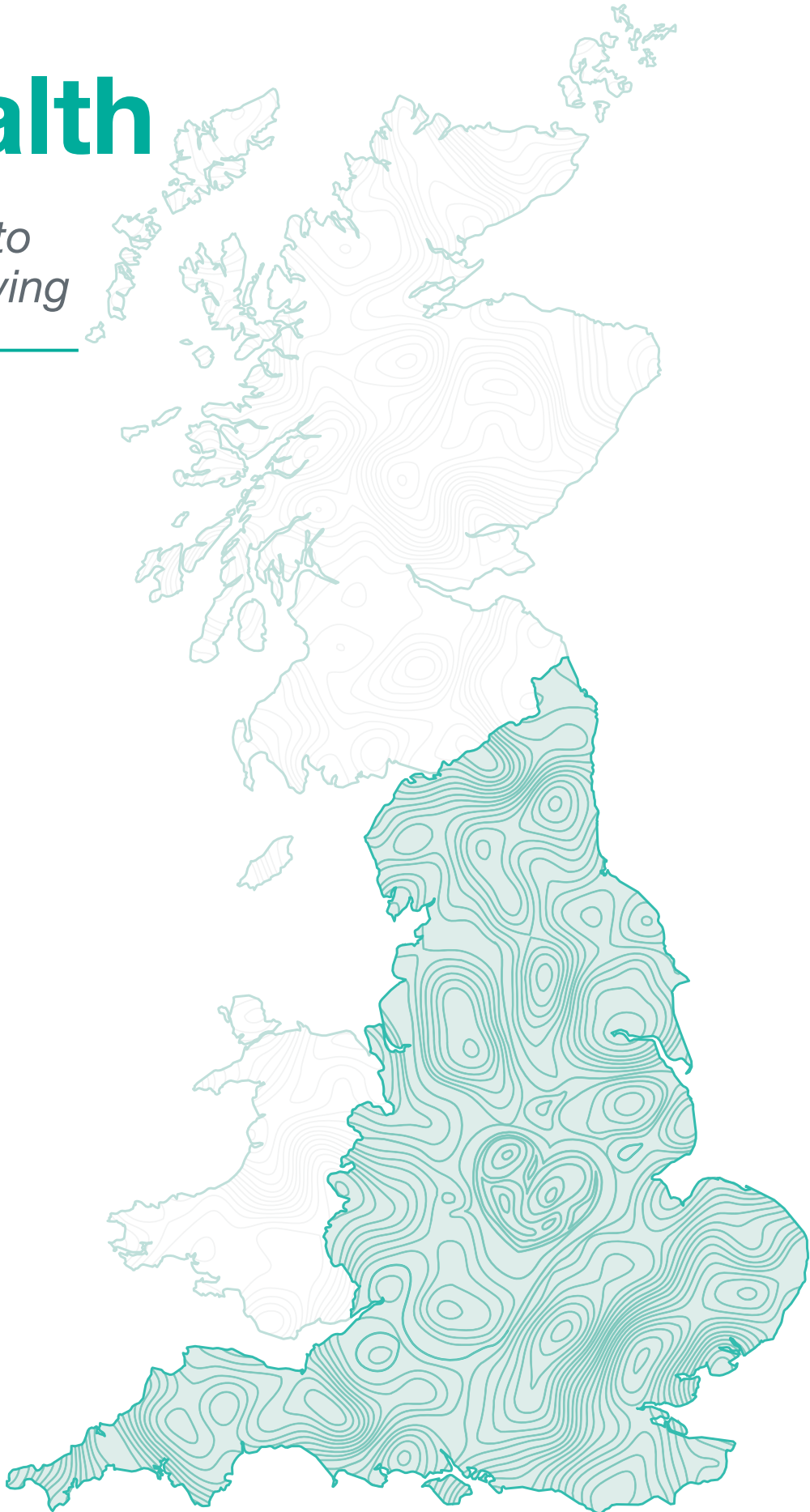
Working together to get the nation moving

July 2016

**SPORT+
RECREATION
ALLIANCE**



More people
More active
More often





Sport and Recreation Alliance

The Sport and Recreation Alliance is the umbrella body for over 320 national governing and representative bodies of sport and recreation. We provide leadership to the sport and recreation sector, champion the great things our members do and enable them to be more effective by protecting and developing the interests of sport and physical activity from the grassroots through to elite level.

This report is part of our Fit for the Future programme of work, which looks at the changing external environment and tries to identify the challenges and opportunities this might bring for the sport and recreation sector. The health agenda has been identified as a key driver within this work.

Find out more: <http://sportandrecreation.org.uk/policy/research-publications/fit-for-the-future>



More people
More active
More often

ukactive

ukactive provides services and facilitates partnerships for a broad range of organisations, all of which support the vision of more people, more active, more often to improve the health of the nation. We exist to serve anyone with a role to play in achieving that goal.

ukactive works with over 4,000 members and partners, including operators of fitness facilities of all sizes, as well as local authority leisure centres, leisure trusts, outdoor fitness providers, trainers, sports providers, education and training providers, lifestyle companies, equipment suppliers and charities.

Our focus is a long-standing and uncompromising vision to get more people, more active, more often. We achieve this by facilitating big impact partnerships, championing innovation, providing high-quality services to our members, campaigning, providing research and sharing insights. This is our promise to our members, stakeholders and the nation.

In January 2014, we launched our campaign to 'Turn the Tide of Inactivity'. Since then, we have published a series of seminal reports which have helped shape the policy landscape we now find ourselves in.

Find out more: www.ukactive.org.uk

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Foreword

We know the value of being active to both physical and mental health in terms of not only helping people deal with health problems but also, importantly, preventing them. We also know that active individuals can benefit communities and the economy.

In 2013, our organisations came together to produce a report on the public health landscape in response to the changes brought about by the Health and Social Care Act 2012.

Since then, policy developments have continued to bring the sport, recreation, leisure and health sectors closer together as rhetoric has turned to a more encompassing 'physical activity' agenda.

Foreword

The Government's new strategy for sport and physical activity – *Sporting Future: A New Strategy for an Active Nation* – provides a renewed impetus to get people of all ages moving. It also places a welcomed emphasis on joined-up working across national Government departments.

This in turn sets a framework under which regional and local activity can bring sectors and organisations together. For example, our members are incredibly varied; covering traditional sports, outdoor recreation, movement and dance and leisure operators. We all have a vital role to play in tackling inactivity.

We believe it is now timely to revise our report on the health landscape as both the Sport and Recreation Alliance and ukactive continue to support and challenge our members to thrive, but most importantly achieve our shared goal of helping more people be more active.

However, it is not only our members and the wider sport, recreation and physical activity sector that we want to engage in this vital work. We hope this report will be a useful resource to health partners as we all have a role to play in delivering public health outcomes.

The policy recommendations that we believe will result in a more active population are set out in this report. We also know that there is a great deal of positive work already going on so we have included case studies and top tips resources. These give suggestions of how sport, recreation and physical activity organisations can engage with the health agenda and provide examples of projects where this is already happening.

We hope that this report will start conversations, inspire partnerships and build on existing great work so that together we embed activity into everyday life.



A handwritten signature in black ink, appearing to read 'Emma Boggis'.

Emma Boggis

CEO
Sport and Recreation Alliance



A handwritten signature in black ink, appearing to read 'Steven Ward'.

Steven Ward

Executive Director
ukactive

Summary

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Summary

[1] Introduction

The physical and mental health benefits of being active have long been known, yet we are in the midst of what some are calling an ‘inactivity crisis’. In 2013, the Sport and Recreation Alliance and ukactive joined together to produce a report on the public health landscape in England off the back of the Health and Social Care Act 2012.¹

It is now timely to produce another snapshot as developments such as the Government’s *Sporting Future* strategy continue to bring health and sport, recreation and leisure together under the ‘physical activity’ banner. The report also identifies recommendations for policy makers and shares top tips and case studies to help others engage with the health agenda.

[2] A changing landscape: the ‘inactivity crisis’ and political developments since 2013

The report will analyse the public health landscape since the implementation of the Health and Social Care Act 2012. The Act radically shifted the responsibility of key public health functions between bodies and placed a greater emphasis on the role of local authorities.

In the years since the new system was introduced, organisations such as the Sport and Recreation Alliance and ukactive have worked to raise the profile of physical inactivity as a distinct and powerful threat to public health.

As a consequence, the health benefits of moving more are now widely recognised by Government – as are the dangers of inactivity – and in the last two years, it has published a number of comprehensive new strategies which make getting more people more active, more often, a central priority.

[3] Policy recommendations

There are many key stakeholders in the health landscape that all help to shape the direction of policy development.

The report recommends that national government should:

- Prioritise physical activity across national strategies and work with stakeholders so that being active is embedded into all aspects of daily life.
- Fulfil its commitment in *Sporting Future: A New Strategy for an Active Nation* to promote the integration of sport and physical activity into care pathways and maximise the potential of advice, prescribing and referral options for health and social care professionals, with a high-quality physical activity workforce ready to assist.
- Invest more in the preventative role of physical activity; with specific and identifiable funding streams.
- Deliver against its commitment to place mental health on an equal footing with physical health.
- Ensure that physical activity is a critical part of the delivery mechanisms of the NHS and support health and sport, recreation and physical activity sectors to deliver evidence-based physical activity initiatives.
- Continue to support health professionals to understand the benefits of physical activity and be confident to refer/sign-post patients.

- Work with the sport, recreation and physical activity sector to develop and run public campaigns on health and physical activity.
- Provide a framework to ensure that physical activity is the norm for children and young people at school and beyond.

And local recommendations:

- All local authorities to produce a robust and comprehensive physical activity strategy in response to local need.
- Local authorities and Clinical Commissioning Groups to join-up budgets to commission evidence-based physical activity initiatives and support local organisations to deliver existing programmes to under-represented groups. This should include proactive recruitment of a wide range of community physical activity organisations.
- All Health and Wellbeing Boards to nominate a clearly identified physical activity champion.
- GP surgeries to embed and promote physical activity.

Summary

[4] The public health structure in 2016

This section highlights the roles and responsibilities of key bodies such as NHS England, Clinical Commissioning Groups, Public Health England, local authorities, and Health and Wellbeing Boards.

It aims to simplify the landscape and make it more accessible to a wider audience.

[5] How commissioning works in practice

Commissioning processes can be complicated if you are trying to engage with them for the first time or in a new environment.

The report sets out recent developments in the commissioning landscape and an overview of the commissioning process.

[6] Top tips to engage with the health system

A collection of health, activity and commissioning experts - Sport England, the Chief Cultural and Leisure Officers Association, Public Health England and the ukactive Research Institute – give their tips and tactics for the sport, recreation and physical activity sector to engage with the health landscape.

[7] Case studies

There is already a lot of great work going on that brings the health, sport, recreation and physical activity landscapes together but we need to better share and learn from what is going on. Examples from across the sport, recreation and physical activity sector are provided along with key learnings from each project.

[8] Final thoughts

The health agenda is constantly evolving and over the past year the sport, recreation and physical activity agenda has come to the fore through Government strategies and initiatives. This report presents a snapshot of the public health landscape and sport, recreation and physical activity sector's role within it.

Both the Sport and Recreation Alliance and ukactive hope that the shared aim of getting more people active, more often will bring partners and sectors together to effectively tackle inactivity.

1

Introduction

In 2013, the Sport and Recreation Alliance and ukactive joined together to produce a report on the public health landscape in England which set out the new health structures introduced by the Health and Social Care Act 2012.

[1] Introduction

The report was produced in recognition of the sport, recreation and physical activity sector's role in tackling inactivity.

To maximise this, there needs to be effective engagement with the health agenda and in return, the health sector needs to recognise the benefits of physical activity and embed it within its frameworks and practice.

The Sport and Recreation Alliance and ukactive have now come together again to provide a picture of the public health and commissioning landscape in England and to set out the sport, recreation and physical activity sector's critical role at the heart of the fight to improve public health.

This report will not set out the evidence base for the health benefits of physical activity as this has been well documented elsewhere.²

After setting the scene, the report proposes national and local policy recommendations that aim to build on the positive momentum around physical activity and truly embed it into policy making and practice.

The report then moves on to explore the commissioning process and shares case studies of promising practice and some top tips on how to engage with the health agenda from experts including Public Health England and Sport England.

The physical and mental health benefits of being active have long been known yet we are in the midst of what some are calling an 'inactivity crisis':

- **In just 44 years (approximately 1.5 generations) the United Kingdom became 20% less physically active and is trending towards a 35% decline by 2030.³**
- **Inactivity is costing the UK an estimated £7.4bn a year.⁴**
- **Physical inactivity is one of the top ten risk factors that cause death and disability in England.⁵**
- **A recent study by Cambridge University showed that irrespective of weight, inactivity was twice as significant an indicator of premature mortality than Body Mass Index.⁶**

The Chief Medical Officer states that 'physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport'.⁷

It has also been stated that:

- **21% of boys and 16% of girls aged 5-15 achieve recommended levels of physical activity.⁸**

Around one in two women and a third of men in England are damaging their health through a lack of physical activity.⁸

2

A changing landscape: The ‘inactivity crisis’ and political developments since 2013

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[2] A changing landscape

Physical inactivity is the fourth leading cause of premature death in the world and twice as significant an indicator of premature mortality as Body Mass Index.^{9 10}

Conversely, regular physical activity has been proven to have a substantial medicinal effect on health and wellbeing.

The Association of Royal Medical Colleges described activity as a 'miracle cure' able to manage, treat and prevent over twenty lifestyle-related, non-communicable diseases such as type 2 diabetes, cardiovascular disease, cancer and mental ill health.

This chapter summarises the key political developments since the Health and Social Care Act 2012¹¹ which introduced new health agencies and funding structures such as Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards.

The impact of Government budgets and devolution

Since 2013, there has been a change of Government to a Conservative majority with continued cuts to public funding through Comprehensive Spending Reviews.

In 2015, the Chancellor of the Exchequer's Comprehensive Spending Review confirmed that public health spending would be cut by 4% year-on-year until 2020 and that £22 billion of efficiency savings are to be made within the NHS by 2020-21.

As part of the 2016 Budget, the Government announced a sugary drinks levy, known as the 'sugar tax,' on soft drinks companies from April 2018.

The revenue will be used to double the Primary PE and Sport Premium to £320 million a year.¹²

Devolution has continued most noticeably with Greater Manchester becoming the first English region to gain control of its £6bn health and social care budget.¹³

Increasingly, there have also been calls across sectors for investment in prevention to maintain the National Health Service, with a priority placed on intervention so that we tackle health problems before they deteriorate.

Developments in the NHS

The NHS unveiled a number of new programmes which champion the huge role activity plays in health:

- Alongside Public Health England, the NHS launched the NHS Diabetes Prevention Programme (DPP). The DPP was launched in March 2015, initially in seven ‘demonstrator’ sites which trialled different models of finding people known to be at high risk and helping them change their lifestyles. The DPP will be expanded to 27 areas across England during 2016.¹⁴
- The NHS Healthy Towns Initiative aims to support ten new housing developments utilise their built environment to build healthier communities.¹⁵
- Every member of NHS staff will be supported to improve their own health through nutrition advice and opportunities to be active in the NHS Healthy Workforce Programme.¹⁶

Sporting Future: A New Strategy for an Active Nation

In December 2015, the Government published its first new strategy for sport in more than a decade in response to the groundswell of opinion that a new approach was needed.

*Sporting Future: A New Strategy for an Active Nation*¹⁷ signalled a tangible step-change in the Government’s approach to getting people moving.

It introduced a new, outcome-focused policy framework to support all organisations which get people moving – abolishing the traditional distinction between participation in sport and broader physical activity.

[2] A changing landscape

This will be measured by five key outcomes:

Outcome

Measureable

Physical wellbeing

An increase in the percentage of people in England achieving the **Chief Medical Officer's guidelines for physical activity** and a decrease in the number of people who are physically inactive; those who are active for less than thirty minutes a week.¹⁸

Mental wellbeing

Improved subjective wellbeing of participants. Government will be working with the What Works Centre for Wellbeing to identify specific measures that can be used to inform this outcome.

Individual development

Increased levels of perceived self-efficacy. The Department of Culture, Media and Sport is working with the Office of National Statistics to identify the best way of evidencing self-efficacy.

Social and community development

Increased levels of social trust in local communities.

Economic development

Value of sport to the UK's economy.

This central theme runs throughout the entire strategy; setting a new direction for Sport England, overhauling the sport and physical activity funding system, introducing the new Active Lives survey and making tackling inactivity a Government priority.

A number of the key recommendations called for by the Sport and Recreation Alliance and ukactive on behalf of the sector were delivered in the new strategy.

They included expanding Sport England's remit to five year olds and above, as well as making it formally responsible for certain types of physical activity alongside the traditional remit of sport - including activities such as cycling, dancing and walking.

All public funding for sport and physical activity will now be awarded to organisations that can best demonstrate the tangible and beneficial impact they have on individuals and local communities.

Sport England: Towards an Active Nation

Many of the actions set out in the Government's sport strategy were attributed to Sport England.

In May 2016, Sport England published its own 2016-2021 strategy – *Towards an Active Nation*.¹⁹ The strategy signifies a shift in Sport England's focus 'beyond simple participation to how sport changes lives and becomes a force for social good'.

It aligns with the Government's sport strategy's five key outcomes and also places an emphasis on tackling inactivity by committing 25% of Sport England's resources, over £250 million, over the next four years to this.

Key to the strategy are Sport England's seven investment principles:

- A clear line of sight to the objectives in *Sporting Future*.
- Ensure investment benefits under-represented groups.
- Use behaviour change to make investment choices.
- Get maximum value from all Sport England's resources, not just its cash.
- Strike a balance between 'bankers' and 'innovators'.
- Review its investment portfolio regularly and remove funding if an investment is failing and cannot be rescued.
- Encourage increased efficiency.

[2] A changing landscape

One of the most important features of this strategy is a much stronger focus on tackling inactivity.

The strategy also sets out Sport England's approach to investment. It identifies seven programmes that aim to ensure that public funding contributes towards the five outcomes identified in *Sporting Future*:

- 1 **Tackling inactivity** – including a new, dedicated fund of £120 million to tackle inactivity over the next four years.
- 2 **Children and young people** – including a new investment of £40 million into projects which offer new opportunities for families with children to get active and play sport together. As well as measures around specialist training for teachers in secondary schools and improved use of the recently doubled Primary PE and Sport Premium funding and investment into the School Games.
- 3 **Volunteering** – including the creation of a new volunteer strategy in November 2016 which will be backed by £30 million to support implementation.
- 4 **Taking sport and activity into the mass market** – including backing for innovations that offer clear potential for growth at scale and experimenting with new ways of investing.
- 5 **Supporting sport's core market** – including the provision of insight, advice and funding to those who deliver to regular players, focusing on customer needs and delivering excellent experiences. Approximately 29% of Sport England's available budget will go towards this.
- 6 **Local delivery** – investment of at least £130 million over the next four years in ten places in England to develop and implement local strategies for physical activity and sport across urban and rural areas.
- 7 **Facilities** – focusing on a strategic capital programme for large, often multi-sport facilities and replacing Inspired Facilities with a new Community Asset Fund offering grants of up to £150k. Sport England will also develop a single customer-facing quality standard for all facilities.

Public Health England's *Everybody Active, Every Day*

In October 2014, Public Health England published *Everybody Active, Every Day*²⁰ – an evidence-based policy framework to embed physical activity in all levels of society; outlining the roles that national government, local authorities, NHS providers and the physical activity sector have to play in getting the nation moving.

It put forward four distinct areas of action which, when taken together, aim to make physical activity easy, fun and affordable:

- 1 **Active Society: Creating a social movement** – aims to improve the general awareness of the benefits of physical activity through working with a broad range of organisations to refocus their efforts on getting more people, more active, more often.
- 2 **Moving Professionals: Activating networks of expertise** – focuses on how to maximise the impact of health professionals' interactions with members of the public and sharing best practice.
- 3 **Active Environments: Creating the right spaces** – focuses on ensuring that physical activity and healthy environments are central to planning, housing and transport policy.
- 4 **Moving at scale: Scaling up interventions that make us active** – prioritises increasing the number of evidence-based policies and interventions which have been proven to be effective, and embedding a standard evaluation framework in all future pilot interventions.

Alongside *Everybody Active, Every Day*, Public Health England also leads public campaigns such as Change4Life which encourages families to eat well and move more and One You which provides tools and support to help adults live longer, healthier and happier lives.

Childhood obesity strategy

The Government's childhood obesity strategy is due to be published in summer 2016 and is anticipated to create new opportunities for the sport, recreation and physical activity sector to engage with the health system.

The first policy to emerge ahead of the strategy was the Chancellor's 'Sugar Tax' which was announced in the Spring Budget 2016. This set a direct levy on companies that sell sugary drinks, and the revenue of which will be used to double the funding available for schools to invest in sport.

For the Government's policy to be successful, its focus will need to look beyond sport participation and support children to be active in a way they choose and in a way that suits them and their families.

While increased investment into school sport is obviously welcome, activity needs to be built into every aspect of children's lives; providing more opportunities to be active before, during and after school, as well as at the weekend and in the summer holidays.

Mental Health

The mental health agenda has become increasingly more prominent over the last couple of years.

In 2016, the Government's Mental Health Taskforce published a report setting out its five-year forward view for mental health.²¹ This referenced, amongst other things, investment in interventions for physical activity.²²

The Government followed the Mental Health Taskforce report with an announcement that it would invest 'an extra £1 billion in mental health care by 2021 and a million more people will get mental health support'.²³

The contribution of the sport, recreation and physical activity sector

The sport, recreation and physical activity sector has increasingly engaged with the health agenda over the past few years; helping to inform policy developments and deliver a wide range of opportunities for people to get active.

Mental Health Charter for Sport and Recreation

The Mental Health Charter for Sport and Recreation²⁴ was launched in March 2015 and emerged from a shared desire within the sport and recreation sector to take positive action around mental health.

Led by the Sport and Recreation Alliance, Professional Players Federation and Mind, the Charter highlights the powerful benefits physical activity can have on mental health and how organisations can tackle mental ill-health and the stigma that surrounds it.

The Charter highlights six pledges to encourage sport, recreation and physical activity organisations to adopt best practice and to make real progress in tackling issues around mental health. The six specific actions that organisations can use as part of internal action plans are:

- 1 Use sport and recreation to promote wellbeing, focusing particularly on encouraging physical activity and social interaction for their contribution to good mental health.
- 2 Publicly promote and adopt good mental health policies and best practice within sports and recreational activities.
- 3 Promote positive public health messages using diverse role models and ambassadors to reduce the stigma attached to mental health problems.
- 4 Actively tackle discrimination on the grounds of mental health to ensure that everyone is treated with dignity and respect.
- 5 Regularly monitor performance, assess progress and take positive action on mental health issues.
- 6 Support the establishment of a pan-sport platform to work closely with the mental health sector to develop and share networks, resources and best practice.

[2] A changing landscape

ukactive's 'Turning the Tide' campaign

ukactive's 'Turning the Tide' campaign, launched in 2014, highlighted the extent of the inactivity crisis in the UK and called for it to be recognised as a major public health issue by showing that nearly one in three (12.5 million) people are physically inactive; meaning they fail to achieve at least thirty minutes of moderate intensity physical activity a week.

*Turning the Tide of Inactivity and Steps to Solving Inactivity*²⁵ revealed that local authorities doubled their spending on physical activity services between 2013-14 and 2014-15 and shared promising examples of best practice where physical activity providers and leisure operators were successfully working with local authority public health teams to deliver targeted, robust behavioural interventions and outreach classes.

The 'Turning the Tide' campaign was central to ukactive's broader mission of raising the profile of physical inactivity as a top-tier public health issue. It was welcomed by both national and local government, public health professionals and the broader physical activity sector and laid the groundwork for *ukactive's Blueprint for an Active Britain* - ukactive's comprehensive policy document which outlined how activity can be fully embedded into every aspect of society and all the care pathways of the NHS.

Reconomics

*Reconomics*²⁶ - published in June 2014 by the Sport and Recreation Alliance in partnership with Liverpool John Moores University - set out the economic value of outdoor recreation and how it can make a significant contribution to tackling costs of physical inactivity.

Being active outdoors can help mental and physical wellbeing, as well as encourage community cohesion and tackle social isolation.

3

Policy recommendations

We need to continue to build on good progress and ensure national and local frameworks encourage and facilitate joined-up working to help get more people to be more active.

We know there is appetite among Parliamentarians across all parties to prioritise sport and physical activity:

79% *of MPs feel that physical activity should be a higher priority for Government.²⁷*

[3] Policy recommendations

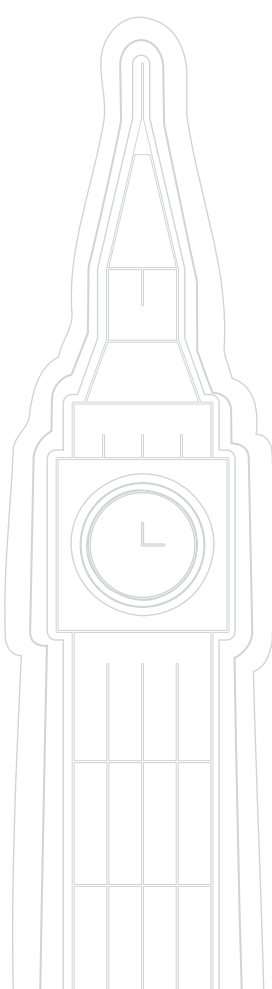
To achieve this, the Sport and Recreation Alliance and ukactive have the following shared recommendations which they will actively campaign on together:

National recommendations – Government to:

- Prioritise physical activity across national strategies and work with stakeholders so that being active is embedded into all aspects of daily life.
- Fulfil its commitment in *Sporting Future: A New Strategy for an Active Nation* to promote the integration of sport and physical activity into care pathways and maximise the potential of advice, prescribing and referral options for health and social care professionals, with a high-quality physical activity workforce ready to assist.
- Invest more in the preventative role of physical activity; with specific and identifiable funding streams.
- Deliver against its commitment to place mental health on an equal footing with physical health.
- Ensure that physical activity is a critical part of the delivery mechanisms of the NHS and support health and sport, recreation and physical activity sectors to deliver evidence-based physical activity initiatives.
- Continue to support health professionals to understand the benefits of physical activity and be confident to refer/sign-post patients, this should include building on the GP physical activity champions scheme.
- Work with the sector to develop and run public campaigns on health and physical activity – people of all ages need to understand the benefits of physical activity and the wide range of opportunities to get involved.
- Provide a framework to ensure that physical activity is the norm for children and young people at school and beyond.

Local recommendations:

- All local authorities to produce a robust and comprehensive physical activity strategy in response to local need. This should include:
 - the creation of urban and rural spaces, whether overtly or by stealth, that encourage people to be active;
 - making the most of local facilities by opening them up to communities and providing inclusive opportunities that engage under-represented groups.
- Local authorities and CCGs to join-up budgets to commission evidence-based physical activity initiatives and support local organisations to deliver existing programmes to under-represented groups. This should include proactive recruitment of a wide range of community physical activity organisations.
- All Health and Wellbeing Boards to nominate a clearly identified physical activity champion.
- GP surgeries to embed and promote physical activity – this should include providing access to a trained physical activity professional and information on local physical activity opportunities.



4

The public health structure in 2016

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An opportune moment: why now is the time to engage with public health

These developments have already had a substantial impact on the operational landscape of the sport, recreation and physical activity sector.

Since 2013, multiple opportunities to engage with the health system have emerged and the direction of travel of Government suggests even more are likely to appear in the future.

Despite repeated cuts to the public health budget and at a time when local authority sport and leisure budgets are increasingly under pressure, public health spending on physical activity increased from 2% to 4% between 2013-14 and 2014-15.²⁸

This figure is likely to climb even higher as multiple Government strategies prioritise getting more people active. Public health funding is spent on many initiatives, programmes or interventions which can – with a robust evidence base – get more people active and improve their health. It also represents a new and growing opportunity for organisations within the physical activity sector.

Likewise, Government and Sport England's new strategies for sport and physical activity place a renewed focus on getting people more active – with an emphasis on traditionally inactive groups – and Public Health England's *Everybody Active, Every Day* pledged to embed physical activity in the care pathways of the NHS. To fully meet these objectives, local and national health bodies will need capable delivery agents with expertise in physical activity.

The sport, recreation and physical activity sector is well placed to fulfil this role and engage with the health system. This chapter will outline how the sector can align its service provision and business objectives with the health outcomes of local communities and tap into the new commercial and strategic opportunities which exist within the health landscape.

Health is an outcome of the core business of what this sector does best; getting the nation moving. Aligning our language, processes and evidence to demonstrate these outcomes in a consistent way is in our collective interests and will move the sector forward, irrespective of the availability of funding in the short term.

The Health and Social Care Act 2012

The Health and Social Care Act 2012 marked a pivotal moment in the healthcare landscape.

It reformed the NHS, delegated significant responsibility to local communities and health practitioners for the health of their local area, and created a number of structures to help them improve it.

This chapter will provide an overview of the reformed health landscape now that the Health and Social Care Act has been fully implemented.

What is commissioning and procurement?

Commissioning is the term used to describe how the vast majority of healthcare in England is administered today. It refers to the whole process of organising and purchasing health services which meet a specific need – including things like hospital care, smoking cessation services and primary care – and is one of the main functions of NHS England, Public Health England, Clinical Commissioning Groups and local authorities.

Procurement is a distinct aspect of the commissioning process. It is the action of purchasing a specific service to meet a specific need and is frequently the central part of the commissioning process.

NHS England

NHS England is the national body responsible for the health system in England and the overall administration of the NHS.

As well as setting the priorities and direction of the NHS, its principal function is to oversee the work of England's 209 **Clinical Commissioning Groups** and commissioning **primary care services**.²⁹

While NHS England is largely autonomous – meaning the Secretary of State for Health and Parliament are prohibited from interfering in its day-to-day operations – the government sets an annual mandate laying out a number of key objectives it must try to meet in the short and long term.

As well as including a broad increase in national health outcomes, other objectives include reducing health inequalities, balancing the NHS Budget and improving efficiency. Another specific objective is for the NHS to provide leadership on the public health agenda and to support people to live healthier lives.

This includes a commitment to tackle physical inactivity, childhood obesity and scaling up its work to reach people at risk of diabetes in the National Diabetes Prevention Programme.³⁰

Clinical Commissioning Groups (CCGs)

CCGs are small groups of health professionals, made up of local GPs, hospital doctors and nurses, who are responsible for commissioning services to improve the health of their local population (on average, roughly a quarter of a million people).

There are currently 209 CCGs in England and each year NHS England transfers roughly two thirds of its budget (£71.9 billion of £120.4 billion in 2016-17) to CCGs to commission local health services.³¹

CCGs are responsible for commissioning almost all local health services in secondary care (generally more specialised than primary care, including all hospital activity and some community services).³²

These services can be commissioned from a range of different providers, including local hospitals, the voluntary sector and the private sector. The system is designed to encourage competition between providers to offer the highest quality and most efficient service.

Public Health England

Public Health England is the national body responsible for improving the overall health of the nation through providing leadership on public health issues, highlighting and tackling health inequalities and collecting evidence on effective behaviour-change programmes.

Public Health England's work is currently focused on securing improvements against seven priorities³³:

- 1 Tackling obesity, particularly among children.
- 2 Reducing smoking.
- 3 Reducing harmful drinking.
- 4 Ensuring every child has the best start in life.
- 5 Reducing the risk and prevalence of dementia.
- 6 Tackling the growth in antimicrobial resistance.
- 7 Achieving a year-on-year decline in tuberculosis incidence.

The local authority's role in public health

The Health and Social Care Act 2012 designated local authorities as the body responsible for improving the health of their constituents, with the ability to hire a **Director of Public Health (DPH)** and use the ring-fenced Public Health Grant to commission public health services.

Every local authority employs a specialist DPH who is accountable for the delivery of the authority's public health duties. The DPH advises the CCG and is also the principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health: health improvement, health protection and public health.³⁴

The DPH produces an annual report on the health of the local population that is published by the local authority.³⁵ DPHs are also statutory members of **Health and Wellbeing Boards** and use the Boards as the key formal mechanism for promoting integrated, effective delivery of services.³⁶

The DPH supports the local authority to commission public health services – including interventions to tackle obesity and increase physical activity³⁷ - in response to local needs.³⁸

Local authorities receive a ring-fenced Public Health Grant allocated by the Department of Health which is used to commission local services to support people live healthier lifestyles – including diet and weight management services, smoking cessation advice and physical activity behavioural interventions.

However, the majority of the Public Health Grant must be spent on a range of mandatory services including sexual health services, NHS Health Check programmes and the local authority role in health protection.

Recent Comprehensive Spending Reviews from the Conservative-majority Government have included a number of real-terms cuts in the ring-fenced public health grant.

Following an in-year spending cut of £200 million to the grant in early 2015, subsequent Reviews stated that it will be cut by an average of 3.9% per annum until 2020. £3.38 billion is available to local authorities in 2016-17, £77 million less than 2015/16, and the following year will see a further cut of £84 million.³⁹

Health and Wellbeing Boards

Health and Wellbeing Boards assist in the management and delivery of health services in local communities.

Health and Wellbeing Boards were created by the Health and Social Care Act 2012 and bring together leaders from the health and care system, including the DPH, representatives from local social services and all local CCGs, a councillor or elected mayor and any other professionals chosen at the Board's discretion.

Health and Wellbeing Boards aim to facilitate joined-up working to improve the health and wellbeing of the local population and reduce health inequalities. They are responsible for analysing the current and future public health needs of the local community. These are collated in a document called a **Joint Strategic Needs Assessment**, which informs the development of a **Joint Health and Wellbeing Strategy** and sets out a comprehensive plan of action to address the identified needs.

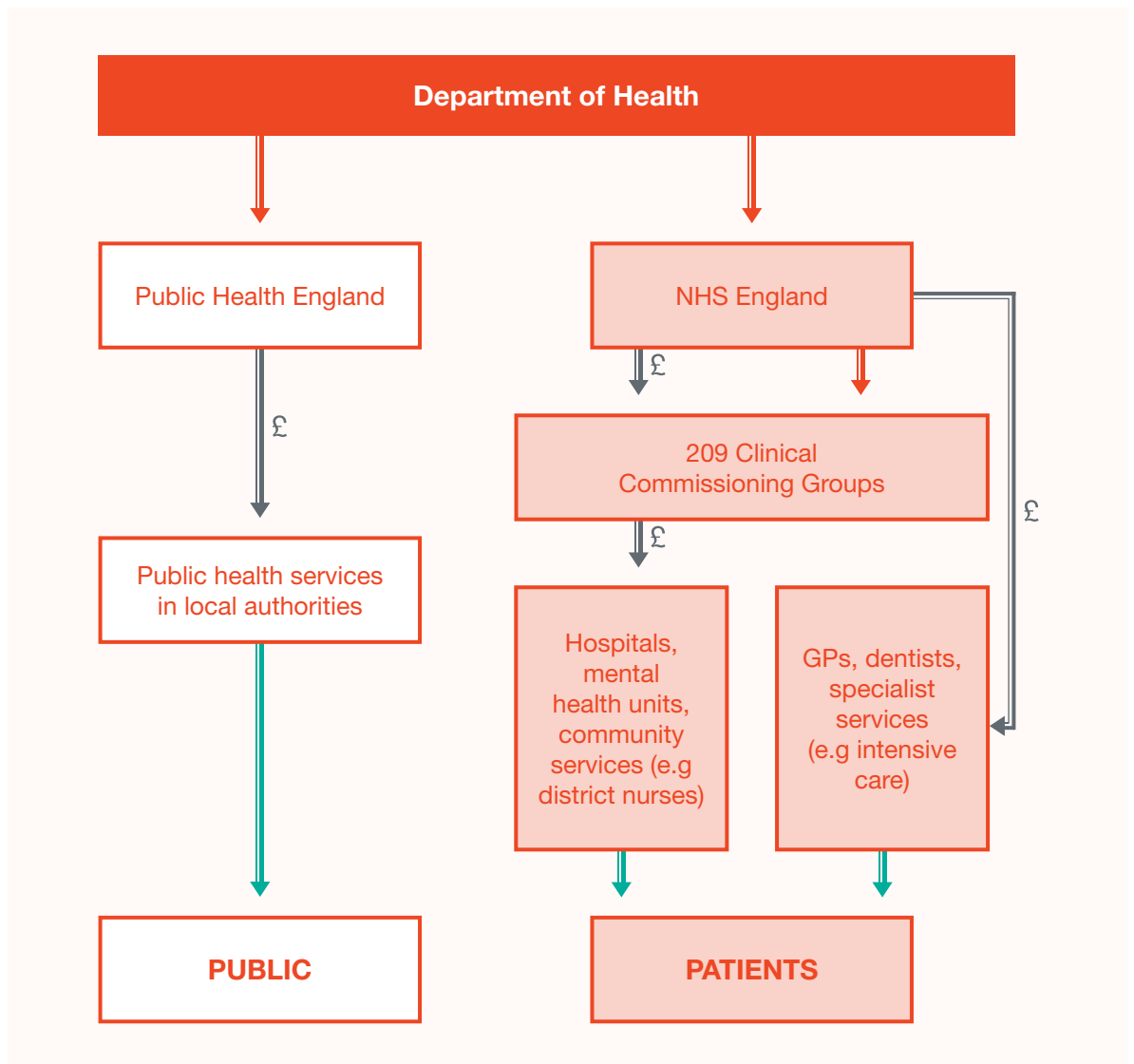
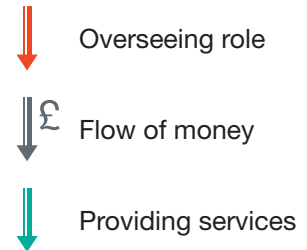
Both documents aim to improve local public health – which is measured through a system called the **Public Health Outcomes Framework**. This system of 66 indicators measures many characteristics of a local population which impact on overall health including activity levels, poverty levels, workplace absence, life expectancy, average weight and proportion of smokers.

Health and Wellbeing Boards aim to improve these indicators by working with the bodies across the commissioning landscape to provide services that support people to make healthy decisions and live healthy lives.

[4] The public health structure in 2016

Health funding flow

Key



Source: www.hambletonrichmondshireandwhitbyccg.nhs.uk/data/uploads/publications/health_diagram_april2013.jpg

5

How commissioning works in practice

- 31 An overview of the commissioning process
- 32 Recent developments in the commissioning landscape
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- 34 Financial impact of corporate social responsibility
- 36 Engaging with the system through integrated health and wellbeing services

[5] How commissioning works in practice

An overview of the commissioning process

The specific processes in commissioning vary across different local authorities and CCGs but the overarching direction broadly remains the same and can be split into three distinct parts: needs analysis, procurement and performance monitoring.⁴⁰



Recent developments in the commissioning landscape

The NHS and broader public health system have come under significant strain in recent years from the increased pressure of an ageing population, stringent budget cuts from central government and the requirement to meet the ambitious efficiency saving targets put forward in NHS England's *Five Year Forward View*.

The new funding structures mean that the opportunity for funding individual physical activity programmes or schemes is becoming harder. Commissioners will have even less ability to fund on a sport-specific basis or with a single provider working in isolation.

Partnership and integration is now essential, with variety and choice for the user at the heart of commissioners' thinking, all with a consistent focus on the delivery of evidence-based outcomes. This has driven a number of changes in the local health landscape and given rise to new, innovative structures which can fulfil the health needs of the local population but at a lower, more efficient cost.

Financial impact of devolution

The transfer of public health from the NHS to upper-tier local authorities as part of the Coalition Government's reforms reflects the recognition that health services are often more effective when tailored to the local need.⁴¹

There are distinct approaches to national health budgets being pursued by different local authorities throughout the country, suggesting that devolution of health and social care is unlikely to take a 'one-size-fits-all' model and will look different by area.

Some local authorities, such as Greater Manchester and Cornwall, and their NHS partners are integrating their budgets and creating a single commissioning function. They have also committed to look at the broader health of local populations and the impact of the wider determinants of health by combining their resources to enable location-based approaches.

In doing so, they have recognised that the current focus on treating rather than preventing ill health limits the health gains that can be achieved for communities.⁴²

An important devolution case study is Greater Manchester. In 2015, the Greater Manchester Combined Authority, and other relevant bodies, reached an agreement to create a single unified public health leadership system.⁴³ From 1 April 2016, the region became the first in the country to take control of its combined health and social care budgets – a sum of more than £6 billion.⁴⁴

This means that the Greater Manchester Combined Authority is able to tailor its budgets and priorities to directly meet the needs of local communities; for example, by prioritising mental health and wellbeing programmes, and behaviour change interventions.⁴⁵

The benefits of integration between different types of health and care services are now widely accepted. Evidence has shown that disjointed care has a negative impact on patient experience, results in missed opportunities to intervene early, and consequently can lead to poorer results. Poor alignment of different types of care also risks duplication and increasing inefficiency within the system.⁴⁶

The risk is that local authorities and their NHS partners are also being left by HM Treasury as the masters of their own destiny, with the blame for failure to rest squarely on their shoulders in the event that they are not able to avert the impact of the resource pressures they inherited.

It is yet to be seen what impact these devolution processes will have on physical activity. The new Sport England strategy is clearly following in this path, devolving vast amounts of resources to local areas to develop 'Place Based Strategies'. Engaging at that level will be crucial for activity providers in the future.

Financial impact of corporate social responsibility

Local authorities are responsible for providing recreation and leisure services but increasingly constrained budgets mean maintaining and scaling these services can be difficult; particularly as many of these services are non-statutory.⁴⁷

Coupled with complex funding structures, this means that it is more and more challenging for local authorities to offer health and wellbeing services in light of competing demands on resources from areas such as housing and adult social care.

Cost and lack of access to free activities have been identified as key obstacles to participation in physical activity.⁴⁸ A ukactive poll found that 49% of people said they would do more exercise if they could find opportunities that were free.⁴⁹

As a result, initiatives like Coca Cola's ParkLives programme and Danone's Eat Like a Champ programme have been welcomed by many local authorities. Coca Cola is investing £20 million to inspire one million people to be active by 2020.

To achieve this aim, Coca Cola is running free, fun activities in parks across Great Britain in partnership with Birmingham, Newcastle, the London Borough of Newham, Nottingham, Manchester and Glasgow's local authorities. This year the programme is expanding to work with local authorities in Dundee, Southampton, Stoke-on-Trent and Swansea too.⁵⁰

The ParkLives year one evaluation report showed that 2,854 free ParkLives sessions were delivered between April and October 2014, engaging 12,860 unique users.⁵¹ The programme has involved a variety of different activity providers.

For example, Southampton council is working in partnership with Active Nation, a charity which campaigns nationally to educate and change the behaviours of communities across the UK on the benefits of being active. The ParkLives programme has also engaged a variety of different local trainers to run the fitness classes, thus providing positive employment opportunities in the local area.

[5] How commissioning works in practice

49%

Danone's Eat Like A Champ (ELAC) is a free educational programme designed for primary school children. Launched in 2010, ELAC aims to tackle the growing issue of poor nutrition and obesity amongst children through six tailored lessons.⁵²

In 2015, ELAC was rolled out across 1,250 classes all over the UK, reaching over 35,000 children. Danone has worked closely with local authorities to ensure ELAC meets local needs.⁵³ Research conducted by the Children's Food Trust showed that children taking part in the ELAC programme shifted their behaviour towards healthier eating habits.⁵⁴

Although contentious, there is interest from major brands to demonstrate the impact that they can have on complex social issues, including physical inactivity. The mechanisms to unlock these partnerships require further exploration, not least the basis on which these partnerships are developed so as to maintain the integrity of the physical activity partners and local authorities involved.

A ukactive poll found that 49% of people said they would do more exercise if they could find opportunities that were free.

Engaging with the system through integrated health and wellbeing services

The sport, recreation and physical activity sector's role in health has traditionally been limited to delivering local exercise referral contracts.

GPs could refer at-risk patients to local leisure facilities to encourage them to be more active - or secure various sources of discrete or 'innovation' funding to direct towards broader community or sports development programmes.

However, in recent years there has been a marked shift in how services like these are commissioned. Until recently, these contracts were largely delivered by one provider in isolation from other local health services.

This left local teams with scores of individual contracts to manage and assess value. Today, instead of awarding individual contracts to individual providers, local authorities are increasingly joining up the commissioning process and offering an array of integrated health and wellbeing services to a consortium of providers.

As a consequence, local health contracts will now often have a much higher financial value and demand a much broader range of services, including exercise referral, adult and childhood weight management, health checks and others.

These contracts are usually won by a lead provider which coordinates other organisations to deliver specific parts of the contract. While these contracts are of considerably greater value, they come with enormous complexity that will place them outside of the reach of all but a very small number of providers within the physical activity sector.

[5] How commissioning works in practice

This means that the sector needs to build partnerships with other local providers and develop the internal operational infrastructure necessary to deliver rigorous and professional health services.

Local activity providers now need to understand the specific role that they play in the system as an integrated part of the wider wellbeing workforce. This will require, in future, greater awareness of other local programmes focusing on broader lifestyle issues – be it health checks, smoking cessation or nutrition.

Those organisations which are able to take their place as part of a broader wellbeing workforce will be able to thrive; those that continue to approach commissioners on a single sport, activity specific or self-contained basis will find it harder to engage.

Local activity providers now need to understand the specific role that they play in the system as an integrated part of the wider wellbeing workforce.

6

Top tips to engage with the health system

40 Public Health England top tips on increasing physical activity and tackling inactivity

42 °CLOA and Sport England top tips on engaging with commissioners of health and wellbeing services

46 ukactive Research Institute top tips on evaluation and evidence

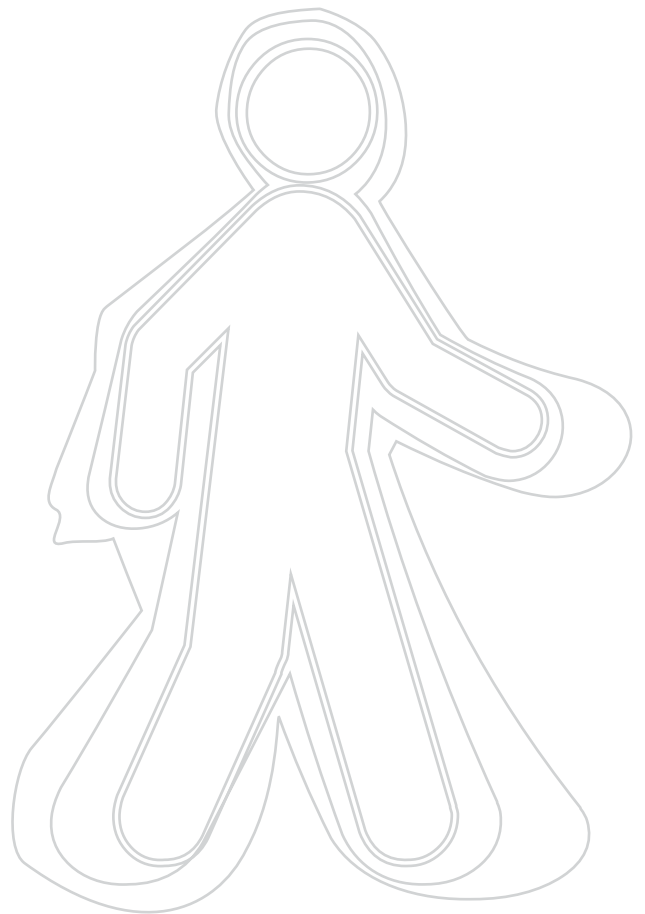
There is now a justifiable case for embedding a comprehensive and robust approach to health at the highest, strategic level of an organisation and into the heart of its operational infrastructure.

Ambitious Government strategies are only the first step in tackling a public health crisis as acutely severe as inactivity.

While *Sporting Future: A New Strategy for an Active Nation* pledged to make tackling inactivity a priority, Government's ability to deliver real change rests on the shoulders of the sport, recreation and physical activity sector and crucially, deepened collaboration between the two.

The Health and Social Care Act 2012 presented an opportunity for the sector to proactively engage with this ambition via the NHS and the UK's broader health system.

This report has compiled a number of top tips and tactics from expert bodies in physical activity and health; all of which outline how the sport, recreation and physical activity sector can place health at the core of its existing services, successfully engage with the health system and ensure its work improves the health of the nation.





Public Health England

Protecting and improving
the nation's health

Public Health England top tips on increasing physical activity and tackling inactivity

Public Health England (PHE) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities.

It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Based on international evidence and a co-production process with over 1,000 national and local leaders, PHE published *Everybody Active, Every Day* in October 2014.

This is a framework for national and local action to increase physical activity and reduce inactivity at population levels across four domains. These top tips set out how PHE suggests the sport and recreation sector engages with this agenda.

Top tips to engage inactive adults:

- 1 **Think about how your programming targets and engages 'inactive people'** (i.e. the 1 in 5 men and 1 in 4 women who are not doing at least 30 minutes of physical activity per week and are prioritised within **Sporting Future**). This is a potential new market for members/participants and how you market and promote your service is key to whether they see it as something for people like them.
 - www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf
- 2 **Engage the local population** – including inactive people and those not using your facilities – in the development of insight-based, locally-embedded physical activity programmes and the development of the marketing and engagement approach. Too often great programmes fail because the target markets don't know about them.
- 3 Deliver services that support inclusive opportunities for physical activity and address barriers to access services (e.g. physical, geographic, economic) to tackle inequalities across the **legal equality characteristics**, socioeconomics and geography (e.g. inclusion fitness-accredited gyms, equity statements etc.). **Think about how to offer targeted sessions for different communities** as well as inclusive activities and consider using tools like an equality impact tool to consider whether your offer really is accessible to all.
 - www.legislation.gov.uk/ukpga/2010/15/contents

[6] Top tips to engage with the health system

Top tips to support your staff:

- 4 **Support project managers, coaches and volunteers with training and guidance** on the integration of behaviour change evidence into their work. There is free e-learning on motivational interviewing techniques on the **BMJ e-learning platform**. It's designed for healthcare professionals but the principles and skills are the same and it builds on exercise professionals' competencies and qualifications.
 - learning.bmj.com/learning/home.html
 - www.exerciseregister.org/about-reps/about-reps
- 5 **Consider how you can use volunteering and apprenticeship opportunities** to encourage local people to enter the fitness, sport and leisure sector and ensure that all staff have a professional development plan that considers how they grow and develop their skills to support your clients. For the industry it is crucial that more leisure and sports professionals understand how to demonstrate evidence-based practice so they don't promote products or services which are potentially dangerous or of no demonstrable value.
- 6 **Develop a 'making every contact count' approach that integrates active living into all aspects of business.** Personal trainers and coaches have regular opportunities to interact with clients and signpost to other local services and support for issues like smoking cessation to domestic violence services.

Top tips to work with local public health and NHS partners:

- 7 Identify, engage and understand the priorities and potential for partnership with local public, community and private sector stakeholders and commissioners, including the local Joint Health and Wellbeing Strategy, NHS CCG, local authority public health team and elected members etc. **Map and align your offer against the expressed commissioning needs** and consider how you can develop new activities and interventions without incurring mission drift.

- 8 **Use robust systems to evaluate projects that assess pre and post-project physical activity** as well as participation and wider outcomes (using the physical activity standard evaluation framework) so you can monitor and evaluate, and demonstrate to funders and commissioners the positive impact on individuals, communities and society.
 - www.noo.org.uk/core/frameworks/SEF_PA
- 9 **Explore and support national and local activities that integrate physical activity** and spread the word about the benefits of activity – e.g. risk reduction services such as NHS Health Checks and NHS Diabetes Prevention Programme, marketing campaigns such as Change4Life and One You. By sharing the same positive messages we can inspire more people to get active.
 - www.nhs.uk/change4life/Pages/change-for-life.aspx
 - <https://www.nhs.uk/oneyou#vLhLeOpxvokA3ZTb.97>
- 10 **Ensure you are 'practicing what you preach'** by promoting and supporting physical activity and health and wellbeing amongst your workforce, e.g. become accredited to the Workplace Wellbeing Charter, take part in activities such as the Workplace Challenge and Walk to Work Week.
 - www.wellbeingcharter.org.uk/index.php
 - www.workplacechallenge.org.uk/

There is also the potential for linking to the health and wellbeing agenda beyond physical activity to harness the potential of sport and recreation for other key issues (e.g. substance misuse, domestic violence, mental health etc.).

More helpful links

www.gov.uk/government/publications/uk-physical-activity-guidelines

www.gov.uk/government/uploads/system/uploads/attachment_data/file/469457/Physical_activity_infographic.PDF

There are several National Institute of Clinical Excellence (NICE) guidelines related to physical activity which can be found here: www.nice.org.uk



°CLOA and Sport England top tips on engaging with commissioners of health and wellbeing services

The Chief Cultural and Leisure Officers Association (°CLOA) represents senior strategic leaders managing public sector cultural, tourism and sport services. It works closely with central government and key national organisations to influence the development of national policies and to lobby for positive change in the cultural and leisure sectors.

Sport England is the Government agency responsible for increasing the number of people doing sport and physical activity - no matter what their background, ability or age – and is responsible for managing and distributing public investment and acts as a statutory distributor of funds raised by the National Lottery.

°CLOA and Sport England have been working on a joint project to support local authority sport and leisure professionals to engage more effectively with commissioners and commissioning. The aim of this support is to equip practitioners with a sophisticated understanding of local need, help build relationships with commissioners and respond with a service offer or targeted intervention that delivers priority outcomes.

Whilst the project was not aimed exclusively at engaging with the health sector, a significant number of the organisations that were supported focused on this area and many of the learnings will be helpful for sport and recreation organisations to consider.

“We want everyone in England regardless of age, background or level of ability to feel able to engage in sport and physical activity. Some will be young, fit and talented, but most will not. We need a sport sector that welcomes everyone – meets their needs, treats them as individuals and values them as customers.”

- Sport England

[6] Top tips to engage with the health system

Top tips:

- 1 **Make sure you have a clear understanding of commissioning.** It's not the same as procurement or contracting. It's the strategic process of identifying needs and allocating available resources to best meet these needs, through the most effective and efficient supplier of services in a way that achieves the required outcomes.
- 2 **Do your homework!** Find out who is responsible for commissioning the different services, what priority outcomes they are seeking to deliver and read up on the relevant statistics/key strategies that are important to them. Learn their language.
- 3 **Think about which commissioning outcomes your work has the most synergy with and where you could best demonstrate impact.**
- 4 **Arrange to speak with commissioners and gain insight** into their needs and understand their commissioning processes. This is likely to mean speaking to public health commissioners within the local authority and also the Clinical Commissioning Group. Don't be disheartened if this takes a while to organise, commissioners are very busy people.
- 5 Once you get around the table with commissioners use it as an opportunity to **listen and learn about the local commissioning landscape** – resist the temptation to 'pitch' for work. Aim to be seen as a strategic player not just as a provider.
- 6 **Map your offer against the needs expressed by commissioners.** Reflect on how the activities and interventions that you currently offer might be better targeted or reshaped to meet the commissioners' needs. Also consider what new activities and interventions you might develop without incurring mission drift.
- 7 **Gather evidence** that will help you make the case for the sport/physical activity that you offer. This needs to be robust. Think about how best to present your offer to commissioners in a compelling way that draws on insight and evidence. You may find it useful to develop an Outcomes Framework that links to local health and wellbeing priorities.
- 8 **Don't forget to work with the elected members** responsible for sport and physical activity and health and social care. They are critical to the influencing process.
- 9 **Identify ways to further build relationships with commissioners and showcase the impact of your work.** Think about presenting your offer as part of the 'transformation agenda' – solutions that improve outcomes with increasingly limited funds.
- 10 **Don't rush to be commissioned** – it's a long-term investment in relationships rather than a way of generating additional £££, so make sure you have the capacity to invest time without seeing an immediate return.

Helpful links

Local Government Association, Sport England, Arts Council England and °CLOA jointly produced guidance on *Engaging in commissioning: A practical resource pack for the culture and sport sector*:
www.local.gov.uk/culture-tourism-and-sport/-/journal_content/56/10180/3665542/ARTICLE

and a web resource on developing an Outcomes Framework for Culture and Sport:
www.local.gov.uk/web/guest/culture-tourism-and-sport/-/journal_content/56/10180/3638512/ARTICLE

Strategic Commissioning, Sport and Physical Activity - a paper summarising the process, project impact and learning from Phase 1 of the Sport England/°CLOA project, which ran between March 2014 - October 2014 *Strategic Commissioning, Sport and Physical Activity*.

www.cloa.org.uk/images/stories/Project_Summary_FINAL.pdf

An animated film that brings to life this work, showing exactly what steps a professional can take to meet the needs of commissioners:

www.youtube.com/watch?v=DzxaYDWpmjQ

[6] Top tips to engage with the health system

A series of short videos telling the story from the people involved:

www.sportengland.org/our-work/partnering-local-government/case-studies/ccloa-strategic-commissioning-sport-and-physical-activity/commissioning-experts/

The °CLOA website has a series of case studies that highlight how culture and sport can help to tackle unhealthy lifestyles, address the social determinants of health, offer cost effective approaches, bring creative solutions and engage communities, families and individuals in managing their wellbeing.

www.cloa.org.uk/current-issues/key-issues/144-health-a-well-being

Also see Sport England's website for a range of support and resources to help you with the evidence that taking part in sport improves health and wellbeing, including the MOVES tool which will help you demonstrate the economic benefits of improved health through participating in sport and physical activity.

www.sportengland.org/our-work/health/



ukactive Research Institute top tips on **evaluation and evidence**

The ukactive Research Institute aims to bridge the evidence gap between traditional laboratory-based ‘exercise is medicine’ research and real-world interventions.

This is achieved by conducting research assessing the effectiveness of interventions on directly measured physical activity levels, clinically relevant markers of cardiovascular and metabolic health, and other core variables in real world interventions.

The core aim of the research team is to generate academic publications and conduct research which will contribute to answering fundamental questions related to how to get ‘more people, more active, more often’.

[6] Top tips to engage with the health system

Top tips:

- 1 Make sure that you are completely aware of the outcomes of your funding partner in addition to other individuals or organisations that may be interested in the outcomes.** It is important that you don't embark on an evaluation without thinking about the information that your funding partner is interested in. Thinking about wider stakeholders should also be a consideration. A lot of the work in the industry has, in the past, been evaluated on very specific outcomes that aren't able to be incorporated into wider agendas and utilised more widely as they are too specific.
- 2 It is important to embed data collection early.** Historically in many instances organisations have conducted the project then looked back and thought how we can evaluate. You must understand what you are looking to measure as early as possible rather than working backwards.
- 3 Wherever possible use valid and reliable measures.** Scientifically backed questionnaires that have been through reliability and validity tests will hold far more credence with public health stakeholders. Asking someone how well they feel is one thing but using The Warwick-Edinburgh Mental Wellbeing Scale adds more authority as it is a recognised and validated scale.
- 4 At an early stage engage external experts.** In the event you are not sure what evaluation methods, scales and questions to use it is always advisable to seek guidance from experts. Even if you aren't willing or able to pay the expert organisation, commission them to conduct a full scale evaluation – you should still endeavour to get their views. Many academics would be happy to lend their views on such projects.
- 5 Evaluation should never greatly impact the service delivery.** Design an evaluation that can be embedded into service delivery. Evaluation can be undone by over onerous data collection that puts participants off. If you are engaging elderly participants in a programme that seeks to increase their physical activity levels, barriers would be around self-efficacy and confidence, the last thing you would want to do is to put them through a 45 min physical activity assessment that may put them off.
- 6 Utilise control groups.** Control groups are often associated with randomised control trials and rigorous academic studies. This can be simpler and easier to undertake than it seems. Comparing your findings with a comparative intervention or against available national statistics allows you to start isolating on the impact you are having.
- 7 Regular assessment of your data should be common practice** as it enables you to start tweaking and refining your programme. Evaluation is often confused with academic research studies, which are not designed to fluctuate and adjust during the process. If you are constantly monitoring and assessing your data you can make the necessary adjustments needed to improve your overall programme – with these decisions steered by the data itself.
- 8 Ensure that your final report is relevant for the intended audience.** Organisations should not seek to produce a final report that is intended to sit on the shelf. Cost permitting it may be wise to produce two final reports instead of one. The first being more scientific/academic in nature which is intended for funding bodies, Government bodies and deeply engaged stakeholders – followed by a far smaller document with key snapshots, statistics and learnings that can go to participants, deliverers and other stakeholders.
- 9 Dissemination of your data is useful in improving evaluation standards across the board.** You should always be willing to learn from best practice examples and share your own success and challenges faced. Take your findings to events/conferences; share within your networks and amongst your partners. You should also seek to utilise representative bodies in your sector e.g. ukactive, the Sport and Recreation Alliance and Public Health England to ensure information is spread as far as possible.
- 10 Context is key in reporting effectively.** For the final report to give a complete picture it is important to include an extra layer of context e.g. providing information about the socio-economic conditions of the region where the evaluation has taken place. The final report is also strengthened by including qualitative information such as case studies and personal journeys to support quantitative data and bring it to life.

7

Case studies

There is already a lot of great work going on that brings the health, sport, recreation and physical activity sectors together. Here are some examples.

49 Ramblers and Macmillan: Walking for Health

52 Amateur Swimming Association: Dementia Friendly Swimming Project

54 British Wheelchair Basketball: Healthcare Training in Wheelchair Basketball

56 The Conservation Volunteers: The Green Gym®

58 Everyone Health: Cambridgeshire Healthy Lifestyles Service

60 Nuffield Health in partnership with Great Ormond Street: Cystic Fibrosis Programme

62 Places for People Leisure: Rotherham Tier 2 Weight Management for Children (4-17 Years) and Adults

64 Fit for Sport: Sandwell Active Schools Programme

[7] Case studies



Ramblers and Macmillan

Walking for Health

Together the Ramblers and Macmillan manage the Walking for Health programme in England helping people to get and stay active. The Ramblers is the charity for walkers, helping everyone, everywhere, enjoy walking and protecting the places we all love to walk.

Macmillan strongly believes in the health benefits of exercise for people living with and beyond cancer. We are contributing to this project to share our expertise in helping more people – including those affected by cancer – to discover the joys and benefits of walking.

Walking for Health is a programme of health walk schemes that deliver free, regular short group walks. Our vision is that everyone has access to a health walk within easy reach of where they live to help them become and stay active.

There are approximately 400 recognised Walking for Health schemes across England. All schemes are either accredited or working towards being accredited. Schemes are funded at a local level and delivered by at least one coordinator supported by volunteers and cascade trainers.

The national programme team, hosted by the Ramblers working in partnership with Macmillan Cancer Support, provides the national infrastructure to facilitate local delivery, including providing support, advice, training, promotion, insurance and a database for monitoring and evaluation.

44% of schemes are run by local authorities; 20% registered charities; 15% by informal volunteer groups, or an individual volunteer and 7% by formally constituted or associated volunteers.

The remainder are run by charities and volunteers. 5% of schemes have formal links with health and social care professionals. These are typically GPs and practice staff, exercise referral teams and health trainers.

Key facts: Walking for Health

Setting

Outdoors – rural / urban.

Target audience

Inactive people, particularly from deprived communities and those living with cancer and other long-term health conditions, or at risk of developing them.

Running length

Since 2000, hosted by the Ramblers in partnership with Macmillan since 2012.

Funding

Macmillan Cancer Support and the Ramblers provide financial support for the national programme infrastructure; local funding is required for local delivery.

Participants per year

Approximately 81,000 people attended a Walking for Health walk at least once in the financial year 2015/16.

Impact

A recent independent evaluation of the programme found:

- Only about 20% of new participants are sufficiently active to achieve the CMO's guidelines of at least five days of 30 minutes of moderate activity a week.
- 11% of participants moved from being inactive to more active after 8 months of participation with Walking for Health; this was higher after four months (19%).
- Schemes do well at engaging with women and older age groups.
- The programme attracts a relatively high number of people with long-term health conditions and disabilities, such as cancer, diabetes, high blood pressure, heart conditions and physical disabilities.
- Participants reported improvements to mental wellbeing, reduced loneliness and increased social interactions including intergenerational communication.
- Specific factors in the design of Walking for Health as a group walk intervention facilitates participant outcomes including: the regularity of walks; the role of the walk leaders in creating a safe and welcoming atmosphere and encouraging social interaction; walks starting and ending in accessible locations; the variety of walks that cater for different abilities and provide opportunities for participants to know their local area; and providing the conditions for social interaction beyond the walking activity.
- A number of outcomes on volunteers who support delivery, including health benefits and the opportunity to 'give something back' to their community.
- Economic analysis found the programme has the potential to be highly cost-effective at £3,775 per QALY (Quality Adjusted Life Years) gained and the financial return on investment to the NHS is £3.36 per £1 invested.



[7] Case studies

Key learning

- As well as developing routes and leading walks, local volunteers are important champions for the programme within their communities and can help to promote the walk through word of mouth. This includes volunteers and local champions with existing links to health and social care settings who can help to set up signposting or referral to local health walks, or establish new walks (such as from a GP surgery or cancer centre).
- Establishing new walks takes time: word of mouth promotion is important and integration into other health promotion activities helps to reinforce the promotional messages.
- A range of short walk options – e.g. different lengths and paces - is helpful to engage people with different needs.
- Including a social aspect at the beginning or end of the walks can encourage continued engagement of participants whose health might prevent them from joining the walk every week.
- Linking into existing groups and initiatives help participation rates, for example starting a new health walk from a care home.
- Walking for Health schemes managed and led by local authorities (including within public health teams) are well placed to facilitate strong local partnerships to support local delivery that meets the needs of the local population.

Next steps

Ramblers and Macmillan Cancer Support have recently agreed a Theory of Change for the Walking for Health programme that provides the long-term focus and outcomes for the programme.

Central to this is continuing to enable health walks to be accessible to people who are inactive, particularly from deprived communities and people affected by cancer and other long-term health conditions.

To find out more information contact:
Rob Wallis,
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Amateur Swimming Association (ASA)

Dementia Friendly Swimming Project

The ASA is dedicated to encouraging people throughout England to take up swimming for their health, by supporting schemes such as the ‘Let’s Get Moving Pathway’, a behaviour changing intervention designed to identify and support adults who are not meeting the Chief Medical Officer’s targets for physical activity.

By uniting agencies such as local authorities, local residents and healthcare bodies, the ASA aims to make swimming more popular, which could potentially provide considerable economic benefits to the healthcare system.

The ASA is bringing about a culture change at the local level by:

- Facilitating public health and local authority teams
- Bringing new partners round the table
- Developing a sustainable model that’s integrated into the local structures
- Creating an awareness for providing a great experience for everyone.

The ASA Dementia Friendly Swimming Project has been developed to enhance the swimming experience of those living with dementia and their carers by improving facilities and removing barriers.

The project brings together non-traditional groups to form partnerships; including Age UK, regional Alzheimer’s Society branches, Young Onset Dementia Services, Housing Providers, along with Adult Social Care, carers organisations, Clinical Commissioning Groups and Occupational Health teams.

The ASA adopted a sequential approach to programme development to allow learning, produce scalable good practice and achieve sustainable delivery. This included action-based research at each stage via a range of quantitative and qualitative research techniques including questionnaires, interviews, observation and diaries.

It also used registration, usage and follow-up data review and analysis.

Key facts

Setting

Eight locations across England - Manchester, Durham, Crawley, Nottingham, Bristol, Barking and Dagenham, Tower Hamlets and Hackney.

Target audience

People living with dementia and their carers.

Running length

Three years October 2014 – October 2017.

Funding

Department for Health – Innovation Excellence and Strategic Development Fund.

Participants per year

People regularly taking part in a session: 47 participants, 33 carers (November 2015).

[7] Case studies

Impact

- Improved services and physical activity inputs for people living with dementia and their carers.
- Removing the stigma and barriers associated with dementia in the workforce and local community.
- Increased awareness and understanding of customers living with dementia and their carers.
- Catalyst for bringing together people working on dementia.
- Additional resources being provided – training, focus, facility improvements.

Key learning

The Dementia Friendly Swimming Project has shown the benefits of creating new and stronger partnerships. It has improved on-going understanding and insight gathering which has informed programme evolution, as well as increased confidence and incentivised delivery.

The project has also successfully delivered priorities, raised the profile of dementia friendly swimming and resulted in increased investment in the project.

The sequential approach to delivery – evolution from two pilot cities – has allowed learning and ensured replicability and scalability.

Top-down facilitation by ASA has allowed flexibility of delivery to meet local needs. One size does not fit all as there are different cities, host agencies and models.

Next steps

The ASA plans to build on the Dementia Friendly Swimming Project by:

- Creating a national network for sharing lessons learned and good practice.
- Implementing a ‘tool-kit approach’ for cities joining the project in year three.
- Delivering training that’s first of its kind in the sector and transferrable to all areas of operation.
- Leading from the front – increasing the number of spin-off physical and cultural activities for people living with dementia that have come from the Dementia Friendly Swimming Projects.

To find out more information or to receive updates about the project please visit:

www.swimming.org/dementiafriendly

or email dementiafriendly@swimming.org





British Wheelchair Basketball

Healthcare Training in Wheelchair Basketball

‘Hoops and More’

British Wheelchair Basketball (BWB) is the national governing body for wheelchair basketball within the UK. BWB aims to create, underpin and deliver quality opportunities for players at all levels and in all corners of the UK, in order to obtain the best possible performances for teams, clubs along with each and every member.

From juniors to adults, wheelchair basketball is a great activity for a diverse age group. It offers a great physical workout in a safe and welcoming social setting. Meeting new friends and discovering new places, the sport is about more than what takes place on the court.

BWB is providing free healthcare training to educate a wide range of healthcare professionals in wheelchair basketball. Healthcare professionals such as Physiotherapists and Occupational Therapists have daily contact with disabled individuals, therefore the aim is to ensure that they are provided with suitable knowledge of wheelchair basketball, to offer to their patients.

Wheelchair basketball is a great way to complement rehabilitation that can be prescribed and promotes a sustained active lifestyle. The training includes information regarding the classification of wheelchair basketball, benefits of wheelchair basketball and health professionals’ role in promoting physical activity.

Wheelchair basketball has many physical and social benefits to an individual which transfer into creating an impact on society and the economy; through encouraging the disabled community to live a healthy lifestyle and preventing individuals becoming patients.

Creating a pathway from hospitals, clinics, doctors into wheelchair basketball ensures that this healthy lifestyle can be achieved.

Key facts

Setting

Universities, clinics, hospitals, rehabilitation centres.

Target audience

Healthcare professionals.

Running length

60-minute course, available from April 2016 – March 2017.

Funding

Sport England Whole Sport Plan.

Participants per year

80.

[7] Case studies

Planned evaluation

The success of the programme will mainly be measured through the referral of patients into the community club network, in which we have seen a number of clubs benefitting from increased membership as a result.

However, in some ways, the qualitative benefits we see as a sport far outweigh this with the added benefits of having more understanding of the sport in the sector and what types of people are classifiable in general.

We have seen a number of professionals from the network join the sport themselves as sports physios, classifiers and coaches which is an invaluable network of highly trained individuals coming into the sport to volunteer. Some even progressing up the pathway to become high-level Classifiers with potential to reach International status.

Key learning

The training project has found that it is vital to consider the needs and availability of the people you are trying to target. In this case, healthcare professionals have very limited time for training, so guaranteeing that training is no longer than one hour shall mean they are more likely able to attend the course. However, providing opportunities for further career personal development enables them to access further training.

The benefits of the Neurological Physiotherapy practice in Cornwall being linked to the club has enabled them to encourage other patients to take up the sport for fitness or to help them improve their confidence.

It is quite daunting attending a new sport and with the physios being there, they are able to introduce new people into the team. Becky (Physiotherapist from the Practice) says “From a physio’s perspective it’s great to get people away from exercising for ‘rehab’ and move forward to exercising for fun or competition. It’s a really enjoyable commitment for us and I’d encourage other physio’s to get involved.”

Next steps

Next steps within the training is to engage with a variety of universities to deliver the training to those who are on a healthcare course, so that they are aware of wheelchair basketball and can use the knowledge they have learnt once becoming professionals themselves.

Another step is to encourage healthcare professionals within local clubs, for example Cornwall Cougars have physiotherapists attend the club sessions before a competitive game to provide the athletes with treatment to ensure they are at full fitness to pursue the game.

This not only gives the physiotherapists a chance to potentially meet new clients, but it also professionalises the local club.



To find out more information:

play@britishwheelchairbasketball.co.uk

01509 279900

www.britishwheelchairbasketball.co.uk



The Conservation Volunteers

The Green Gym®

The Conservation Volunteers (TCV) is a community volunteering charity. It has utilised volunteers to deliver activities which have a lasting environmental impact for over 50 years. Volunteering and green spaces still underpin everything TCV do, but it's the people and community/health outcomes we achieve which we value the most. TCV has four key services; Community Builder, Natural Talent, Spaces to Grow and the Green Gym.

The Green Gym was developed in 1998 by Dr. William Bird and TCV. It uses the physical activity inherent within green space management, together with safety from the fitness sector such as appropriate warm up and cool down to deliver a range of health outcomes. It also pulls communities together, helping them reconnect to the outdoors and increase habitual physical activity among other members of the community.

Ecominds: Penge Green Gym

Penge Green Gym was founded in May 2011 in partnership with intu Bromley and London Borough of Bromley in Winsford Gardens, a neglected public park in south east London.

The project brings together local community volunteers and people from a wide range of referral partners (learning disabilities, stroke victims, physical issues, and mental health problems).

There is a focus on increasing habitual physical activity, reducing isolation and developing supportive social groups, increasing self-esteem and coping strategies. This works across non-communicable diseases and musculoskeletal health, together with mental health, all of which present significant cost and social impact across health and the wider community.

A typical Green Gym is funded (local authority, corporate, NHS etc.) for two years with the aim of developing a sustainable community Green Gym thereafter, from year three. As such Penge Green Gym has been continuing their work as a Community Green Gym since 2013, successfully engaging the local community in improving their health and their local environment.

TCV works with intu Properties plc (intu.co.uk), who are committed to supporting local communities, delivering economic growth and operating with environmental responsibility, on a number of sites across England including in Bromley. TCV also works closely with Mind and its ecominds programme to deliver mental health outcomes.

Key facts

Setting

Winsford Gardens, a neglected park in south east London.

Target audience

Local community volunteers and people from a wide range of referral partners.

Running length

Since 2011.

Funding

TCV delivered Penge Green Gym between 2011 and 2013 in partnership with intu Bromley (intu.co.uk). Since April 2013 the group have operated as an independent Community Green Gym and support their work through small grant funding and donations.

Participants per year

Between 2011 and 2013, 131 Green Gym participants contributed over 4,900 hours.

[7] Case studies

Impact

- 131 Green Gym participants contributed over 4,900 hours to create a vibrant community and wildlife garden by planting an urban orchard, sowing wildflower meadows, developing food growing spaces, and creating a wealth of wildlife habitats.
- Developed a sustainable community by Green Gym breaking away from TCV in April 2013 and celebrating this is with a launch attended by funders and supporters.
- The local community has been able to take ownership of their own green spaces and their own health.
- Penge Green Gym continues to be supported by TCV and the network of other Community Green Gyms in Bromley and wider London to ensure it can continue to work with health referral partners, offer inclusive weekly green exercise sessions, and continue to improve its local green space.



Key learning

Penge Green Gym has found that it is important to be open and honest about the project's sustainable aims from the start.

It also recommends identifying and developing individual's skills to ensure there's no sudden loss of confidence as volunteers are later given more responsibility.

Next steps

TCV received Nesta funding which enabled it to employ two research specialists and a health specialist, the latter as MD.

This will develop the existing evidence of the health impact from green spaces and increase the current number of Green Gyms from the current 140 to more than 500 by 2020.

To find out more information:

www.tcv.org.uk

www.tcv.org.uk/greengym

[@GreenGymPenge](https://twitter.com/GreenGymPenge)

www.mind.org.uk/ecominds/

www.nesta.org.uk/

Everyone Health

Cambridgeshire Healthy Lifestyles Service

Everyone Health is the Public Health division of Sports and Leisure Management Limited (SLM). It offers integrated, dynamic and bespoke solutions for local authorities and Clinical Commissioning Groups through the delivery of a wide range of evidence-based preventative and treatment solutions in line with NICE guidance and PHE frameworks.

All of its services are underpinned by behavioural change theoretical principles and provide local leadership, expertise and creative solutions to empower individuals and their local communities to make healthy choices and improve behaviour for sustained success.

Cambridgeshire Contract ChangePoint:

Integrated Adult Weight Management Programme

The Cambridgeshire ChangePoint programme is a high-quality, fully integrated lifestyle service that is person-centred, outcome focused and designed to achieve sustained behaviour change.

This evidence-based service provides preventative and lifestyle management interventions including physical activity, for individuals and families within convenient community locations.

The programme encompasses a wide range of services – tailored to each individual to meet their needs and includes the Health Trainer Service, Adult and Child Weight Management, National Child Measurement Programme, NHS Health Checks, Falls Prevention and Behaviour Change Training for front-line workers.

A single point of access to any of these services, requires simply one phone call via one central number, or one referral form from a health professional. An initial triage determines their needs, and following this participants can then navigate seamlessly to the most appropriate service truly personalising their care.

Key facts

Setting

Delivered county-wide across Cambridgeshire.

Target audience

Whole population, with special focus on high-risk groups addressing health inequalities through provision of a Lifestyle Service that will support individuals and families to adopt lifestyle behaviours to prevent ill health and improve their health.

Running length

Three-year contract.

Funding

£4.4m over three years.

Participants per year

Target of over 5,000 p.a.

[7] Case studies

To evidence the effectiveness of this service, outcome measures are collected through our bespoke informatics solution 'PulsePoint'. This data collection system monitors participant progress throughout their ChangePoint journey to ensure continued progress and long-term sustained behaviour change.

Everyone Health works with numerous partners/ organisations to deliver its integrated programme including GP practices, local health and wellbeing partnerships, county and district councils, children's centres, School Sports Partnerships, Cambridgeshire and Peterborough Foundation Trust and workplaces.

We work with our Everyone Active colleagues and other local leisure providers through the local district councils. In addition, the programme reaches out to local community wellbeing, sport and social groups to help people find support and interaction to engage in physical activity, social events and sustained healthy behaviours.

Impact

960 adults were referred to the programme. Within 12 weeks there was a 2.5-fold increase/ shift to moderate intensity activity and a rise from 17% to 54% of people achieving the national recommendations of physical activity.

In addition, a modest increase in vigorous intensity activity was recorded.



Key learning

A single point of access – one number/one referral – encourages Health Professional referral:

- Integrated services are crucial as individuals have multiple risk factors that must be addressed together, avoiding silo services.
- A holistic approach is key to improving mental health, physical and psychological quality of life.
- Working closely with local organisations to embed relevant services within local infrastructure nurtures a sense of community, pride and belonging, particularly through the support and development of local clubs and organisations.

Next steps

- To continue our work where our contracts are running well and take these learnings and our experience to other regions so they may benefit from this successful programme.
- To maximise opportunities to share the outcome measures from these innovative community-based integrated services and add to the evidence base to demonstrate the wider impact of the power of how improving physical activity levels can contribute directly to improvements in health and quality of life.

To find out more information:

www.everyonehealth.co.uk

annieholden@everyonehealth.co.uk

Nuffield Health in partnership with Great Ormond Street

Cystic Fibrosis Programme

Nuffield Health is one of the leading not-for-profit healthcare organisations in the UK and has delivered health services for over 50 years. Nuffield Health provide access to more than 10,000 health experts through 31 hospitals, 77 fitness and wellbeing gyms and 212 corporate facilities to help people get healthy, and stay healthy.

Nuffield Health also has the largest network of physiotherapists outside of the NHS with 1,900 Physiotherapy fusion clinics and 141 in-house clinics.

The Cystic Fibrosis programme is in line with Nuffield Health's objectives to 'advance, promote and maintain health and healthcare of all descriptions and to prevent, relieve and cure sickness and ill health of any kind, all for the public benefit.'

There are many aims for the programme but the main one is to improve the life expectancy and quality of life of children with Cystic Fibrosis.

The Cystic Fibrosis Programme is a partnership between Nuffield Health and Great Ormond Street Hospital (GOSH) where we offer free access to Nuffield Health Fitness and Wellbeing gyms to children referred from GOSH, along with a parent or carer.

GOSH has delivered training to our personal trainers, and we offer complementary one to one personal training to all of the children (aged 5 and above) on the programme to help to support them with their exercise plan.

To date 65 personal trainers have undergone training and more than 100 children and teenagers are signed up. 1,850 personal training sessions have also been delivered since the programme started in 2011.

Key facts

Setting

Nuffield Health Fitness & Wellbeing gyms.

Target audience

Children referred to us from Great Ormond Street Hospital between the ages of 0-17 years.

Running length

From 2011- ongoing.

Funding

No funding.

Participants per year

This varies but 102 children and teenagers have joined the programme to date.

[7] Case studies

“The cystic fibrosis programme collaboration between Nuffield Health and Great Ormond Street Hospital is a great opportunity for us to utilise our expert personal trainers for a great cause and local organisation. We have found that many of the children on the cystic fibrosis programme are very advanced for their age in terms of exercise or sport as it has been a part of their lives from such a young age. This makes it more rewarding as we can approach their exercise programme with an intelligent approach as we would with our adult clients. It’s also nice to add an element of fun to their activity as many of the kids spend a lot of their time in hospital.”

Kate Selwood, Fitness Manager at Bloomsbury Nuffield Health Fitness & Wellbeing gym

Impact

This programme has a huge impact on the families and individuals who take part. Cystic Fibrosis is a life shortening inherited disease that affects over 10,000 people in the UK and there is no cure but there are many ways of managing it including exercise.

If the children on the programme can improve their V02 Peak through their exercise then they can increase their own life expectancy. Many of the children also take advantage of using our swimming pools.

We hope that educating and inspiring young children to exercise will help to keep the children out of hospital as much as possible, will prevent deterioration in the disease and will encourage them to have a normal childhood and full participation in school and extracurricular activities.



Key learning

We have learnt that small actions really do make a big difference. This partnership continues to work well because of the strong relationship between Nuffield Health and Great Ormond Street Hospital. We have many aims for the future of the programme.

We are currently in the process of expanding the programme to work with four more hospitals and we are also looking into our outcome data in more detail in order to prove the positive impact we are having on these children’s lives and contributing to research within the field.

An abstract of the programme has been submitted and will be shown as a poster at the European Cystic Fibrosis Conference in July.

If you would like more information on the programme please email ashleigh.ahlquist@nuffieldhealth.com

Places for People Leisure

Rotherham Tier 2 Weight Management for Children (4-17 Years) and Adults

Places for People Leisure (PFPL) is a social enterprise dedicated to creating active places and healthy people. In Rotherham the dedicated health and wellbeing team of 30 physical activity, nutrition and behaviour change specialists deliver a variety of commissioned health interventions.

This includes successfully operating the Tier 2 weight management programme for children since 2009 and the Tier 2 adults service since April 2015.

As part of the Healthy Weight Framework in Rotherham, referrals to Tier 2 services are made by health professionals or self-referral. The Weight Management programme for children supports 4-17 year olds with a BMI centile above the 85th to the 99.6th.

The primary focus of this particular programme is to engage families and support them to make healthier choices, increase their physical activity levels and as a result guide them in sustaining a healthy weight through our multi-component approach.

The framework also delivers a weekly family group “Healthy Living Club”, which includes fun and engaging physical activities such as sports, fundamental skills workshops and fitness games. In addition, families are supported to uptake additional weekly activities by offering significant discounts for swimming, teen gym sessions and sports clubs.

Weekly nutrition sessions share key messages and offer tools that can be applied at home to help families make healthier choices on food, portion sizes and sugary food and drinks. The Adult Weight Management programme supports grown-ups with a BMI above 25 and up to 40. It is a multi-component lifestyle programme that encourages individuals to reduce their energy intake and become more physically active.

To help enable adults to do so we deliver group sessions which encompass dietary advice, physical activity and behaviour change. Service users benefit from attending a weekly nutrition session which focuses on a different topic each week.

In addition, they will also receive a free 12 week all-inclusive exercise membership and are offered motivational interviewing appointments and physical activity counselling to support them in making a positive change.

Key facts

Setting

Community Weight Management with Places for People Leisure Centres and community venues in Rotherham.

Target audience

Children aged 4-17 who are 85-99.6th centile and adults aged 16+ with BMI 25-40.

Running length

10 week multi-disciplinary intervention with 6 and 12 month follow up for each service.

Funding

Funded by Public Health Rotherham – Rotherham Borough Council for 3 years April 2015-18.

[7] Case studies



Programmes are delivered across Rotherham, in four Places for People Leisure centres (Rotherham, Aston, Maltby and Wath) and local community spaces including GP surgeries and schools at the heart of the community. This means that the programme is easily accessible for all and ensures that we can engage with all community groups including the 11 areas of deprivation, which have high obesity rates and socio-health inequalities.

Links have been established within the community and key partners to engage users into our centres, gaining referrals to our services via schools, GPs and various health professional services. We have well established partnerships with a number of community organisations and companies, which enable us to offer outreach activities to gain referrals from our team promoting what we do in local spaces such as supermarkets, town centres and family spaces such as play centres.

We are also part of a four-tier framework and work closely with our partner service provider Rotherham Institute of Obesity and Morelife to ensure seamless pathways for patients and cross referrals. We sit on the Obesity Strategy Group with key local stakeholders to develop impact between services and ensure local targets are met. Stakeholders include: Healthy Schools Partnership; Oral Health Team; Children's Food Trust; Public Health and Rotherham Borough Council.

Key learning

In the last 12 months, PFPL has learnt how to successfully achieve a loss of 3-5% of body weight for the adult service. PFPL has integrated a more direct approach in setting a specific 3-5% weight loss target with the participants at the motivational interviewing stage to clearly set the expectation of commitment - coupled with a heavy emphasis on the health benefits of achieving this target.

PFPL initially did not focus on this as a primary outcome early in the 10 week intervention as it was thought to be an impersonal approach that fostered a competitive edge amongst participants in group sessions. However, since putting an emphasis on the 3-5% targets at the beginning of the programme, the frequency of participants achieving the target has significantly increased with participants reporting satisfaction with their results.

Impact

Children's services

- 45 stone weight loss in last six years.
- 97% success rate of BMI centile loss or maintenance.
- 252 children and their families supported in 2015-16.
- 1100 total referrals.

Adult weight services

- 885 adults supported.
- 2641kg and 3172cm total adult weight loss.
- 77% adherence rate.
- 60% achieve minimum of 3-5% loss of body weight.

Community impact

- 300 community events and outreach (health checks, interactive nutrition stands, sport tasters, health talks, GP PLI events).
- 49% of recruited children live in most deprived quintile.
- 62% of patients live in top 2 most deprived quintile.

Next steps

Currently, 25% of the current clientele is male demonstrating that the adult's service needs to engage this audience more. PFPL is currently scoping a male-only weight management programme in collaboration with Rotherham United to target fans and taxi drivers in Rotherham.



Fit For Sport

Sandwell Active Schools Programme

Fit For Sport are the UK's leaders in engaging and educating children, young people and families through activity and have been doing so for 25 years.

Following the success of Fit For Sport's Engage to Compete project funded by Sport England, Sandwell Public Health have commissioned Fit For Sport to continue and expand the project to include every school in Sandwell.

Funded by Sandwell Public Health Department, the programme will upskill school staff to engage all children in their school in activity and help them to achieve the CMO guidelines of 60 minutes of activity a day for every child with a focus on playtime activity - a key time to get children active.

Schools will benefit from training and guidance on how to increase physical activity, develop competition and deliver the Activity Challenge; a set of fun simple challenges to measure children's physical literacy and fitness levels including stamina, agility and coordination.

Bridging the gap between schools, leisure facilities and the community, Fit For Sport will be hosting engagement events in the community for parents and children to join in fun activities and learn the benefits of leading a healthy active life.

Legacy Events, a day of inspirational activity for children, will also be put on for all schools in the borough to celebrate the schools' achievements over the academic year and activity camps will support children to be active during the school holidays.

Partnerships are instrumental to the programme to ensure there is a unified approach to supporting the schools in becoming more active. Fit for Sport will be working with Sandwell Public Health, West Bromwich Leisure Centre, Triathlon Trust and Community Activity Network Development Officers to enhance the programme.

It will be supporting St Michael's C of E High School by providing training for their students and giving them the opportunity to become young ambassadors for the programme. Fit for Sport will also share activity challenge data with St Michael's C of E High School to enable them to support their new students' transition from Primary to Secondary School.

Key facts

Setting

97 primary schools in Sandwell.

Target audience

Primary school children, teaching staff, learning communities, Community Activity Network Development Officers.

Running length

2 years.

Funding

Sandwell Public Health.

Participants per year

32,000 children, 97 Primary Schools, 7 learning communities.

Partnerships are instrumental to the programme to ensure there is a unified approach to supporting the schools in becoming more active.

Impact

At the end of the programme, school staff will be confident in taking a whole school approach to ensure all children are achieving the CMO guidelines of 60 minutes of activity a day.

Schools will have also received training and guidance on how to create a fully inclusive and active programme encompassing the whole school day.

Families will be educated on the benefits of leading a healthy lifestyle and Fit For Sport will be using key learnings from Engage to Compete to bridge the gap between schools and leisure facilities to increase opportunities to be active in the community.

Fit For Sport has also developed the Healthy Active Schools System - an activity measurement tool for schools to track, monitor and evaluate all children's activity levels in their school – that will also enable the team and Sandwell Public Health to track participation and impact throughout the Sandwell Active Schools Programme.

The system tracks school sports premium spend, measures each child's progress, records all school activities and competition and provides access to free resources and reports.

For more information regarding the Sandwell Active Schools Programme or Engage To Compete, please contact:

craig.jones@fitforsport.co.uk

Engage to Compete Evaluation

<http://bit.ly/1VETY34>

Healthy Active School's System

www.healthyactiveschools.co.uk

Fit For Sport:

www.fitforsport.co.uk



8

Final thoughts

The health agenda is constantly evolving and over the past year the sport, recreation and physical activity agenda has come to the fore through Government strategies and initiatives.

This report presents a snapshot of the public health landscape and the role of the sport, recreation and physical activity sectors within it.

It has been transformed in the past two years alone and it is now the job of all agencies involved – NHS England, PHE, Sport England, the Local Government Association, the Sport and Recreation Alliance and ukactive – to come together to move into this new phase of delivery.

Government strategies set out a new measurement framework and it is crucial that it supports the sport, recreation and physical activity sector to be able to deliver against this.

Although the role of insight has increased across the sector, many organisations will not have the resources or expertise to produce in-depth evaluations. However, there is already a lot of innovative practice going on in this area as highlighted by the case studies in this report.

Both the Sport and Recreation Alliance and ukactive hope that the shared aim of getting more people active, more often will bring partners and sectors together to effectively tackle inactivity.

9

Endnotes

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¹⁵ More information on NHS 'Healthy New Towns' is available via: <https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/>

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Glossary

Chief Medical Officer's physical activity guidelines

The Chief Medical Officer recommends that adults should take part in moderate intensity activity for 150 minutes every week, or 30 minutes a day for five days, in bouts of ten minutes or more. All children and young people aged 5-18 years old should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) are small groups of health professionals, made up of local GPs, hospital doctors and nurses, who are responsible for commissioning services to improve the health of their local population.

Commissioning

Commissioning is the term used to describe how the vast majority of healthcare in England is administered today. It refers to the whole process of organising and purchasing of health services which meet a specific need.

Corporate social responsibility

Corporate social responsibility (CSR) is a business approach that contributes to sustainable development by delivering economic, social and environmental benefits for all stakeholders.

Director of Public Health

The Director of Public Health is the principal adviser on all health matters to elected members and officers in local authorities.

Health and Wellbeing Boards

Health and Wellbeing Boards are statutory bodies responsible for analysing the current and future public health needs of their local community. They include health professionals from across the local community.

Joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (JSNA) is the means by which CCGs and local authorities describe the future health, care and wellbeing needs of the local populations and identify the strategic direction of service delivery to meet those needs.

Joint Health and Wellbeing Strategy

A Joint Health and Wellbeing Strategy is a solution to the outcomes of the Joint Strategic Needs Assessment that is produced by the Health and Wellbeing Board.

Primary care services

Primary care services are many patients' first point of contact with the NHS and other health services. They include GP practices, dental practices, community pharmacies and high street optometrists.

Procurement

Procurement is a distinct aspect of the commissioning process. It is the action of purchasing a specific service to meet a specific need and is frequently the central part of the commissioning process.

Public Health Outcomes Framework

The Public Health Outcomes Framework is a system that measures the characteristics of a local population that will impact on their overall health. It includes activity levels, poverty levels, workplace absence, life expectancy, average weight, proportion of smokers, amongst other things.

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