

Sport and Health: a review of UKactive's Steps to solving inactivity.

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Summary

- [MPs debated physical inactivity](#) for the first time in parliament last month following the launch of UKactive's '[Steps to solving inactivity report](#)'. This policy briefing summarises the findings of this report, highlights examples of effective practice and explores the recommendations for local authorities before commenting on the response to the report by MPs and other bodies. This briefing is particularly relevant for local authorities and the sports activity sector.
- 29 per cent of people in England are classed as physically inactive which means that more than one in four people fail to achieve 30 minutes of moderate intensity physical activity per week.
- Inactivity levels in the UK are double those of Germany and France and more than 20 per cent higher than those in the United States.
- The report finds that local authorities across the country have responded to the physical inactivity endemic by nearly doubling the amount of public health funding they have allocated to tackling the issue between 2013/14 and 2014/15.
- Although there are large numbers of providers running physical activity programmes, only a few are able to evidence their impact and scale up their programmes to reach those in need.
- A selection of interventions have been highlighted as effective and validated good practice which will be of interest to commissioners looking to identify similar projects and services to meet local needs, and providers to model themselves on.

- UKActive recommends that local authorities prioritise and resource physical inactivity interventions to the same level as other top tier public health risks, while ensuring that physical activity provision is integrated into planning and implementation across areas such as public health, social care, education, environmental planning and transport policies
- Sitting MPs were in agreement that government had a large role to play in kick-starting a reversal of the current trend towards inactivity, similar to its role in reducing smoking.
- Shadow Health Secretary Andy Burnham said a ‘physical activity revolution’ will be at the heart of Labour’s Election Manifesto.

Briefing in full

Introduction

‘Olympics’ and ‘Legacy’ were the only two words that reeled off the lips of politicians at the start of this parliamentary term as far as sport was concerned. Now, as we approach the 2015 General Election and what will be a challenging spending review for whoever holds power, it’s ‘Public Health’ – with obesity, NHS, prevention and smart commissioning not far behind.

In November the first ever parliamentary debate on physical activity was held and MPs from across both sides of the House of Commons acknowledged the scale of Britain’s physical inactivity endemic, a global public health problem reflected nationally. 29 per cent of people in England are classed as physically inactive which means that more than one in four people fail to achieve 30 minutes of moderate intensity physical activity per week. MPs acknowledged that government has a large role to play in reversing the current trend towards physical inactivity, much akin to its role and progress in reducing smoking.

The debate followed the launch of UKActive’s ‘Steps to solving inactivity’ report which presents findings from the largest review of physical activity interventions of its kind and makes recommendations for national and local government, and the sport sector to help ‘turn the tide’.

The report finds that local authorities across the country have responded to the physical inactivity endemic by nearly doubling the amount of public health funding they have allocated to tackling the issue between 2013/14 and 2014/15.

This policy briefing summarises the findings of *Steps to solving inactivity*, highlighting examples of effective practice and exploring the recommendations for local authorities before commenting on the response to the report by MPs and other bodies.

Key Findings

The report's headline findings on the levels of inactivity have been well documented by the Government in its publications over the last year; 29 per cent of people in England are classed as physically inactive. Projections made in 2012 indicate an increase in inactivity in the UK by a further 15 per cent by 2030.

Less publicised is the fact that inactivity levels in the UK are double those of Germany and France and more than 20 per cent higher than those in the United States. Again, the health implications of inactivity are well known. Inactivity is the fourth largest cause of disease and disability and directly contributes to one in six deaths in the UK, making it as dangerous as smoking.

Despite budget pressures and funding cuts, local authorities have responded to the problem by almost doubling the amount of public health funding that they have allocated to tackling physical inactivity between 2013/14 and 2014/15. 70 per cent of local authorities have increased their allocated public health budget spend on physical activity in 2014/15

However, local authority expenditure on inactivity still represents the smallest proportion of public health grants (four per cent) in comparison to the other top tier public health areas: sexual health (36 per cent), alcohol misuse (30 per cent) and smoking cessation (9 per cent).

The report goes on to analyse levels of inactivity at the level of local authorities and regions. The league tables will be of interest to local politicians and strategic directors. For example, the Olympic borough Newham has the lowest levels of activity in the country, with 39 per cent of residents inactive (Richmond upon Thames, has the lowest inactivity with 16 per cent inactive). Council representatives in Newham have responded by committing one of the country's highest inactivity investments of £2.1m or 15.6 per cent in 2014/15, a significant increase on the £216,000 committed last year. There is a regional variance too. In the North West for example, 32 per cent of people are physically inactive compared to 27 per cent in the South East.

The report also reminds us of the link between physical inactivity and deprivation. 13 out of the 15 most inactive local authorities all sit in the 'most deprived' or 'more deprived' socio-economic quantiles. The most deprived areas are on average 33 per cent inactive compared to 25 per cent in the least deprived areas.

Review of physical activity interventions

The findings of the UKactive's national review of physical activity interventions, conducted by the ukactive Research Institute and the National Centre for Sport and

Exercise Medicine in Sheffield, are particularly noteworthy and relevant for commissioners of physical activity.

A total of 952 responses were submitted to the review from a wide range of physical activity programmes being delivered across the country. UKactive estimates these are impacting the activity levels of up to 3.5 million people annually. Responses came from a range of settings including schools, workplaces, leisure centres, health and fitness clubs, outdoor settings, primary care sites and community venues.

UKactive used Nesta's government-backed [Standards of Evidence](#) to evaluate the impact and scalability of each intervention. Nesta's standards are ranked on a 1-5 scale where level 1 represents a low threshold appropriate to very early stage innovations with basic data capture. By level 3 the provider can demonstrate clear impact, and by level 5 there is demonstrable evidence that the intervention is scalable; it can be delivered at multiple locations and deliver strong positive impact.

The review found that all of the 952 submissions met Level 1 but only a limited number were able to move beyond this. This reinforced the findings of the [UK Parliament All Party Commission on Physical Activity Report](#) which found that "it is currently almost impossible to tell which physical activity interventions have been successful and which have failed."

So although there are huge number of providers running physical activity programmes, only a few are able to evidence their impact and scale up their programmes to reach those in need.

Effective Practice

A selection of interventions have been highlighted as effective and validated good practice which will be of interest to commissioners looking to identify similar projects and services to meet local needs, and providers to model themselves on:

- [Camden Active Spaces \(Nesta Level 1\)](#): a project that is increasing physical activity in young people by building bespoke 'spaces' that inspire Camden residents to be more active.
- [Northumberland Exercise on Referral Scheme \(Nesta Level 2\)](#): an exercise referral scheme supporting weight loss, social cohesion and increasing physical activity.
- Les Mills UK (Nesta Level 3): fitness classes supporting a variety of groups to increase physical activity. Facilities pay a licence fee to operate the programmes. Highly scalable.
- [Project ACE \(Nesta Levels 4-5\)](#): an intervention programme that engages retired volunteers to promote physical activity amongst older adults. It is being rolled out across Bristol by LinkAge and significantly impacts health and social outcomes of participants. It is scalable and can be operated across a range of providers as it has low delivery costs.

Examples of good practice exist both nationally and in the regions.

National

- [Water Babies](#): a national swimming programme for babies and toddlers.
- [Macmillan Cancer Support 'Get Healthy, Get Into Sport'](#): a physical activity behaviour change pathway based on the NHS physical activity pathway 'Let's Get Moving'. It provides a framework for embedding physical activity into cancer care.

North West

- [Bury's Exercise and Therapy Scheme \(BEATS\)](#): a 12 month exercise referral scheme for people with a recurring illness. Service users have reported reduced weight, reduction in medication and improved mental wellbeing, inclusion and confidence.
- [St Helens Sports Development Youth Sports Programme](#): sports sessions targeted at hard-to-reach young people not engaged in physical activity. The scheme has demonstrated a positive impact on social and health outcomes.

North East

- [Get Active Nordic Walking](#): targets whole communities and runs walking sessions using the Nordic walking technique in local communities.
- [Wellness on Wheels \(WOW\)](#) and the Legacy Network: WOW, a 45ft mobile fitness suite makes visits across the county in interventions of 12-14 weeks. A network of 16 'wellbeing hubs' have been created.

Yorkshire and the Humber

- [Leeds' Let's Get Active](#): a programme of free gym and swim sessions, running, and family sports activities and health walks. Family focussed.
- [Do Something Different](#): supports adults with learning and physical disabilities to improve their health and wellbeing

West Midlands

- [Sustrans Connect2 Scheme in Worcester](#): aims to encourage healthier and cleaner journeys. Walking and cycling links in Worcester improved with physical activity at the heart of decision making.
- [Birmingham Be Active](#): Birmingham City Council and Birmingham PCT have created a partnership to increase physical activity levels through free access to leisure and green spaces

East Midlands

- [B-You Livewell](#): targeted activities to engage service users from the most deprived wards in the city of Derby.

- [Community Smarter Travel Hubs](#): a project of 5 travel hubs funded by Local Sustainable Transport Fund (LSTF). Each hub has a neighbourhood smarter travel co-ordinator who works with local community to deliver a targeted intervention programme of travel events and services (e.g. cycle take-up).

East of England

- [Hertfordshire Health Walks](#): programme of walks jointly funded by County Council, Public Health and District and Borough Councils. 3 seasonal programmes of walks.
- [Fit Villages](#): provide local communities with the opportunity to run subsidised sporting and physical activity sessions. Targeted at people living in rural areas.

South East

- Active Forever: aims to engage and consult with older people to develop regular physical activity opportunities
- [Medway Council 'On Your Marks'](#): a sport legacy programme to promote community participation in sport. 97% of people are more active since doing an On Your Marks class.

London

- [Hackney Personal Bests](#): a sports and healthy lifestyle programme that is inspiring individuals to try, take part and improve.
- Community Champions: volunteers are recruited and trained to become 'champions' of health and sport on social housing estates. They conduct surveys with residents about health concerns and organise activities to meet need.

South West

- [Playing Out](#): a project in Bristol funded by public health, Local Sustainable Transport Fund and Play England. Provides children and residents the opportunity to be active on their street by limiting vehicle traffic during the after school period for 2 hours each week.
- [Some Health Improvement Need Exercise \(SHINE\)](#): a physical activity programme for the 50+ age group.

Recommendations

The report makes the following broad recommendations for local authorities:

1. Prioritise and resource physical inactivity interventions to the same level as other top tier public health risks
2. Ensure physical activity provision is integrated into planning and implementation across areas such as public health, social care, education, environmental planning and transport policies
3. Require all Health and Wellbeing Boards to have a designated physical activity champion, who will specifically work to ensure its appropriate integration and provision based on local needs

The report recommends that sports providers develop a more data-orientated approach to measuring programme outcomes and demonstrating impact.

Comment

In the context of austerity, UKactive's first recommendation for local authorities to raise their expenditure for physical activity in line with sexual health and alcohol misuse is ambitious. The Autumn Statement set out a plan for at least £10 billion in further efficiency savings by 2017-18 and up to £15-20 billion by 2019/20, meaning that local authority and sport budgets will continue to come under significant pressure in the coming years. The recommendation could be more explicit that this is not necessarily about spending more, but spending smarter on physical activity.

Martyn Allison, the former national advisor for culture and sport at IDeA and LGA, makes the point well in his paper [*The Future of Local Authority Sport and Leisure Services: Sport and/or Health?*](#) As Allison explains, whilst the case for sport and physical activity contributing to reducing health inequalities can be made, 'the ability to do so depends on the voice of the sector being heard around the strategic tables in councils and their strategic partnerships'. Funding pressures have left the activity sector with less capacity to do this, with roles such as leisure officers and service managers disappearing, meaning that providers are increasingly divorced from decision making.

Allison goes on to propose an integrated model for sport and leisure provision based on the Marmot Review's call for proportionate universalism. Councils, he argues, should focus on achieving subsidy free universal provision wherever possible, through facility rationalisation and managed closures for example. The subsidies that remain he says should be targeted on individuals and communities with specific social and economic needs and linked to health outcomes.

UKactive's recommendation to have champions on health and wellbeing boards to broker the dialogue between commissioners and an increasingly complex provider market, in that sense, is welcome.

The Sport and Recreation Alliance, which represents 320 organisations from across the spectrum of sport, recreation and physical activity, will be calling on local authorities to develop their own physical activity strategies based on local need. They have called for smarter commissioning of services and are engaging their own membership around how to better develop and prepare for a commissioning-led environment.

James Allen, Head of Policy and Research, told LGiU: “We completely recognise the exceptionally difficult financial environment for local authorities, but given the growing scale of inactivity in this country, urgent action is needed. Decisions on design and delivery of sport, recreation and leisure provision are rightly taken at a local level and I think that a co-ordinated local strategy, based on need, would help to deliver a focused, quality offer to get local people more active.”

“It’s vital that the strategy addresses a number of key areas – including facilities, accessibility, attractiveness to the whole population and offers a range of activities. This is not a call for more money – but a more efficient, coherent and needs-led allocation of limited resources to tackle significant challenges, including physical inactivity and to deliver a flourishing local sport and recreation sector”

First parliamentary debate on physical activity

The in depth UKActive evidence base provided the foundations for a lively and much welcome debate on physical inactivity in the House of Commons in November.

Sitting MPs were in agreement that government had a large role to play in kick-starting a reversal of the current trend towards inactivity, similar to its role in reducing smoking.

A key message from the debate was that the focus should be on getting people active, not necessarily getting more people playing sport. Nick Smith, MP for Blaenau Gwent, who led the debate said: “This is not a debate on how to increase participation in sport, although sport is a cracking pastime for those who want to do it. Physical activity can be anything from taking the dog for a walk, to a Zumba class, to kids flying around on a skateboard.” He went on to warn that “we risk putting people off and making them think it is not for them if we make this solely a ‘sports’ agenda, not a ‘get active agenda’”.

There was wide recognition of the economic costs of physical inactivity and the impact on the National Health Service.

Jane Ellison, the Minister for Public Health, was the government representative for the debate and she stressed that physical inactivity could no longer be reduced to a cure to obesity. “Physical activity cannot just be seen through the narrow prism of its role in weight loss, because it is bigger and more important than that and goes to the heart of so many well-being and other social issues.”

Indeed, several MPs also acknowledged the links between getting more people active and promoting people's mental wellbeing. The social benefits of physical activity were also identified.

Ellison went on to add that local authorities with their public health function are best placed to drive up activity levels. She said: "This is a collaborative effort right across local and national government to take us to the next level in terms of an evidence-based approach to physical activity.

"Like the right hon. Member for Rother Valley (Kevin Barron), who spoke about public health sitting well with local government, I absolutely think it has landed in the right place. I have seen some fantastic examples of real leadership, but we need to give local government the tools to do the job."

Luciana Berger, the shadow Minister for Public Health, called on the Government to put in place more robust measurement of physical activity and to address the challenge of young people at college at university and the differing costs of accessing physical activity and organised sport.

Barbara Keeley, MP for Worsley and Eccles, meanwhile highlighted the issue of the gender gap and called for recognition that women tend to favour "more informal sports like running and swimming over football".

The parliamentary debate means that physical activity is now firmly in the public spotlight and reflects a broader programme of engagement and activity over the last few years to bring public health decision makers together with policy leaders on sport and culture.

Politically the issue will play out in the run up to the 2015 general election as well. At UKactive's National summit, Shadow Health Secretary Andy Burham said a 'physical activity revolution' will be at the heart of Labour's Election Manifesto. He told delegates that physical activity would be an area for priority investment as the NHS shifts to preventative care.

Related briefings

[Closing the Gap: Women and sport](#)

[The legacy of the Olympic and Paralympic games: tackling physical inactivity](#)

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