AN ACTIVE WELLBEING SERVICE

A MOVEMENT FOR CHANGE

Foreward

By Martyn Allison (Honorary Member of CLOA) and Julie Russell (CLOA Chair)

In May we asked Martyn Allison to facilitate a meeting of the Local Government Physical Activity Partnership to review the progress made implementing the Future of Public Sector Leisure report (published by Sport England in 2022). We agreed that this needed to be done in the light of the changing policy and financial context and ahead of a new government. Little did we know at the time, that the calling of an election, was so imminent.

The session was called 'joining the dots', reflecting the perceived need to make better sense of and better 'join up' the many different initiatives taking place across the sport and activity sector such as new models of public leisure provision, the expansion of place working, workforce developments and wider public sector system change, including the implementation of the Integrated Care Systems. Anticipating a new political landscape, and the ongoing pressures on resourcing, it was envisaged that we would now need a more coherent narrative, that a new government would understand and hopefully support. Subsequently Martyn collaborated with several like-minded people to bring together their progressive thinking and practical leadership experiences in a report that promotes a new vision for a national 'Active Wellbeing Service', that has prevention at its heart, and can be delivered locally.

Preventative and impactful approaches are now happening, but it is restricted to isolated pockets of good practice. Stimulated by local leadership and collaborative working, some of these good practices are slowly yielding new investment from Integrated Care Systems and Councils. In turn they are producing independently verified evidence, that they are making a real impact not only on the health of individuals, but on population health and tackling health inequalities. If only these could now be scaled up and expanded, we could see real change everywhere.

The report deliberately looks two ways. To a new government to try to influence future policy. Maybe when things improve economically, future resourcing will be possible; Secondly, and importantly, to the cross sector local leadership itself, to drive the changes and play their important role in 'knitting together', place based preventative solutions. The report explains why change is needed and in a series of case studies shows that change is already happening, with some impressive results. It suggests some things that a new government, ICSs, councils and the sector could do to scale the results at speed; by using existing assets and resources better. In July the report was considered and supported by the new and evolving Place-based Physical Activity Leadership Network, as a starting point for creating the Active Wellbeing Service; it is now being shared, by all of the network more widely, to consult others and generate more ideas.

Finally, we must place on record our thanks to the many people who have helped us pull this report together by contributing their thinking, their knowledge, their experiences, their case studies and their enthusiasm for change.

The Place-based Physical Activity Leadership Network

The Network Membership will be fluid, recognising the breadth of issues and interests: it's a system and not a singular 'sector', The network is apolitical; with membership being drawn primarily from professionals within key stakeholder organisations and/or independent specialists, and experienced place-based leaders where appropriate.

The leadership group will harness the network's energy, into a programme of work and governance system, seeking coherence across the network. It will be convened by the Chief Cultural & Leisure Officers Association (CLOA), Association for Public Service Excellence (APSE), the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA), the Local Government Association (LGA) and include among others representation from Active Partnerships, Community Leisure UK, District Councils Network, ukactive, Sport and Recreation Alliance, and Sport England.

The role of the Leadership Group in conjunction with the network is to:

'Encourage and convene a network focused on finding the best and most effective and efficient ways of raising levels of physical activity; particularly addressing the stubborn inequalities that exist in many local communities where activity rates are much lower than other areas. Local government's role as place leaders will be at the heart of the network'.

The leadership group, supported by the network will:

1. Lead the shared ambition.
2. Ensure we have a common language and clear focus across the system.
3. Help coordinate, share, and coproduce the best possible evidence to support the development of national policy and resource allocation, nationally, regionally, sub regionally and locally.
4. Be a key forum for Government and key partners to consult with, on place based physical activity leadership.
5. Be proactive in our planning, working upstream to best develop our ideas.
6. Be open to innovation and emergent ideas.
7. Stimulate innovation: around engagement of, and with, communities, residents and citizens.
8. Draw upon national and international learning; recognise that we may need to talk about 'active citizenship' alongside 'active wellbeing' to tackle health inequalities.
9. Create conditions for change: advocating through our policy and funding approaches.
10. Consider the future leadership, skills and competencies, required to increase place based physical activity.
11. Identify pressures (or barriers) within the system and what needs the greatest support.
12. Create a positive culture, building an environment of trust and support for each other.
13. Help each organisation best place themselves within the physical activity system, to make the most of resources and expertise together.
14. To challenge ourselves and continually review our effectiveness.

01

Why change is needed?

If a fundamental purpose of government is to 'champion the wellbeing of the people', then this is a call to action for the next Parliament. Critical services in the NHS and local government are in crisis. An ageing population increases demand for health, care, and public health services. Lack of vision, disjointed and silo driven policy development, funding cuts, the pandemic and failure to plan for the future have taken our health and care services to the brink. We have a physical, mental, and social health crisis placing increasingly acute burdens on primary care services. Inequalities in health outcomes are widening.

Wealthier people are living longer whilst life expectancy falls as people living with multiple chronic conditions for a decade or more towards the end of life bring relentless upward pressure on services and resources.

We now have a new government who have made health improvement one of their five missions and six initial priorities. These priorities are our priorities.

The ambition and steps set out in this document will support the government's commitments to:

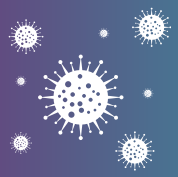
- **Tackle the social determinants of health, halving the gap in healthy life expectancy between the richest and poorest.**
- **Raise the healthiest generation of children in history.**
- **Ensure a greater focus on prevention throughout the whole healthcare system and supporting services.**
- **Help cut NHS waiting times.**
- **Create a National Care service that is locally delivered - focused on home first, independent living and integrated neighbourhood health and related services.**

According to the Academy of Medical Royal Colleges, exercise is the miracle cure. Lack of exercise is one of the 'big four' 'proximate' causes of preventable ill health, alongside smoking, poor nutrition, and alcohol excess. Being physically active can prevent dementia, type 2 diabetes, some cancers, depression, heart disease and other common serious conditions, reducing the risk of each by at least 30%.

According to the Academy, "this is better than drugs". The development of an active wellbeing service is one of the most strategic, sustainable, and financially smart interventions in public health policy that any government can make. An Active Wellbeing Service will deliver a step change in health outcomes, reduce demand on acute health services and social care.

An Active Wellbeing Service is an investment in the nation's future, reducing significantly the financial burden placed upon the health and care system.

Kings Fund research from 2023 calls for integrated care boards to place prevention at the heart of the ICS mission and purpose. It confirms an opportunity for local authorities to provide leadership for a transition towards an active wellbeing agenda with accountability for delivering agreed goals within the system. Their report identifies the potential to transform health and care (Driving better health outcomes through integrated care system, The King's Fund)



Almost 45,000 diseases avoided

A direct saving to the NHS of £314 million for the cost of treatment of those diseases

70,000 Quality-Adjusted Life Years (QALY) gained (a year of life in perfect health is equal to one QALY)

This QALY gain has a health value of £1 billion and economic value of £4.2 billion

A 3.7 year reduction in the healthy life expectancy gap

1 million people equates to 3 people per week, per GP practice in England, over the course of 1 year.

The scope of a comprehensive nationwide service, is not just a million people...

The scope potentially embraces **every** person in **every** community, **every** year.

02

It's Already Happening

The building blocks for the Active Wellbeing Service are already in place in pockets of good practice involving local partnerships aimed at place-based system wide change. The infrastructure for a preventative health service already exists in the form of ICSs and ICBs and relationships and partnerships are building. Indeed, in some places health care professionals and physical activity professionals have come together and co-exist effectively delivering system scale, locally delivered interventions.

Local government a key partner in these approaches delivers a network of public health, leisure, culture, and arts services that with the right vision and the right leadership stand ready and able to help the transition to a preventative agenda and the creation of an Active Wellbeing Service. Local integrated care systems in many parts of the country are realising the power of physical activity as a driver for change and a route to sustainable service provision as the relentless logic of demography takes hold of their budgets.

But traditional 'leisure service' face their own pressures and challenges, impacted by ageing facilities, pressures on local authority budgets, the energy and cost-of-living crisis. Although still recovering from the

pandemic the transition is often partial and patchy but as the case studies in the appendix show already evidencing a significant impact on health and wellbeing.

In **North Kesteven** the wellbeing programme can evidence weight loss, reduced BMI, reduced body fat, increased hydration, reduced visceral fat and reduced diabetes medication and medication for depression.

In **Essex** the Preventive Enablement Model estimated that a reduction in health service use equated to a cost saving of £365.23 per participant per year split across Adult Social Care (£163.34) and the wider system (£201.90). Using the Wellbeing-adjusted Life Year (WELLBY) to monetise the wellbeing value, the difference in life satisfaction reported by individuals about to start the programme to those with over one month of involvement is estimated to equate to a monetary value of £22,230 per person per year.

In **Stockport** the Life Leisure activity referral programme measured improvements in quality of life and mental wellbeing using QALY's and WELLBY's*. The quality of life benefits over a year corresponded to a social value per participant of £14,000 whilst the mental wellbeing improvements amounted to £17,500 per person. Scaled up to the 100 participants in Brinnington Park, this amounts to an annual social benefit of £1.75 million and if we apply this value by extension to all 789 participants in Stockport in the year 2022/23, then this amounts to a value of almost £14 million of the entire programme.

**QALY is used by Health and WELLBY is now being used as a more appropriate measure compared to 'social value' to evaluate well-being and so benchmark against the QALY which typically is used to evaluate Health service interventions*

In **Greater Manchester,** the Prehab for Cancer programme showed benefits for patients and providers including:

- 0.4-day reduction in critical care length of stay per prehab patient
- 1.5-day reduction in hospital length of stay per prehab patient
- Improved survival in patients who complete prehab
- Reduced demands on healthcare services throughout the cancer pathway
- 550 ward bed days 'released' and 146 critical care bed days 'released'
- The bed days 'released' per prehab patient covered the costs involved in setting up and delivering P4C for a year, sustainable on a recurrent basis.

In **West Suffolk and Babergh** 55% of participants in the Integrated Health and Leisure Pathways have seen an increase in the level of physical activity after 24 weeks.

- 75% of participants increased their number of metabolically active minutes per week

- 62.1% of participants had reduced the amount of time they spent sitting per week

- Of the 40 participants on the strength and balance pathway with efficacy scale assessment shortfalls, 87.5% had lowered their score at 24 weeks

- Of the 40 participants with data available, 87.5% saw a reduction in their time on the get up and go test after 24 weeks e.g. less likely to fall

- 68.9% improved their Short Warwick-Edinburgh Mental Wellbeing Scale well-being score, on average showing a 20% improvement from a baseline of 25 to a score of 30 at 24 weeks

- The proportion of individuals attending their GP less than once a year increased whilst those attending at least once a month decreased. This may suggest an association between programme engagement & reduced use of healthcare.

In **Tameside** Active Tameside's relationship with the council has facilitated the "pivot' from being traditional leisure providers to being recognised industry leaders of Health, Social and wellbeing outcomes. Services include exercise referral pathways, support to clients with on-going health conditions and medical problems, prevention services, targeted health outcomes, neighbourhood activity spaces, greenspaces and community activity, the Give Well volunteer programme and support to existing NHS services & nonclinical interventions.

The services have seen a wide variety of outcomes including:

- Reduced inactivity levels

- Increased healthy life expectancy and reduced health inequalities

- Increases in people attending specialist provisions

- Increases in people in education-training-employment and / or volunteering and increases in young people gaining skills and qualifications

- Reductions in the relative number of people requiring support from health and social care

- Reduced pressure on non-clinical interventions, reduced use of medication and reduced demand and cost to neighbourhood services and the health and social care system.

Active Everybody Can is an award-winning inclusion and disability service, providing everybody, no matter their need or ability, the opportunity to develop, thrive and achieve. It seeks to develop individuals holistically, ensuring barriers are removed for everybody to belong, enjoy, engage and grow in their community, helping them to live their best life. Aspiration and hope are encouraged through learning and moving with confidence from childhood to adulthood.

A range of different programmes provide young people with a specific structure and a person-centred approach that among other things

increases skills, improves aspirations, self-esteem and resilience, improves health and wellbeing, reduces social isolation and creates independence.

In **Barnsley** and **Sheffield**, the Beat the Streets programme significantly changed the behaviour of adults and children in terms of activity and active travel.

In Barnsley:

- 50% of adults who were inactive at the start, were meeting CMO guidelines when surveyed six months later
- 60% of children were lifted out of inactivity
- 85% of players felt they had continued to be active

In Sheffield with a particular focus on addressing health inequalities over 60,000 people, 11% of the population of the city and many living in the most deprived areas of Sheffield travelled 452,870 miles over six weeks.

In **Birmingham** the Active Wellbeing Society has focused on removing the barriers of cost and co-producing with the most deprived local communities a range of opportunities to be more active. This included some free use of indoor facilities premised on Marmots concept of proportionate universalism, Active Parks, Active Streets and the Birmingham Bikes programme. Statistics demonstrated an over representation of those from communities in most need, those from black and global majority backgrounds, and women. There were also offers within these interventions for young people, people with physical disabilities, and more latterly, those with mental health problems and difficulties. The cost benefit analysis of the Be Active scheme demonstrated a return to the system of £23.01 for every £1 of investment. These savings were largely in the reduction of life course preventable diseases, reduction in clinician time, and improved productivity and days lost to sickness in the workplace.

In **Oxfordshire** the Active Partnership have recently collated a Whole System Approach to tackling health inequality and preventing ill health through physical activity. This is in collaboration with South Oxfordshire District Council, Vale of the White Horse District Council, West Oxfordshire District Council, Cherwell District Council, Oxford City Council, Oxfordshire County Council Public Health and voluntary sector organisations including Home-Start.

Others are starting to follow this same path with the **Greater Manchester** ICB recently announcing a £2m investment over three years in GM Moving.

Although the implementation of the Sport England strategy **Uniting the Movement** is now triggering the change needed, as place working is expanded the efforts being made around the country in these pockets of good practice need scaling up quickly if the health crisis is to be tackled. The time to act is now by re-focusing and repackaging the public sport leisure and activity service of the past into the Active Wellbeing Service for now and the future.

03

Creating The Active Wellbeing Service: First Steps

In support of their health mission, the new government needs to...

1. Develop within the first year of a new Parliament a 'Preventive Health Strategy' that addresses the wider Social Determinants of Health, co-produced with local government and integrated care systems.

2. Ensure the Office for Health Improvement and Disparities (OHID) names 'physical activity' as an inhibitor of major chronic disease and embeds this at the heart of ICS mission and purpose, including a renewed focus on the wider determinants of health, health inequalities and population health.

3. Create 'prevention', social determinants, and activity design principles for public policy across government, recognising the value and importance of increased physical activity within NHS priorities.

4. Introduce a social determinants and active well-being 'thread' into government policy making across all

departments, overseen by a cross-departmental 'Prevention Delivery Unit' designed to inspire action and monitor delivery.

5. Introduce a prevention threshold for ICB budgets, requiring ICBs to allocate initially 1% to prevention, through commissioning strategies overseen by Integrated Care Partnerships.

6. Create a 'prevention precept' enabling all local authorities to generate up to an additional 2% of council tax revenues for service transformation linked to prevention.

ICSs and their council partners need to...

1. Build local partnerships with providers of active wellbeing opportunities to develop the most efficient and effective means of tackling inactivity based on population health data.

2. Identify and work with those communities and providers where the highest levels of inactivity exist to address urgently their barriers to activity.

3. Identify opportunities and facilitate collaborations where physical activity can be used as an effective health intervention for major chronic diseases and to improve healthy ageing.

4. Integrate or align available capital, revenue and people resources to develop the local capacity to address inactivity including the rationalisation and improvement of key assets, the development of necessary skills and the collection of appropriate data, evidence of impact and shared learning.

Sport and activity providers in partnership with ICSs need to...

1. Create local consortium of activity providers from across places including providers and operators of public and private leisure facilities, local sport clubs and organisations, voluntary and community organisations specifically working with the most inactive communities.

2. Ensure resources are proportionally allocated to address inactivity across their communities focusing most on those individuals and communities who need it the most.

3. Develop their workforce with the skills necessary to meet the standards and competencies required for specific health interventions that are a priority locally.

4. Commit to a common standard of data collection, evidence and impact assessment as required by the ICS locally and government nationally.

04

Scaling Up

The Four Cornerstones of Our Change Journey

We cannot just rely on a new government to fund all these changes and protect the existing infrastructure. We must lead the change process ourselves and demonstrate our value and worth to government and public funders locally.

There are four key cornerstones of our own change journey which together will create the foundations for an Active Wellbeing Service.

A. Place-Based Working

Place-based working has been defined as "a person-centred, bottom-up approach used to meet the unique needs of people in one given location by working together to use the best available resources and collaborate to gain local knowledge and insight."

In Integrated Care Systems place-based partnerships typically involve the NHS, local government and other local organisations with responsibilities for planning and delivering services, such as voluntary, community and social enterprise (VCSE) sector organisations and social care providers. They may also include or work alongside other community partners with an influence on health and wellbeing, such as sport and leisure providers, schools,

emergency services and housing associations, and work with people who use services, their carers and residents. They are the key building block and play an important role in coordinating local services and driving improvements in population health.

It's in local communities where the jigsaw pieces can best come together. Investment into an approach that builds on assets in an area like its people and their skills, and its buildings and facilities is important, but it's not enough: we also need the social and physical environment we live in, the organisations that serve us and local and national policies to better join if we are to help communities to be active, to thrive and to connect.

Sport England in Uniting the Movement suggested that this would involve:

- Expanding place-based working by collaborating with more places and their decision-makers on their local priorities and partnership opportunities.
- Increasing leadership capacity and capability locally to help grow and sustain change.
- Investing in the people and capacity of community organisations such as clubs and charities, who know their area and its needs best.

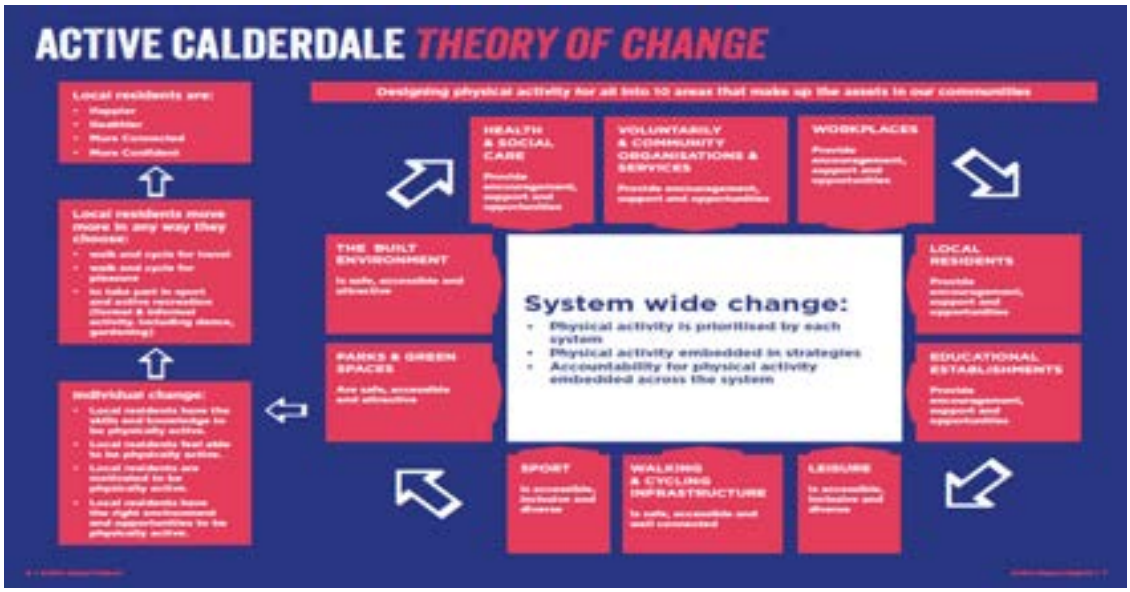
B. System Change and System Leadership

A system is "an existing configuration of different parts connected by a complex set of personal and organisational relationships that deliver a set of outputs and outcomes which have positive and negative impacts on different users and non-users of that system." By shifting our focus from those individual parts to how they interrelate in places we can change how the system works and therefore change the outputs and outcomes for the users. Through system change we can ultimately create a new system that behaves differently and works better for everyone.

We can facilitate these changes through system leadership, by working not in our own silos but across the

organisational boundaries that exist within the system. By changing the relationships between sport and leisure providers, health services, social care, housing services, planning, highways and many others we can help change the system.

To do this successfully we all need to change how we lead and behave when we are not in charge and rely instead on how we influence others in the same system. System leadership is how we work together to tackle large, complex, difficult and seemingly intractable problems; where we need to juggle with multiple uncertainties; where no one person or organisation has all the answers; where everyone is grappling with increasing demands and less resources and where the way forward will require many people's energies, ideas, talents and expertise. Leadership is no longer vested in a few people by virtue of their title or position but shared across everyone working in the system including those who use it or are excluded by it.



C. Proportionate Universalism

To tackle health inequalities the Marmot Review in 2010 proposed the provision and resourcing of universal services which are delivered at a scale and intensity proportionate to need. This was viewed as different to traditional short term targeted approaches focused only on high need communities but did nothing to change the system that had created the inequalities in the first place. By focusing on changing the whole system and redesigning universal services to meet different needs the gaps in health inequality over time can be narrowed whilst also improving everybody's health and life expectancy.

These principles have been incorporated subsequently in national government policy and now underpin much of the work of Integrated Care Systems. Sport England in Uniting the Movement also followed the established concept of "proportionate universalism" seeking to balance

targeted and universal provision in a way that's proportionate to the level of need. They recognise that the right thing to do is ensure everyone can be active, regardless of who they are, how they earn a living or how much they earn. For some this needs relatively little support, but for others far more work, time, energy and investment is needed.

For more information see

Institute of Health Equality
Fair Society, Healthy Lives Report

Sport Think Tank
Proportionate Universalism Article

D. "Pivot' to wellbeing

Public sector leisure facilities and services are those provided, managed, and funded by or on behalf of councils and include among other things leisure centres, swimming pools, sports halls, gym and fitness and outdoor sport, play and recreation. The Future of Public Sector Leisure report published by Sport England in December 2022 set out how the sector needed to transition or 'pivot' from a traditional leisure service to one that is far more focused on active wellbeing. The 'pivot' was seen as a response to the crisis created by the pandemic, the energy crisis and a cost-of-living crisis and a mounting funding crisis in many councils. It was defined as a shift to a model that focuses on adding value and supporting the delivery of local economic and social priorities, and with that the delivery of wider government priorities of levelling up, net zero and health inequalities. Whilst the need to 'pivot' remains, the post-election context will create new opportunities to respond to the challenges and priorities.

The challenge is now about scaling up to create a national Active Wellbeing Service delivered locally. This will require fundamental change across the sector. It requires a fundamental shift from simple partnership working to true collaboration across systems. The emphasis of the service must now be on meeting the needs of the less active and inactive as well as those already active within our communities and to help deliver outcomes aligned to the Council's and ICB's strategic priorities.

This will require an insight-led approach to service design, pricing and the programming of activities, classes and events and enabling necessary support both within facilities and with partners in the wider community. We can then provide support with health and social care partners for pre-habilitation, rehabilitation, musculoskeletal health (strength and conditioning), flexibility, balance and maintaining a healthy weight as part of a wider whole system approach to population health.

By utilising public leisure assets, both facilities and workforce, it is possible to deliver a locally tailored active well-being service through a community hub and spoke approach. This could include a local leisure centre being the community active wellbeing hub, providing inclusive services and signposting to other community based services and groups.

This service model could include three core components.

1. A broad active well-being programme, including both clinical and self-referral, that supports people living with a wide range of physical and mental long-term health conditions.

This includes multi-morbidity, and particularly supporting those who are inactive and living with an acute/complex level of need.

This includes, water wellbeing accreditation for pools to drive inclusive activities, pool programming and equivalent accreditation for gym and group exercise facilities.

2. Day care service provision for people with disabilities and additional needs including physical activities to support independent living and routes to employment.

This will require major workforce development and remodelling to transition from fitness to wellness, with a core workforce of wellness coaches as opposed to gym or fitness instructors.

This along with a greater investment in leadership development is an opportunity for national sector wide transformation to equip the future active wellbeing workforce with the specialist skills and capacity to have a greater impact on local population health.

Along with adjustments to programming and branding, supported by new quality standards we need a common evaluation framework that measures real impact on local priorities.

Greater use of Treasury social value measures such as the QUALY and the WELLBY will need to become increasingly more common to demonstrate and evidence the impact delivered locally.

When scaled up nationally this then provides the opportunity to build a much stronger evidence base with partners and to demonstrate value for money to local government, ICSs and to national government.

3. Provision of community support alongside opportunities to be active.

As well as providing specific and targeted support, there is significant scope for this service to also provide relief and support for communities within its reach to have their more general needs met on a universal scale.

An Active Wellbeing Service can also provide warm spaces, places to receive general wellbeing advice and support, space for communities and groups to come together, and for everyone to get their wider needs met alongside opportunities to be active.

Evidence from some of the Sport England Local Delivery Pilots so far shows that by tackling food poverty; providing spaces for connection; offering opportunities for people to develop their skills and borrow much needed kit and equipment for free, can all provide valuable opportunities for communities and individuals to undertake physical activity alongside these needs being met.

In summary; physical activity by stealth, meeting need and tackling inequalities in the process, aimed at those in the most need.

These 3 core components will also require greater commitment to rationalising, remodelling and refurbishing aging indoor and outdoor facilities. Pioneering design work is already underway in many local authorities as they explore and developed a facility mix of active wellbeing community hubs with strategic partners.

This creates the potential to challenge the traditional mix of gym and swim leisure facilities to evolve into more inclusive and impactful community active wellbeing hubs. It also creates the opportunity to address the impending challenges of climate change and make our facilities not only financially more sustainable but also environmentally more sustainable.

05

Impact of activity on the wider determinants of health

Marmot is very clear that health inequalities are driven by a wide range of social and economic determinants. In his first report he focuses on economic stability, fair employment, good work, education access and quality, early years, housing and environmental quality. Although our report focuses on health outcomes many of the case studies and others not recorded here evidence the impact activity can make on a wide range of other social and economic outcomes.

Physical exercise holds great value in the current educational curriculum, it improves health and well-being, boosts understanding of the role this plays in everyday life and studies have shown it may also improve overall performance in the classroom. According to the Institute of Medicine, children who are more active can better focus their attention, have stronger working memories and demonstrate better problem-solving skills than less active children.

Some further research suggests that being involved in sport and physical activity can equip young people with specific 'core' and 'soft' skills that may raise their level of employability. In **Tameside** Active Everybody Can is providing everybody, no matter their

need or ability, with the opportunity to develop, thrive and achieve. Their programmes provide young people with a person-centred approach that among other things increases skills, improves aspiration, self-esteem, resilience, and creates independence and a route to volunteering and employment.

Professor Ted Cantle in his work on Community Cohesion has regularly highlighted the power of sport and activity in building more cohesive communities by bringing together those communities living parallel lives and being a vehicle to help build citizenship, a theme that is embedded in the work of the Active Wellbeing Society in **Birmingham**.

There is also mounting evidence that sport and activity programmes can help prevent crime at a general population level, divert individuals at risk of offending and reduce reoffending. Research published by the College of Policing based on 24 primary studies suggests that sports programmes led to reduced crime, reoffending, drug use, aggressiveness and improved attitudes to offending and anger control. Overall, the meta-analysis found that 14% of participants in sports programmes showed more positive outcomes and less re-conviction than those in the control group.

Whilst we must remain focused on the central mission of addressing inactivity to improve health outcomes where communities also have other needs that can benefit from activity based interventions they should not be ignored in our place-based working.

06

Conclusion

Inspired by this very different vision for local services and by building on these four key cornerstones, we can make the radical shift from sport and leisure to an Active Wellbeing Service.

This vision must still embrace the traditional sport and recreation opportunities often publicly funded to support, but now embrace a wider range of services that reach those previously excluded and who would most benefit from being more active.

Opportunities to engage people in active wellbeing are far and wide., so we need to draw on the strengths right across the system, examples might include:

- Engaging social prescribing schemes, from gardening to dance.
- Active travel: encouraging walking, scooting and cycling.
- Planning policy which creates ‘active places’, where ‘being active’ is designed into our streets, public spaces, and new communities.
- Active workplaces, schools and colleges, with the day designed to facilitate and encourage an active, rather than a sedentary rhythm to the day;
- Embracing the role and diversity of the community, voluntary sector and private sector, to build connection, capacity and sustainability.
- Re-purposing the traditional leisure centre as an Active Wellbeing Hub, supporting a range of help and activity.
- Embracing local community or sports organisation: or partnering private freelance opportunities, gyms and fitness centre’s.

So that by working together, across the system, we can build locally led solutions, which develop strengths and capacity to deliver community led active wellbeing solutions, which truly tackle health inequalities long term.

APPENDIX

MAKING AN IMPACT ON THE GROUND

In the next section we highlight just a few examples of where this local change is happening and where there is evidence emerging of the impact the changes are having. They are not the only examples by a long way, but they have been chosen because they demonstrate not just shifting policy but how that policy shift is being implemented on the ground. They are examples of where positive things are happening now by better collaboration and by using existing resources better.

a. Wellbeing: A District Council approach- North Kesteven.

b. Prevention and Enablement: Essex.

c. Life Leisure: First-order estimate of the social value of the Physical Activity Referral in Stockport (PARiS) service at Brinnington Park Leisure Centre: (A State for Life report)

d. Prehab 4 Cancer: Greater Manchester.

e. Integrated Health and Leisure Pathways: West Suffolk and Babergh Districts (West Suffolk Alliance)

f. Creating an Active Wellbeing Service by removing barriers and meeting wellbeing needs for those in the most deprived areas of Birmingham: The Active Wellbeing Society.

g. Live Active & Active Everybody Can: Tameside

h. Beat the Streets: Barnsley and Sheffield

i. A Whole System Approach to Physical Activity: Oxfordshire

j. Revaluing Parks and Green Spaces : Measuring their economic and wellbeing value to individuals.

a. Wellbeing: A District Council approach- North Kesteven.

The journey from 'leisure' to 'active wellbeing' and the development of a preventative model of service delivery is a fundamental component of North Kesteven's focus on its vision for flourishing communities, aligned to UN Sustainable Development Goals for 2030. The Council has a strong commitment to a green thread approach to climate action, inspiring a net zero future through every service and every initiative to build a society and economy designed to 'meet the needs of all within the means of the planet'. The Council embraces a preventative agenda through participation in integrated care system objectives designed to address the social determinants of health and health inequalities.

Population Health through System Development

The South Lincoln Strategic Partnership Board includes the South Lincoln PCN, LCHS, LPFT, North Kesteven District Council, Voluntary Centre Services, Adult Social Care (County Council) and ULHT. The Partnership aim is to work together collaboratively to benefit the population of the South Lincoln area. 171 people from across the PCN footprint have been identified, through the Population Health Management tool, who are living with frailty and a chronic respiratory disease in the most fuel deprived areas. Of those, half have a mental health flag, a third are smokers, a third have heart disease, a third are on a waiting list, a fifth are socially vulnerable and a significant proportion are on prescribed opiates. Comprehensive conversations have begun to be undertaken with the cohort to establish their wider needs; the partnership is then working together to support them holistically to meet those needs. An Operational Group will ultimately support the design interventions/pathways for how we can support these individuals and their families/carers in a joined-up way. In addition, the Befriending scheme will benefit the identified cohort, with loneliness and social isolation, the Dial-A-Ride will help with the transport challenges when trying to access medical appointments and health and wellbeing activities and the new Lincolnshire Frailty Programme in partnership with the PC is part of the Ageing Better programme.

A Health Hub

Launched in April, the new Health Hub at North Hykeham Leisure Centre, brings a variety of health resources to a familiar community setting, making services such as blood pressure checks, physiotherapy and cardiac

and pulmonary rehabilitation more accessible to the public. The project, the result of a partnership between North Kesteven District Council and health-related bodies including Better, Lincolnshire NHS Community Pulmonary Rehab, Lincolnshire NHS Community Cardiac Rehab, One You Lincolnshire and Great Northern Physiotherapy. On average, the Health Hub has already seen over 350 people each month who would otherwise have to attend a medical setting.

Cycle Hub

The Cycle Hub was Designed to encourage people to cycle more in 2024 – getting active through green travel – a refurbished bus donated by the Council will serve as a workshop and hub for three distinct initiatives focused on bike recycling, cycle inclusivity and confident cycling.

The Hub operated by the Council's leisure partner Better, aims to donate at least 80 bikes to those who need them by the end of 2024, deliver 12 inclusive bike sessions, and encourage 500 cyclists on led rides from the Hub. Wheels for Life is the recycling aspect, led by Active Lincolnshire, which actively encourages donations of pre-loved bikes and gears them up for a new life. Once renovated, repaired, and serviced by volunteers at the bus, they will be gifted to those who may lack the resources and opportunities to enjoy the many benefits cycling has to offer, alongside a cyclist starter kit containing safety equipment and training information. The Cycle Hub seeks to encourage people to take up cycling as an activity to improve their overall health and wellbeing, manage certain long-term health conditions, reduce car use and contribute to community wellbeing and cleaner air. 'Wheels for All', a national accessible cycling charity provides specially adapted bikes for disabled individuals, and 'Learn to Ride' to build cycling confidence, including led-rides for people who want to cycle socially and ladies-only breeze rides.

Walking

Walking is still the most popular activity with almost 4 in 5 respondents having been on a continuous walk lasting at least 10 minutes in the 7 days before the survey. The Walking Festival last year delivered 64 led walks over 2 weeks, attracting 1404 walkers including those less active designed on the principle of health by stealth. Using themes such as history, heritage, archaeology, nature and art to attract new audiences the event also provides volunteering opportunities so reducing

Wellbeing Walks are short walks, run by friendly, specially trained volunteers on hand to provide encouragement and support. There are 15 free of charge walks each week open to everyone to help boost fitness and wellbeing including a walk for the visually impaired.

Stepping Out offers 33 walks including 2 long distance spanning over 130 miles.

Health Trainers

Supporting 174 new referrals this year including 12 agency referrals, 34 self-referrals, 22 to the Get Fit For Life courses, 41 staff health check and 65 Medical Group referrals. 63 previous clients have continued the programme with regular appointments throughout the year.

Services accessed by clients following Health Trainer support include Exercise Referral Schemes, Swimming, Walking groups, Local gyms, Tai Chi, Slimming World, Counselling services, GP services, mindfulness/mind and body/crafting and Age UK.

Case Study Example 1

Client B is a 73-year-old lady who lives alone. She has been participating in the health trainer programme on and off for a few years and her weight has fluctuated, at her highest point her weight was 14st 9lbs – in recent months she had been able to reduce it to 14st 3 but she was finding motivation difficult and was becoming frustrated with small losses followed by gains. The Health Trainer suggested that she try attending the Get Fit For Life course for 10 weeks support, weekly weigh in, advice, physical activity, and motivation.

Mrs D attended 9 of the 10 sessions and participated fully. During the 10 weeks she was able to achieve the following:

- 1stone 2pounds weight loss weight now 13st 1lb (recent weigh in was 12st 13)
- Reduced BMI from 37 to 34
- Reduced body fat % from 49.6 to 46.7
- Increased hydration from 37% to 39.2
- Increased physical activity not only at the sessions but also regularly attending the gym, aqua-fit and a local weekly walking group
- Reduced visceral fat from level 16 to level 14.5

Mrs D is delighted with her changes and intends to continue contact with the health trainer and is aiming to reduce her weight by a further stone.

Case Study Example 2

Client G is a 39-year-old man who is registered blind. Health Trainer has been completing home visits with this client to support with weight loss to reduce HbA1c level which was 64 and has reduced to under 48. He has also been referred to social prescribing who have taken him to groups in Grantham, has had cooking advice, has had support for his mental health with a local mindfulness instructor and has received advice on how to increase physical activity within the home. He has been in contact with the Health trainer for 2 years and has achieved the following:

- 3stone 11pounds weight loss
- Reduced BMI from 41.9 to 35.7
- Reduced body fat % from 41.6 to 33
- Increased hydration% from 42.2 to 46.5
- Now exercises most days within the home, has an exercise bike, weights and other equipment
- Now cooking more meals himself from scratch
- Tried mindful walking and hopes to continue this
- Reduced visceral fat from level 18 to 16
- Has stopped diabetes medication and medication for depression

b. Prevention and Enablement: Essex.

The Prevention and Enablement Model (PEM) was a test and learn initiative in Essex that launched in August 2020 with Adult Social Care at Essex County Council, Active Essex, and Sport for Confidence CIC as key strategic and delivery partners. PEM also brought together a diverse range of wider partners across Adult Social Care, the NHS, and the third sector (e.g., local councils, Essex County Council teams, Provider Quality Innovation Team, and care homes) in a whole system approach to improve the lives of people living with disabilities and/or long-term health conditions. Its overarching theme was to encourage and support people to be more active and was delivered via a system of unique partnerships across the county's Adult Social Care sector, with four interrelated workstreams: Care Homes, Community Partnerships (Reconnect), Physical Activity in Occupational Therapy, and Strength and Balance.

The Objectives of PEM were:

1. To develop system-led opportunities for disabled people and those with long-term health conditions and to encourage them to be active in their local community, reconnecting them to their local area.

2. To embed physical activity in the

system, and to redesign a targeted pathway to achieve this.

3. To create practice-based learning opportunities that transform ways of working by increasing the confidence and capability across the integrated workforce in using physical activity as a tool for health.

4. To test and learn the impact of this transformation and build a case to scale up across Essex.

The impact and cost-effectiveness of PEM has been evaluated independently.

Qualitative insights revealed that people who accessed PEM services perceived themselves to have experienced a number of benefits including enhanced:

- *Health*
- *Wellbeing*
- *Confidence*
- *Skills*
- *Routine and structure*
- *Independence*

Similarly, self-report quantitative data suggested that PEM has a demonstrable and significant impact on physical activity and wellbeing. Individuals who had participated in PEM for longer, had higher physical activity levels, and more favourable attitudes to physical activity, wellbeing, subjective health, and self-efficacy.

Data was compared to the Active Lives Survey, a nationally representative survey. This comparison suggested that PEM may have the effect of lifting a person living with a disability or long-term health condition to similar physical activity levels and wellbeing as typically reported by non-disabled people. These effects were mostly still apparent even after controlling for demographic variables. This suggests that PEM could play a crucial role in reducing health inequalities between individuals with and without long-term health conditions. However, the limitations of the PEM research design means causal relationships cannot be inferred.

Self-reported service use (i.e., day care, formal/informal support, GP visits, ambulance calls, and hospital visits) also showed a slight decrease in people who accessed PEM services. A tentative estimate is that this reduction in service use equates to a cost saving of £365.23 per PEM participant per year split across Adult Social Care (£163.34) and the wider system (£201.90).

Further, a novel aspect of the evaluation was the work of State of Life to follow the 2021 Wellbeing Supplementary Guidance in the Treasury's Green Book and apply the treasury recommended WELLBY to monetise the wellbeing value of PEM. Taking the difference reported by individuals about to start PEM to those with over one month of involvement in PEM, this difference in life satisfaction is estimated to equate to a monetary value of £22,230 per person per year. Scaling the value of reduced service use and higher life satisfaction to the typical number of unique users in Community Partnerships/Reconnect (where most data were collected) suggests that the total annual social value could exceed £20 million. When this benefit is considered against direct running costs, PEM could deliver

Higher levels of wellbeing may deliver social value through potentially enabling individuals to engage in employment, volunteering, and other activities, and thus potentially bringing direct and indirect benefits to Adult Social Care, Health and wider society. Although some of these benefits may be directly quantifiable savings to specific parts of a system, other benefits may be more qualitative, and harder to quantify and attribute to system settings.

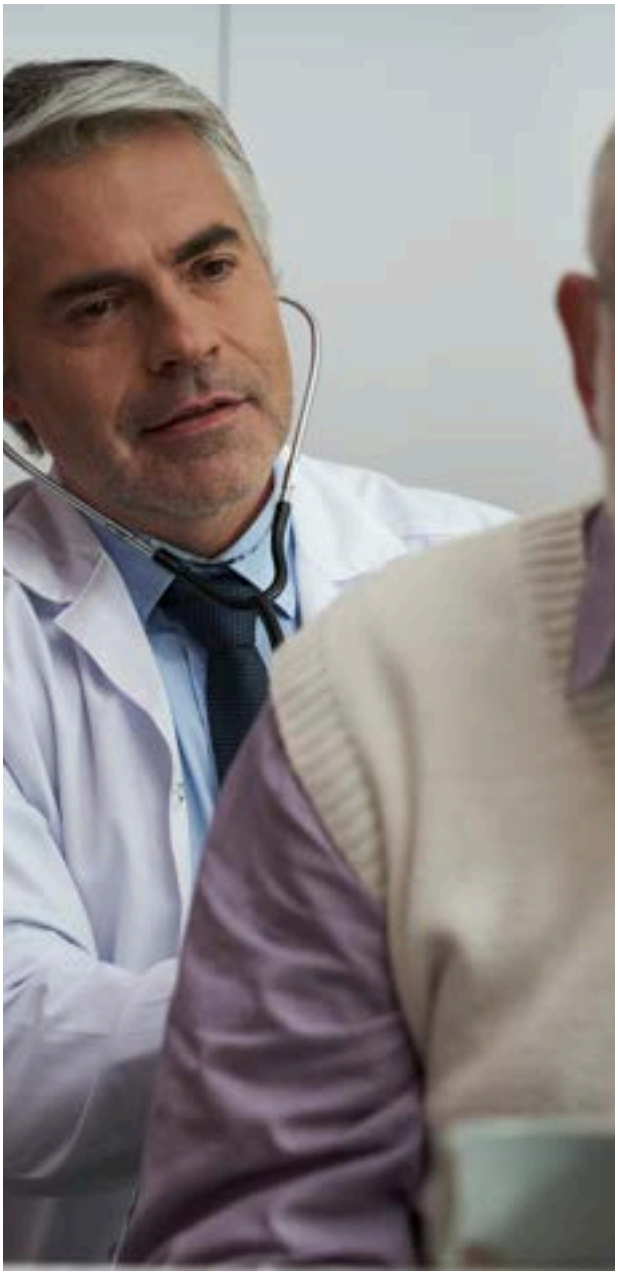
Further Information

Sport For Confidence
Prevention and Enablement Model

c. Life Leisure: First-order estimate of the social value of the Physical Activity Referral in Stockport (PARiS) service at Brinnington Park Leisure Centre: (A State for Life report)

Life Leisure manages 8 facilities across Stockport providing the opportunity for local communities to access leisure, recreation, fitness and sports development facilities and programmes, all with a core focus on improving wellbeing. Brinnington is in north-eastern Stockport and falls in the top 1% of most deprived areas in the country. It has a population of 6,800 and one single road leading in and out of the neighbourhood. Life expectancy in Brinnington is 8 years less than the national average. Brinnington Park is one of the 8 Life Leisure centres and is the focus of the present pilot iteration of the social value assessment.

This report focuses on the Physical Activity Referral in Stockport (PARiS) programme. PARiS is a partnership between Life Leisure and Public Health where inactive individuals living with chronic health conditions (e.g. Hypertension, Diabetes Type 2, Joint Pain, COPD, Depression) are referred (by a GP, physio or through self-referral) to work with a coach and access facilities at Brinnington Park to help become more active and improve their health.



What is a QALY?

The Quality-Adjusted Life Year (QALY) is a unit of measurement used by NICE and the NHS to assess the effect of drugs or treatments on health-related quality of life. One QALY represents an additional year of life in perfect health. For example, if a patient receives a treatment that extends their life by 10 years, but the quality of life during those years is only at 0.7 (meaning they experience some impairment in their quality of life), then the intervention would result in 7 QALYs gained (10 years * 0.7 quality of life). QALYs allow for the comparison of different healthcare interventions and their cost-effectiveness by providing a standardised measure of the health benefits gained per pound spent.

What is a WELLBY?

The Wellbeing-Adjusted Life Year (WELLBY) is a standardised unit of measurement for wellbeing impacts. It is based on the standard ONS life satisfaction question - "Overall, how satisfied are you with your life nowadays?" with answers ranging from 0 to 10. One WELLBY is defined as one person moving one point up the scale for one year as a result of a policy or intervention. Recent government guidance accepts that these wellbeing impacts can be included in social cost-benefit analysis when doing policy appraisal or evaluation, and recommends using a valuation rate of £13,000 per WELLBY for this purpose.

QALYs and WELLBYs

Particularly relevant is the fact that the WELLBY can also be linked to the QALY enabling a broad comparison between the value and cost effectiveness of physical activity based

Health-related quality of life

The average health-related quality of life six months into the PARiS programme is considerably higher than at the beginning of the programme. The answers to the EQ-5D questionnaire can be converted into a QALY equivalent of 0.72 six months aer vs. 0.52 at the start. This means there is an average increase of 0.2 QALYs between the two time points. If we assume that the entire increase can be attributed to the programme (which theoretically need not be the case when taking a simple before-aer difference), and if we also assume that the health improvement lasts for 1 year on average, then the corresponding social value per participant is £14,000.

Mental wellbeing

The average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score at the start of the programme is close to 38, whereas six months later it is 49 - a considerable 11-point increase (on a scale of 14 to 70). While 80% of respondents fall into the 'poor' or 'fair' categories at the start, six months later over 90% of respondents score 'good' or better, which demonstrates a considerable improvement in mental wellbeing.

Changes in the proportions falling into each category are used to calculate the social value per person of mental

wellbeing.

Changes in the proportions falling into each category are used to calculate the social value per person of mental health improvements. This amounts to ca. £17,500 per participant. Again, we are making the assumption that the improvements we observe are due to participation in PARiS, of which we cannot be certain.

The values per person obtained by the two approaches are reasonably close to each other, the WEMWBS-based estimate being 25% higher than the QALY-based. According to the reasoning outlined earlier, we expected the WEMWBS-WELLBY value to be higher because wellbeing encompasses other aspects of life besides health. This increases our confidence that these first-order estimates are a reasonably accurate estimate meeting the need of this first order estimate.

Below are the main value estimates corresponding to the two outcomes and valuation approaches mentioned earlier:

Table 1: Measures of value related to PARiS participants

Measure	Value Per Person	PARiS Participants at Brinnington Park	PARiS Participants in Stockport
Number of people affected		100	789
Health-related Quality of Life (QALYs)	£14,000	£1,400,000	£11,046,000
Mental Wellbeing (WEMWBS)	£17,489	£1,789,909	£13,789,889

Social value and cost-effectiveness

The total first order estimate of the benefit per PARiS participant, consisting of wellbeing benefits associated with mental wellbeing improvements, amounts to £17,500 per person. (The alternative estimate based on health-related quality of life amounts to £14,000 per person.)

Scaled up to the 100 PARiS participants in Brinnington Park, this amounts to an annual social benefit of £1.75 million. If we apply this value by extension to all 789 PARiS participants in Stockport in the year 2022/23, then this amounts to a value of almost £14 million of the entire PARiS programme. Using data on the cost to deliver the PARiS programme, we can calculate the

cost to benefit ratio and therefore begin to assess the cost-effectiveness of the programme.

Is this a good result?

The results appear to be very big numbers. And they are. Working with people in need does often produce significantly higher-than-average effect estimates. The general benefit of being physically active is around £2,000 per person per year compared to PARiS's £17,500 per person per year - so this first order estimate suggests PARiS is over 8 times more beneficial than physical activity in the general population.

To provide other points of comparison, in the work in Essex for Sport for Confidence assessing the impact of a physical activity programme for adults with complex long term health conditions, the wellbeing gains per person were £22,230 a year. For London Youth Rowing (a programme that targeted disengaged young people through schools in areas of high deprivation and with high proportions of ethnic minorities) it was £6,000 per person per year.

If we look at other life outcomes to put the value into context, it is more than twice as big as the wellbeing effect of an unemployed person finding a job. This suggests that PARiS is engaging those who are in real need of the intervention and the programme itself is working well to improve their physical and mental health.

Alternative approach: NHS cost-effectiveness per person

There is also an alternative method for assessing policies and programmes named Social Cost-Effectiveness Analysis. Rather than trying to convert wellbeing impacts (WELLBYs) into pounds, this method ranks the policy alternatives in terms of their efficiency of achieving positive wellbeing impacts. The policy with the lowest pound spent per WELLBY generated ratio is deemed optimal (this can also be reported the other way round - the highest WELLBY generated per pound spent).

For example, for large NHS spending programmes designed to improve health and quality of life, the wellbeing cost-effectiveness ratio was estimated in several complex studies to be around £2,500 of spend per WELLBY. This means that if Life Leisure's PARiS programme had a corresponding cost to wellbeing benefit ratio lower than £2,500 per WELLBY, it would be more efficient (cost-effective) in producing personal wellbeing than the NHS. This early data suggests Life Leisure PARiS delivers an impact of at least 1 WELLBY (at £13,000 per person) at a cost of around £200 per person vs the NHS cost of £2,500 for the same outcome. This would make Life Leisure's approach to health 12 times more cost effective than the NHS.

Given that parkrun is estimated at around the same cost effectiveness at 25 times the NHS cost production and Sport for Confidence was approximately 14 times. This data for PARiS is broadly consistent with what we are starting to see as the much greater cost effectiveness of preventative health vs treatment for ill health.

This is not to suggest PARiS and other physical activity programmes and preventative measures are in any way a substitute for the NHS, but that their value as a cost reducing complement to the NHS seems positive and relevant. This focus on preventative health is clearly outlined in the 2019 Green Paper on the future of health prevention.

Limitations, conclusion and the opportunity ahead

These initial findings based on the data already collected by Life Leisure suggest that participation in PARiS has a considerable positive impact for the individuals it engages. There is significant and positive potential in these estimates, but more work has to be done to truly evidence the value with confidence.

This is a first order estimate and therefore an approximation of the social value of the PARiS programme. It only covers two outcomes - health-related quality of life and mental wellbeing - and does not measure general wellbeing (life satisfaction) improvements directly. Furthermore, we are assuming the findings for Brinnington Park are representative for the rest of Stockport, which they may not be.

Perhaps the most important caveat relates to the validity of the findings. A before-after difference does not ensure that the improvements happened because of the programme. They could have occurred naturally or for other reasons that we have simply not accounted for. We do not know much about the counterfactual - namely how our sample of PARiS participants would evolve had they not attended the programme, although before and after data linked to unique individuals produces more reliable results than cross sectional data analysis. Some studies recommend applying a % discount to simple before-after estimates such as this one to account for naturally occurring improvements as we have presented an alternative scenario above. The next phase will seek to address exactly this.

d. Prehab 4 Cancer: Greater Manchester.

Greater Manchester (GM) Health and Social Care system is the first in the UK to deliver a system-wide, multi-modal prehabilitation (prehab) and recovery programme for cancer patients. Prehab4Cancer (P4C) builds upon the already implemented Enhanced Recovery After Surgery (ERAS+)1-3 model and is designed to improve post-operative outcomes for cancer patients across GM. It is offered to patients undergoing colorectal, lung and oesophago-gastric cancer surgery.

In May 2021, P4C were awarded recurrent funding for service delivery agreed by the accountable officers from the ten GM Clinical Commissioning Groups (CCGs), to commence from October 2021. NHS South, Central and West Commissioning Support Unit (SCW) were commissioned to undertake an independent evaluation to provide information to confirm and underpin this funding decision. The evaluation aim was to establish the impact P4C had on patient outcomes, as well as

pathway and service efficiencies.

The SCW evaluation team combined existing Secondary Usage Services (SUS) data from prehab and legacy/ comparison cohorts to establish the impact of the P4C programme. This resulted in the creation of a bespoke dashboard that can be used by P4C and other similar prehab programmes for future service improvement.

The evaluation shows that P4C is benefitting patients, providers, and systems:

- Patients are optimised prior to surgery and have long-lasting health benefits following post-operative rehabilitation. This reduces demands on healthcare services throughout the cancer pathway.

- Quality of life and physical activity improvements indicate long-term behaviour change and health improvement, with patients taking control of their care.

- Improvements are seen in both ward and critical care bed day usage resulting in improved elective care capacity and effective use of resources. Additional positive impacts on 30 and 90-day readmission and emergency department admissions have been observed.

- Efficiency improvements to pathways are visible which support delivery of elective care and cancer recovery plans, and achievement of cancer performance standards.

- Evidence that supports improved survival in patients who complete prehab.

The colorectal patients who completed prehab were the largest cohort. Headline results include:

- 1.5-day reduction in hospital length of stay per prehab patient

- 0.4-day reduction in critical care length of stay per prehab patient

- 550 ward bed days ‘released’

- 146 critical care bed days ‘released’

- Bed days ‘released’ from 1000 colorectal prehab patients enable 179 additional patients to access timely surgical pathways.

- Bed days 'released’ per prehab patient cover the costs involved in setting up and delivering P4C for a year and this is sustainable on a recurrent basis.

Other significant findings include a two-day reduction in length of stay for colorectal cancer patients over 70 years of age. This cohort also have fewer emergency readmissions and emergency department attendances.

Taking a value-based healthcare approach, the P4C programme provides better patient outcomes and efficient use of resources. In the current post- COVID-19 recovery period efficiencies generated assist systems to recover and address elective care backlogs. Reducing demand for critical care beds is essential if elective care recovery plans are to be achieved alongside managing ongoing COVID-19

demands.

The evaluation evidence can be utilised by commissioners making decisions about the recurrent funding for P4C. This report has relevance to GM and other emerging ICSs who are developing or considering the introduction of prehab to rehab programmes.

P4C now offer a blended model of face-to-face and virtual interventions following the COVID-19 pandemic offering more choice to patients and increasing programme adherence. Understanding local health inequalities and collecting more detailed participant demographic information would ensure equity of access to the P4C programme across GM. It would also support expansion of the programme to wider patient cohorts, realising more patient and pathway benefits.

The P4C programme has shown benefits for certain cancer surgery cohorts. It is likely that more patients could benefit from similar prehab to rehab programmes. This includes other cancer and non-cancer pathways. Recommendations for further improvements include targeting a wider roll-out across non-cancer surgery and other cancer treatments. The SCW developed dashboard can be used to enhance the evidence base and enable capacity benefits to be maximised and patient outcomes improved for larger populations. Learning from COVID-19 should be utilised to develop virtual, face to face and blended offer, whilst ensuring equity of access.

Further Information

Prehab4Cancer
Prehab4Cancer Evaluation

e. Integrated Health and Leisure Pathways: West Suffolk and Babergh Districts (West Suffolk Alliance)

In 2021, a partnership between the NHS and local District Councils commissioned local leisure provider Abbeycroft ('ACL') to offer 24 week tailored physical activity programs as part of respiratory and frailty patient pathways. The aim of these pathways was for multiple stakeholders in West Suffolk and Babergh to work in partnership to embed physical activity into patient pathways enabling patients to continue to receive support to remain active once they no longer need to remain under the active care of the NHS. This built on previous

partnership working on the Antenatal pathway which has had excellent results over several years and built very positive working relationships. The objectives were:

- To build capacity in the system; transforming ways of working in an integrated workforce
- To build prevention and rehabilitation into health pathways
- To provide effective activity and support opportunities to those on the Community/INT patient lists
- To mainstream effective and sustainable interventions and activities that are fun, sociable, effective and available.

An independent evaluation of activity and outcome data for all 1670 individuals referred between January – December 2023 has now been completed and will shortly be published ahead of determining future commissioning decisions.

Referrals

- ACL accepted 1670 referrals between January – December 2023 across the three, 24 week patient pathways commissioned (frailty strength and balance, respiratory breathe better and orthopaedics exercise on referral)
- Most referrals come from Integrated Neighbourhood Teams, Allied Health Professionals Suffolk, (35.8%) and primary care (34.3%). 14.8% of referrals come from the hospital and the remaining 14% from Active Suffolk, social prescribers, Community Health Teams and a range of other health professional referrals.

Activity: Abbeycroft Data shows:

- Total attendances at all locations for Breathe better (BB) classes increased by 65% between January and December 2023 (33 to 95).
- Average total monthly attendance for Breathe Better across all sites was 119 attendances.
- Total attendances at all locations for Strength and Balance (S&B) classes increased by 67% between January and December 2023 (81 to 245).
- Average total monthly attendance for Strength and Balance across all sites was 235 attendances.
- Unique attendances were highest in Bury St Edmunds, (72 individuals) and lowest in Hadleigh (15 individuals).

Retention & participant characteristics

- At 24 weeks, the majority of referred individuals were still participating (56%). 24% had completed the programme and 15% had left early.
- Almost 2/3 of referrals were for women versus 1/3 for men. However, there is no significant difference across genders in the proportion of people who are engaged versus not engaged.
- The number of referrals increase with increasing age until 70s. Over

75s represent 17.8% of those referred. The proportion of all thosereferred who are not engaged is less than 20% for all ages except those aged 16 – 20 where it is 31%. However, the numbers in this group are small.

- Although ethnicity & disability are categories on the referral form, data completion is very poor with over 99% coded as “unknown”. Likewise recording of caring status or dementia diagnosis is not available.

- The proportion of referrals across deprivation quintiles mirrors the size of the population in each quint and is unchanged since the previous evaluation. Engagement status does not seem to differ significantly between quintiles 2 – 5 and is difficult to interpret for the most deprived due to very small numbers of referrals in this group.

Outcomes

- On International Physical Activity Questionnaire (IPAQ)- 55% of participants had seen an increase in the level of physical activity at 24 weeks. There was a significant reduction in the number of people with a low score (61% decrease) and a 66% increase in those with a high score i.e. becoming more active.

- 75% of participants increased their number of metabolically active minutes per week. The average increase was 175% from 955 to 2632 metabolically active minutes per week.

- 62.1% of participants had reduced the amount of time they spent sitting per week. The average number of minutes spent sitting decreased from 436 to 300, a 31.2% decrease.

- Of 40 at patients on the strength and balance pathway with shortfalls efficacy scale assessment at 24 weeks, 87.5% had lowered their score. The average score decreased from 14.6 to 10.4, a 28.8% decrease. I.e. participants reported fewer concerns about falling.

- Of the 40 participants with data available at 24 weeks, 87.5% saw a reduction in their time to get up and go test. The average time to get up and go decreased from 13.55 to 9.53 seconds, 29% decrease. This also takes the average time from high risk for falls into a lower risk category.

- 68.9% improved their Short Warwick-Edinburgh Mental Wellbeing Scale well-being score. The average improvement was from a baseline of 25 to a score of 30 at 24 weeks (20% increase).

- The proportion of individuals with the data available at all three time points attending their GP less than once a year increased whilst those attending at least once a month decreased. This may suggest an association between programme engagement & reduced use of healthcare.

- Long-term follow-up data i.e. at 36 and 52 week is still to be collected.

- 256 participants had completed a 24 week pathway by the time of analysis. Compared to baseline, they demonstrated statistically significant ($p<0.05$) self-reported improvements on the Short Warwick Edinburgh Mental Well-being Scale (median 25 to 27) amongst 68.9% of participants; and on the self-reported International Physical Activity Questionnaire 62.1% reduced time spent sitting (average 436 to 300 minutes/ week), 75% increased metabolically active minutes (average 955 to 2632 minutes/week) and the proportion of participants with a low (inactive) score decreased by 61%.

- Of 40 frailty patients, 87.5% lowered their self-reported Short Falls Efficacy Scale Score (14.6 to 10.4) and observed Timed Get up and Go (13.55 to 9.53 seconds), indicative of moving from a higher risk to lower falls risk ($p<0.05$).

- 24 week retention exceeded 80% for all ages except 16 – 20 years. 17.8% of participants were >75 years.

Ongoing relationships

The pathways have been largely funded by the local Foundation Trust from existing preventative frailty budgets, rather than any new money, in a partnership with the District Council. The cost per person of a referred user of the integrated pathway at £83.88 per person is significantly less than the costs of a fall (with and without hospital admission) and the costs of a hip fracture to the NHS. The savings are therefore significant and the improvement in health is also statistically valid.

Both pathways have been recommissioned and new tailored pathways for Parkinson's disease, COPD and cancer are planned. This partnership working is a sustainable, integrated way to embed prevention in the community but needs time to build relationships and streamline data sharing. Acute hospital referral pathways to leisure providers significantly improve patient well-being, physical activity and falls risk; and are affordable, adaptable across conditions and show high retention.

This work is now in its third year and the collaboration has led to more Health and wellbeing interventions that build on the wider system approach. The partnership has evolved to deliver the Healthy Behaviours contract in Suffolk, with the Districts and Abbeycroft providing the smoking cessation, adult weight management and physical activity interventions needed to improve health outcomes. Specifically in West Suffolk Alliance area (West Suffolk Council and Babergh District Council areas) , the Exercise on Referral pathway delivered and evaluated has now moved to be an integral part of the Healthy Lifestyles Contract, funded from existing funding through Public Health, freeing up existing NHS funding to develop and deliver a new set of pathways based on local need. The pathways are now also starting to support elective care waiting lists for orthopaedic patients, which has been identified as a priority in our area.

f. Creating an Active Wellbeing Service by removing barriers and meeting wellbeing needs for those in the most deprived areas of Birmingham: The Active Wellbeing Society.

Background and context

In 2002 Birmingham City Council devolved the management of their leisure assets in the city to 10 local constituencies as part of it's devolution programme. For a sense of scale, at the point of devolution there were over 40 leisure centres, 14 of which were wet sites. Some were community leisure sites and there were also a small number of dual use sites run with comprehensive schools for school and community use. Devolution gave councillors in each constituency local flexibilities to run their own leisure provision albeit within overall agreed parameters with some central back office service provision around procurement and maintenance.

A health funded pilot

In 2008 councillors in the Ladywood constituency comprising 128,000 citizens across ten wards, had the delegated authority to approve a free pilot initiative that sought to remove cost as a barrier to take up of leisure provision. The Heart of Birmingham Primary Care Trust at the time wanted to explore cost as a barrier to the take up of gym and physical activity in leisure centres in the poorest parts of the city. The initial offer was for the 128,000 people in the constituency to become eligible for free gym, swimming sessions, and fitness classes in any of the constituency leisure provision which at the time was two pools and seven leisure sites. Citizens needed to sign up for the pilot, at that time called Gym for Free and as long as they went at least four times a month they were able to go for free and as many times as they wanted to.

The control group were the 98 people within the constituency that were currently paying for the leisure pass that gave them this same opportunity at a cost of £24 per month. The scheme was launched with a letter detailing the offer to every household in the constituency signed jointly by the Primary Care Trust and the Council. Within three months of the scheme starting there were over 7000 registered participants. Underused leisure centres were suddenly experiencing record attendances from

local residents that had never used them before. The scheme won a plethora of awards, including the Guardian Public Sector Award, the MJ Healthy Inequalities Award, and the MJ secretary of state award for overall public service.

A city wide offer

Within 18 months the two other PCTs had joined forces with the council and the scheme was launched city wide. It was rebranded as Be Active and although the terms and conditions changed over time due to a decline in area based funding it was still able to reflect the Marmot principles of Proportionate Universalism. While the offer was universally available across the city for everyone to be active for free it was designed so that there were more free hours in the sites in the more deprived communities and less in those sites based in the less deprived but more active communities. At it's peak the scheme had over 350,000 citizens signed up and in any twelve month period would see over 100,000 of them regularly attending the inclusive offers. Usage and demographic data demonstrated an over representation from the 20% most deprived households in the country and an overrepresentation of women both of which were completely against trend for the city and the national picture.

Expansion and growth

Be Active was now running in co-production with the local communities and soon started to expand. Almost from the outset it developed an outdoor offer for those that would not be interested or motivated by an offer solely focused on indoor leisure. The Active Parks programme, run in conjunction with Birmingham Open Spaces Forum, the overarching body for the Friends of Parks Groups, promoted the 'leisure centre without walls' offer in the parks and open spaces. Eventually it received funding from Coca Cola GB and became part of the Park Lives national programme. Between the Be Active scheme and the Active Parks programmes, hundreds of thousands of people, most of whom were the 'unusual suspects' in terms of regular physical activity became active in Birmingham. Statistics for both schemes demonstrated an over representation of those from communities in most need, those from black and global majority backgrounds, and women. There were also offers within these interventions for young people, people with physical disabilities, and more latterly, those with mental health problems and difficulties.

Social impact bonds have been explored as a form of funding, and while the cashable returns on these interventions could not be released in enough time for social investors to want to invest, as was the case with a significant number of potential SIBs, the cost benefit analysis of the Be Active scheme demonstrated a return to the system of £23.01 for every £1 of investment. These savings were largely in the reduction of life course preventable diseases, reduction in clinician time, and improved productivity and days lost to sickness in the workplace. Despite these significant financial benefits, it has been a huge challenge to maintain the funding for the offer at this scale.

During this time the language used changed from talking about sport to exclusively talking about physical activity and movement. The management of Leisure and Sport Development has been brought closer together, the community development skills of the workforce have increased, and increasingly the work is seen through a community cohesion and wellbeing lens.

The focus has remained on the communities in most need, those least likely to be active and those where there is the potential for the biggest health gains and those going from nothing to something. Research has created the evidence of what prevented the target demographic from being active and early findings identified four key elements:

- Cost of the activity itself
- Cost and access to kit and equipment
- Accessibility and barriers to places to be active e.g. there were people living places in the city with signs that said, 'no ball games' or 'cyclists please dismount'. The environment was doing little to engender active behaviours.
- Social distance e.g. people from the priority groups need to see the groups run and populated by people like them in order to feel comfortable and able to engage in the activities.

Birmingham bikes

In 2014 an initiative around cycling was launched based on the experience of identifying and then trying to tackle these barriers to physical activity. It started by lending people bikes to try and promote modal shift and increased cycling levels, but at the end of the loan period, when people gave the bike back, they were in the same financial situation and still unable to afford purchasing a bike.

Funding was secured from the Department for Transport to run a pilot to give away 5000 free bikes. The proposition was that someone would be loaned a bike for 6 months. The bike had a tracker on it, and if people used it at least once a week, at the end of the 6 months they could keep the bikes. Learn to ride courses were offered and cycle maintenance and there was also adapted bikes for those with additional physical needs.

To date over 9000 bikes have been given away in Birmingham and the scheme has been extended into Essex and Southall, with a further 3000 bikes being given away currently.

The Big Birmingham Bikes scheme has won the Ashton Award for Clean Air Improvement for Towns and Cities, as well as a number of other awards for its partnership work and system change potential. In conjunction with Sport England and Active Travel England the evidence is being collated in order to make the case for expanding and scaling up the initiative at an national level.

Learning and further development

In 2017 the Birmingham City Council's Wellbeing Service was transferred to the Active Wellbeing Society a public service mutual registered with and regulated by the Financial Conduct Authority. The service has moved from being a traditional Sport and Leisure service to a community development approach geared to co-producing active wellbeing environments with citizens where they live, removing as many of the barriers to their engagement as possible, and working with them to create more resilient and active communities for them to live within. As a Sport England local delivery pilot, tangible connections have been demonstrated between creating active citizenship, building active environments and increasing levels of physical activity, each driving and supporting the other by changing how the system works and making it work better for those in greatest need in Birmingham.

From the learning it is possible to identify the key elements of an active wellbeing service.

- Adopting the 5 ways to wellbeing as the overarching framework through which interventions are delivered
- Health prevention should be running through the programme by stealth. Leading with health or sport outcomes does not drive behaviour change in those in the most need. Starting with human need and meeting that while introducing healthy behaviours though connection and pragmatism works well.
- Attention needs to be paid to the wider determinants of health – people cant be active on an empty stomach.
- Marmot and the principle of proportionate universalism is doable and must run through the way the services are designed and delivered with communities.
- Active citizenship and the correlation with increased physical activity is real and measurable. Humans more so than ever are seeking connection and want excuses to come together in a free environment that is supported and scaffolded by those that they trust.
- Working in these ways increases Community Cohesion and builds trust.
- Part of the role of an Acting Wellbeing Service must be one of 'Reweaving Resilience' in a place or generational and transformational change will not happen
- The development of an active wellbeing service must happen within the context of system change.
- Working in this way with those in

the most need will develop new pathways to employment, benefiting those in the most need as well as society. As people move from inactivity and dependence to social and physical activity and connection, they become more confident, job ready, and able to imagine contributing in some way to the wider socio-economic climate. While not everyone will be able to be completely job ready, connecting to a wider purpose and benefit within the community was a deeply held aspiration of those we have worked with over again.

- Funding can come from numerous sources through collaboration; health and care, civic renewal, regeneration, levelling up, workforce readiness, environmental levies and many others.

g. Live Active & Active Everybody Can: Tameside

Live Active- Strive to Survive & Thrive Active Tameside's outcome services offer a range of early intervention, health and well-being initiatives and incentives to encourage physical & social activity as a holistic approach to tackling inactivity and health inequalities in Tameside through the life-course of all individuals. Interventions are aligned where possible with other council and GM Moving priorities to capture joint investment opportunities and external leverage of grants. Active Tameside are recognised as significant contributors to Public Service Reform (PSR) and specifically investing resource to design and deliver interventions to reduce demand and costs to the system with regards to health, social care, and children's services.

Active Tameside's contractual relationship with the council has facilitated the "pivot' from being traditional leisure providers to being recognised industry leaders of Health, Social and wellbeing outcomes. Services include exercise referral pathways, support to clients with on-going health conditions and medical problems, prevention services, targeted health outcomes, neighbourhood activity spaces, greenspaces and community activity, the Give Well volunteer programme and support to existing NHS services and nonclinical interventions.

The services have seen a wide variety of outcomes including:

- Reduced inactivity levels
- Increases in sustained behaviour change toward active healthy lifestyles
- Increased healthy life expectancy and reduced health inequalities
- Increases in people attending specialist provisions
- Increases in people in education, training, employment and / or volunteering and increases in young people gaining skills and qualifications
- Implementation of a poverty strategy including Fuel4Fun and Community family Hubs (Warm Hubs)
- Increases in social enterprise and neighbourhood opportunities
- Increases in local community volunteers to sustain sport and physical activity clubs
- Decreases in relative incidences of falls and fractures in older people and improved resilience and independence among older people
- Increases in neighbourhood socialisation, community resilience and cohesion
- Reduction in the relative number of people requiring support from health and social care
- Reduced pressure on non-clinical interventions, reduced use of

of medication and reduced demand and cost to neighbourhood services and the health and social care system.

Without Live Active the impact for clients with health conditions would be detrimental. For example, Tameside residents have a higher risk of cardiovascular disease (CVD) in comparison to the rest of the UK. 16% of Live Active clients fall into the 5 or more CVD risk factors cohort and by supporting changes to lifestyle including smoking cessation, physical activity, reduction in blood pressure and reduction in BMI, the potential need for clinical intervention is reduced. For every one person who does not need clinical intervention this could save the NHS on average £4,300 just for initial treatment, not including ongoing medication or clinical support. There are also similar impacts for clients presenting with other long-term health conditions such as diabetes through to independent pain management.

Working with GM Active the next steps are to develop ways of defining and helping clients that could be at risk of falls and to work with local Primary Care Networks to develop a proactive way of reducing cardiovascular risk factors within Tameside, with the purpose of both enhancing their ability to live longer and healthier lives and reducing the burden on the NHS.

Active Everybody Can

Active Everybody Can is an award-winning inclusion and disability service, providing everybody, no matter their need or ability, the opportunity to develop, thrive and achieve. It seeks to develop opportunity to develop, thrive and achieve. It seeks to develop individuals holistically, ensuring barriers are removed for everybody to belong, enjoy, engage and grow in their community, helping them to live their best life. Aspiration and hope are encouraged through learning and moving with confidence from childhood to adulthood.

Everybody Can has established an intrinsic, golden thread that supports people with additional needs and/or a disability from the age of 3 throughout the life course. The services encompass all walks of life including social care, community interaction, education and employment.

As part of Active Tameside's Special Educational Needs and Disability (SEND) support pathway it helps ensure that those people with additional needs and/or disability have a person-centred approach that is high quality and meets the needs of individuals and families. 14.2% of Tameside pupils have SEND and 5,482 pupils are supported in a variety of

ways so the delivery of good and outstanding health, wellbeing and social care provisions to every young person and adult is a key priority. Future life chances of those who are currently children will be determined by their educational, social and economic outcome and improved attainment and experiences are therefore fundamental in reducing inequality.

Active Tameside's focus is not just upon the formal statutory responsibilities, but upon providing effective strategic leadership to ensure that all young people develop a holistic overview that prepares them for adulthood and the continuation of their personal journey to live, work and age well. The aims are to:

- Work in a spirit of co-production and partnership with young people and parents, involving them in all key decisions along every part of their journey

- Have the highest expectations for people with SEND, ensuring that they are fully included in all their own provisions and personal pathways

- Ensure a rigorous focus on the preparation for adulthood outcomes and life after school

- Ensure that resources are fairly and consistently allocated according to needs

In August 2022 Active Tameside received funding from the Integrated Care Board for the creation of a SEND Participation Officer to support children with SEND to have their voice heard and to promote the idea of coproduction with children in designing, developing and delivering services at a strategic level. By developing and implementing a bespoke local offer for families with children and young people with SEND they could be helped to achieve their potential and reduce the need for intense social care support. The creation of the role has created the opportunity to develop innovative and accessible sessions for people with SEND by ensuring people are aware of the different participation and engagement opportunities within Tameside.

Holiday Respite Camps

Holiday Respite Camps for children and young people 5 – 18 years are for any individual with additional needs who cannot access local holiday camps without a higher level of support. They are OFSTED registered and provide opportunities for disabled children to spend time away from their families during the school holidays, developing new friendships, taking part in new experiences and having fun participating in positive activities. The camps provide activities for all children with disabilities, ranging from sports and dance to cooking and cycling.

They provide young people with a specific structure and a person-centred approach to:

- Increase skills
- Improve aspirations, self-esteem, and resilience
- Improve health and wellbeing
- Develop resilience
- Create empowerment

- Reduce social isolation
- Develop aspirations and positive outcomes
- Create independence

Disability Community Respite

Disability Community Respite provision provides inclusive sessions for any individual with additional needs from 5 years and throughout their life course. Everybody is offered a variety of weekly community sessions throughout the year including dance, cycling, multi-sports, art and crafts and cooking at several locations across Tameside. Activities run 50 weeks a year and last for up to two hours. The aim is to ensure that families with disabled children, young people and adults have the support they need to engage in community-based activities. The demonstrate a similar range of benefits and provide volunteering opportunities and help reintroduce them back into education

Outreach Targeted Support

Outreach Targeted Support provides any individual with additional needs who cannot attend the local offer a higher level of support from 5 years of age. The service supports some of the most complex and challenging children and young people within Tameside.

Often the children and young people need this provision to prevent the family unit from hitting crisis point, being at risk at the edge of care and/or unable to integrate within their local community and socialise with peers. A service commissioned by the Integrated Services for Children with with Additional Needs and Adult Services it aims to develop people holistically integrating them into community provision and interacting and socialising with peers. The provision not only enables families most in need to get respite it also allows these children to stay within the borough.

Alternative Provision

Alternative Provision is designed to support Tameside Schools, targeting those students who have low attendance, low aspirations, display disruptive behaviours or simply find it difficult to follow the school timetable for whatever reason, leading to no schooling. Allowing the school to incentivise young people's weeks, offering an enhancement to their core curriculum offer, exploring alternative ways of learning, with the fundamental aim of reintegration them back into the traditional education setting.

The provision develops people holistically to improve their social skills, health and wellbeing and develop important life-skills by providing different experiences in a variety of alternative sessions, through adventurous and experiential learning, providing the structure and constancy needed to form the platform they need to grow and achieve their potential. The provision works closely to support social care and families to combat several different issues across the wider community, to prepare for adulthood and create a positive pathway to their future endeavours. A unique program of activities is delivered in a tailored way to meet the

specific needs of individuals and groups, whilst gaining a variety of educational qualifications.

Supplementary to this the cohort is encouraged to give back to their community by running their own projects ranging from building and maintenance work, upkeeping of green spaces and helping the homeless. This grants a sense of accomplishment and pride. Developing self-esteem whilst establishing integration into, and community cohesion.

Virtual School

Virtual School Alternative Education is for cared-for-children at Key Stages 2 – 4. This provision is designed to support cared-for young people, engaging them in an educational offer whilst helping to combat different ongoing issues across the wider community. The Alternative program offers a bespoke range of activities which can be tailored to the individual or group as well as gaining an educational qualification. Its aim is to increase attendance and attainment levels in the first instance, then to reintegrate the young people back into education/school environment and strengthen their opportunities within the educational setting, giving them clear pathways moving forward into adult life. In addition to some of the impacts seen in other programmes it has also reduced number of first-time entrants to the youth justice system and increased the number of young people in education, training, employment and/or volunteering.

Supported Internship

Supported Internship support young people who are in respite and are between the ages of 16-25 years. The supported internships program is an employment-based course giving students with additional needs the opportunity to develop employability skills within a real life working environment. The students work within a team and are supported by staff to reach their potential in any given job role. It is run in partnership with a host employer such as Active Tameside, Tameside Metropolitan Borough Council, Tameside Hospital, Tameside College, Jigsaw and external local businesses and Tameside College who provide the onsite employability qualification supported by the employability coaches who mentor and develop the young people within the working environment. The main outcomes for the Supported Internship are paid employment or voluntary work.

Adult Day Services

Adult Day Services are for those 18 years and above with a disability or additional needs and seeks to reduce dependency on front line services. It offers adults with additional needs a 'home' away from home with the opportunity to meet friends, have new experiences and learn skills all with the support they need to grow and achieve their potential. It aims to create a pathway to independence whilst at the same time being able to provide a person-centred approach regardless of their interests or abilities with a range of activities on offer. It supports exposure to various activities and life skills for adults with a disability with great emphasis on developing people holistically, supporting individuals in being as independent as possible and encouraging and teaching them a variety of skills.

Further Information

Everybody Can
Annual Report

Everybody Can
Adult Provision Video

Everybody Can
Supported Internship Video

h. Beat the Streets: Barnsley and Sheffield

Beat the Street Barnsley set out to increase physical activity levels across the population, encourage healthier lifestyles and address health inequalities. The programme also intended to promote active travel and improve mental wellbeing amongst participants.

Engagement with schools during the game was positive, with an average of 60% of school pupils taking part. The relationships built up with schools and the insights gained from the game phase will support the work of the Active Schools Group going forward to ensure physical activity is being embedded in primary schools across Barnsley.

In Barnsley 22,661 people (9.5% of the population) took part in Beat the Street Barnsley, travelling 161,044 miles overs the six-week game phase between 10 June and 22 July 2021. Of those who took part, 20% of adults and 16% of children were inactive at the start of the game. The data collected during registration for the game, showed that the game was successful in reaching people living in the most deprived areas of the town, and people who were inactive.

The post-game data found that a large proportion of those inactive participants became active after the game ended (63% of adults and 70% of children). Most of these participants increased their activity levels throughout the game phase. Behaviour change was even greater for participants living in areas of high deprivation.

The game ended just as the summer holidays started for schools. One of the main aims of the programme was to ensure that families continued to be active over the summer holidays by accessing local facilities and parks. Working with the Councils communications team, they redeveloped the 2019 summer challenge, and Go Discover trails to challenge people to stay active after the game finished. There were around 55 engagements on Facebook posts promoting the trails.

Since the game ended, local partners have been continuing to work with the schools and the groups involved in the game to ensure those people remain active. Relationships built up with schools during the programme have help enable promotion of other initiatives such as 'Hit the Ground Running'. A monthly newsletter and regular social media posts have also been going out to participants giving them information on opportunities and ways to continue to be active and look after their mental health and wellbeing.

In September, when the schools were back in, the team at Totally Runable set about arranging prize giving assemblies and presentations in the winning schools. In total, they delivered 20 assemblies, collecting pupils' stories and feedback as they went. This continued positive relationship has supported the work of the Active Schools Group.
12 trophies.

Six months on, 257 people responded to a follow up survey answering the same set of questions. The results of this survey show that a large proportion of people had continued to be active, and travel actively.

- 50% of adults who were inactive at the start, were meeting CMO guidelines when surveyed six months later. In the 2019 programme, this figure was 78%.

- 60% of children were lifted out of inactivity.

- 85% of players felt they had continued to be active following Beat the Street.

- 59% of players felt they had continued to walk, cycle or wheel for travel since Beat the Street.

Beat the street Sheffield also set out to increase physical activity levels in both adults and children, with a particular focus on addressing health inequalities. It was the largest ever programme which saw over 60,000 people, over 11% of the population of the city, travel 452,870 miles over six weeks. The data gathered from the game phase showed that they were successful in reaching people living in the most deprived areas of Sheffield.

- 37% were living in the top 20% most deprived areas, 72% were female (16+) and 37% were from Black, Asian and other culturally diverse backgrounds.

- Analysis of matched data after the game phase showed that 67% of inactive children and 70% of inactive adults became active after the six weeks. People also reported higher levels of life satisfaction and lower levels of anxiety.

Twelve months on, new insight from participants shows people have continued to be active where they live, work and play through small changes that make a big difference. The sustainability of Beat the Street is in the behaviour change that people make through participating and through new and stronger partner links across an area.

1,357 people responded to the twelve-month survey, providing us with data on 436 matched adult pairs and 88 matched child pairs. The post-game data showed that 70% of inactive adults and 67% of less active children had increased their activity levels. Analysis of the matched data shows that 86% of participants who were inactive at the start had continued to be active. Furthermore, 74% of adults and 89% of children were lifted out of inactivity.

This is further supported by the qualitative data which shows how people have found ways to maintain the change they made during the

programme. The programme has also encouraged people to use active modes of travel to get to school and work, with 50% of players reporting that they had walked, cycled or wheeled more for travel as a result of Beat the Street. These findings have been reported alongside qualitative feedback and responses from participants which show that the programme has had a positive and long lasting impact on many of our participants. This new sense of agency allows people to be able to choose how they stay active.

i. A Whole System Approach to Physical Activity: Oxfordshire

Oxfordshire is a county of stark differences. A child born in Blackbird Leys, East Oxford is projected to live 13 years less than a child born in the most affluent parts of the county and people living in Banbury Ruscote are 63% more likely than national average to die under the age of 75 from an illness considered preventable.

There is a two-tier local authority system of a County Council and 5 District or City Councils, with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) responsible for developing a plan to meet the health needs of the population.

System leaders including Chief Executives of local authorities and Public Health invited a proposal to be created that took a Whole System Approach (WSA) to tackling health inequality and preventing ill health through physical activity.

Active Oxfordshire collated a proposal in collaboration with South Oxfordshire District Council, Vale of the White Horse District Council, West Oxfordshire District Council, Cherwell

District Council, Oxford City Council, Oxfordshire County Council Public Health and voluntary sector organisations including Home-Start.

This has been jointly commissioned and funded by the Integrated Care Board, Oxfordshire County Council Public Health and District & City Councils to the value of £1.3million in 2024/2025 alone. It should be noted that there are many facets of a WSA and accompanying this investment is significant in-kind contributions from all partners that are taken as business as usual e.g. Leisure services, school sport and PE, Opening School Facilities funding, Sport England System Partner funding for the Active Partnership, capacity building & support to the club sport sector.

This investment encompasses:

- Commissioning of Community Outreach Active Travel in priority areas of Oxfordshire
- Expansion of the MoveTogether pathway to include Maternity
- Expansion of the YouMove programme to include Early Years
- Deployment of a Physical Activity Clinical Champion (PACC) to upskill and support knowledge transfer among Healthcare Professionals.

In total, the plan is to reach 16,000 residents facing the greatest health inequalities through this investment, as well as increasing the knowledge of 500 Healthcare Professionals.

The target audiences include Children eligible for free school meals and their families, children and families being supported by early help services, early years children and their families, refugees, asylum seekers, adults with long term health conditions, adults with severe mental illness and pregnant women.

The proposal was built collaboratively with partners, and whilst Active Oxfordshire coordinated the proposal and will coordinate its delivery, this has been a truly collaborative venture throughout. It takes an approach based on Marmots concept of proportionate universalism, with investment and energy allocated directly proportionate to where inequalities are most stark in Oxfordshire.

Whilst the activity programmes such as YouMove and MoveTogether take a unified approach, there is significant local nuance in the delivery models. Each component is evaluated, and data can be viewed in real time to enable live changes to be made to the delivery.

j. Revaluing Parks and Green Spaces : Measuring their economic and wellbeing value to individuals.

The provision of publicly accessible parks and green spaces is a policy issue at multiple levels of central and local government, devolved national administrations and local authorities.

Parks and green spaces are typically free at the point of access and this access is usually unregulated; spaces where people can move, breathe, play and run. However, these fundamental benefits historically made it difficult to quantify their impact in monetary terms, a crucial element of making a compelling business case to local authorities to support the ongoing funding and existence of parks and green spaces.

To further the case for revaluing parks and green spaces in terms of the contributions they deliver across diverse policy agendas including tackling obesity, mental health, wellbeing and loneliness, Fields in Trust commissioned Jump X Simetrica to perform new analysis and collect primary data specific to park and green space users in the UK.

This research was conducted in line with HM Treasury best practice for valuing non-market goods, using two valuation methodologies: Contingent Valuation (stated preference to elicit an individual's Willingness to Pay) and Wellbeing Valuation (subjective wellbeing assigning equivalent monetary values to life satisfaction survey responses); and additional analysis to quantify partial health cost savings to the Exchequer. We have captured the value of the maintenance and continued existence of publicly accessible parks and green spaces, as well as the health and wellbeing value associated with frequent park use.

The Total Economic Value of Parks And Green Spaces

Our primary survey (using a UK-wide representative sample of over 4,000 UK adult residents) elicited HM Treasury consistent stated preference valuation results using a hypothetical scenario of a change in the current provision of parks and green spaces. The survey was detailed enough to enable us to differentiate average Willingness to Pay values between various socio-demographic groups.

Using this methodology, we were able to establish, in economic terms, a value for parks and green spaces that captures the benefits from direct use of a park or green space to the individual and the non-use benefits (gained from the existence and preservation of parks and green spaces regardless of use).

Although people who visit their park less often than once a month still value the existence of parks and green spaces, frequent park users state significantly higher Willingness to Pay values for parks and green spaces (67% higher than non-frequent users and non-users).

Further analysis of the data also revealed significant differences in values depending upon a variety of factors including geographical location, size of park, income and

ethnicity. When welfare weighting for income is applied the average Willingness to Pay for parks and green spaces increases significantly for Black, Asian, Minority Ethnic (BAME) and lower socio-economic groups. While considered best practice by HM Treasury Green Book, this study is the first to apply welfare weighting methodology to public parks and green spaces in the UK.

- The Willingness to Pay value of parks and green spaces more than doubles for lower socio-economic groups when welfare weighted, increasing from £2.00 to £4.32 per month.

- The Willingness to Pay value of parks and green spaces to BAME communities also increases significantly when welfare weighted from £3.05 to £5.84 per month.

- Urban residents value parks and green spaces higher than the UK average Willingness to Pay value at £2.89 per month, and this value increases after welfare weighting to £3.93.

- The Wellbeing Value of Parks And Green Spaces.

Wellbeing Value is based on measurements of life satisfaction including physical and mental health benefits that stem from park usage. Using the same UK representative sample, we found that both wellbeing and self-reported general health are significantly higher for frequent park and green space users compared to non-users.

An individual would need to be compensated by £974 a year to replace the life satisfaction they would have gained from using their local park or green space (more than once per month).

£974 is equivalent to approximately 9 days' pay for the average UK earner (£27,600).

Aggregated across the UK an estimated £34.2 billion worth of wellbeing benefits per year are delivered by frequent use of parks and green spaces.

Exchequer Cost Savings from Parks And Green Spaces.

Finally, we present partial cost savings to the NHS through reduced GP visits associated with frequent use of local parks and green spaces.

Parks and green spaces are estimated to save the NHS around £111 million per year based solely on a reduction in GP visits (in other words, we do not account for additional savings to the NHS associated with reductions in prescribing or referrals).

We know that if more people use parks and green spaces on a regular basis this would improve their health and wellbeing and subsequently increase the level of savings to the Exchequer.

Further Information

Fields Intrust
Revaluing Parks and Green Spaces