

## CRADLE TO THE GRAVE EVIDENCE BASE FOR PHYSICAL ACTIVITY AND SPORT



**ADULTS**

**Photo Credits**

**Photo 1: Community Games Shine a Light Event. Black Country BeActive Partnership**

**Photo 2: School Games 2012. Black Country BeActive Partnership**

**Photo 3: Sport England**

**Photo 4: Health Walk. Supplied by Age UK**

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 Black Country BeActive

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## **Message from the Black Country BeActive Partnership**

I am delighted to introduce the Black Country Cradle to the Grave Evidence base. This is one of four documents which provide compelling evidence on the value and impact of physical activity and sport for each stage of the life course Early Years, Children and Young People, Adults Older Adults. These have been produced in response of need from those working in the physical activity and sport sector to provide stronger promotion and evidence on what sport and physical activity can achieve, as well as enabling those who grant aid or commission services to understand the value and impact physical activity and sport can make.

Its production is timely given the recent launch of Public Health England "Everybody Active, Everyday" and the increasing hard choices having to be made on budgets and investment decisions.

For the purpose of this document, we are using the World Health Organisation definition of physical activity as "any bodily movement produced by skeletal muscles that requires energy expenditure". It includes all forms of activity such as everyday walking or cycling to get from a to b, active play, work related activity, active recreation, dancing, gardening or playing active games as well as organised and competitive sport.

These documents provide:

1. The primary research evidence for physical activity and sport, particularly targeting preventative health.
2. Our own calculations on the potential savings to public health and other sectors as a result of increasing participation
3. Available products and programmes

It has been designed specifically for the Black Country and the key stakeholders working in the area. It has already proved to be invaluable in the co-owned "Black Country in Motion" programme and we hope this will be used as the evidence base for other emerging pipeline projects including future contracting and commissioning. We are also committed to updating the document on an annual basis.

I thank Sport England who provided Black Country Consortium Limited with funding to enable us to fund the completion of 2 out of the 4 evidence bases and grateful to Sport Structures for their work in researching the evidence base and good practice and to Michael Salmon, Suzanne Gardner previously with Black Country Consortium Limited and Gordon Andrews from Sandwell MBC who worked on the original Adult Cradle to the Grave document and provided the format, content and calculations used in these documents.

I do hope you find the documents useful for your planning and delivery of services.

**Dr Raj Joshi**  
**Chair**  
**Black Country BeActive Partnership**  
**October 2014**

# CRADLE TO THE GRAVE EVIDENCE BASE FOR PHYSICAL ACTIVITY AND SPORT

## ADULTS

### Introduction

In March 2010 the Black Country BeActive Partnership Board approved the development of a cradle to the grave support tool for organisations working to increase participation in physical activity and sport across the sub region. The recommendation came from an analysis of profiles of Black Country partners across Dudley, Sandwell, Walsall and Wolverhampton who strategically plan, deliver and/or commission physical activity and sport. The first version of this compendium was published in June 2013 and pulled together the evidence base and intelligence regarding sport and physical activity to support effective commissioning and the delivery of services taking a life course approach to determining need and evidence. This is the second version of the compendium, following an annual update on the information it contains, that has been prepared by the Black Country Consortium Ltd, on behalf of the Partnership,

This document is a compendium of the data, intelligence, evidence base, cost effectiveness and investment opportunities for physical activity and sport. This is fundamental to the Black Country BeActive Partnership and its stakeholders as they deliver strategic plans to increase participation in sport and physical activity. The Cradle to the Grave compendium provides the evidence base that underpins the approaches being taken.

The compendium can be used to:

- Advocate for investment into sport and physical activity
- Support organisations to develop evidence based practice
- Support organisations to develop intelligent commissioning approaches to investing in sport and physical activity
- Make a robust business case for investing in physical activity and sport
- Support organisations in determining where and how to invest funding to maximise value for money and impacts

This document provides summaries of the evidence and approaches that can be taken to drive up participation in sport and physical activity. It is highly recommended that you visit the primary sources of information as referenced throughout the document to access the detail of recommendations and evidence to aid you in implementing programmes.

The evidence in this document comes predominantly from systematic review sources at a national/international level and sits alongside statistical, programme and cost effectiveness information derived from identified sources. **Any individual research such as Randomised Controlled Trials or programme evaluations that have been referenced in the document are highlighted by green text.**

The document will continue to evolve at the evidence base for interventions and cost effectiveness develops.

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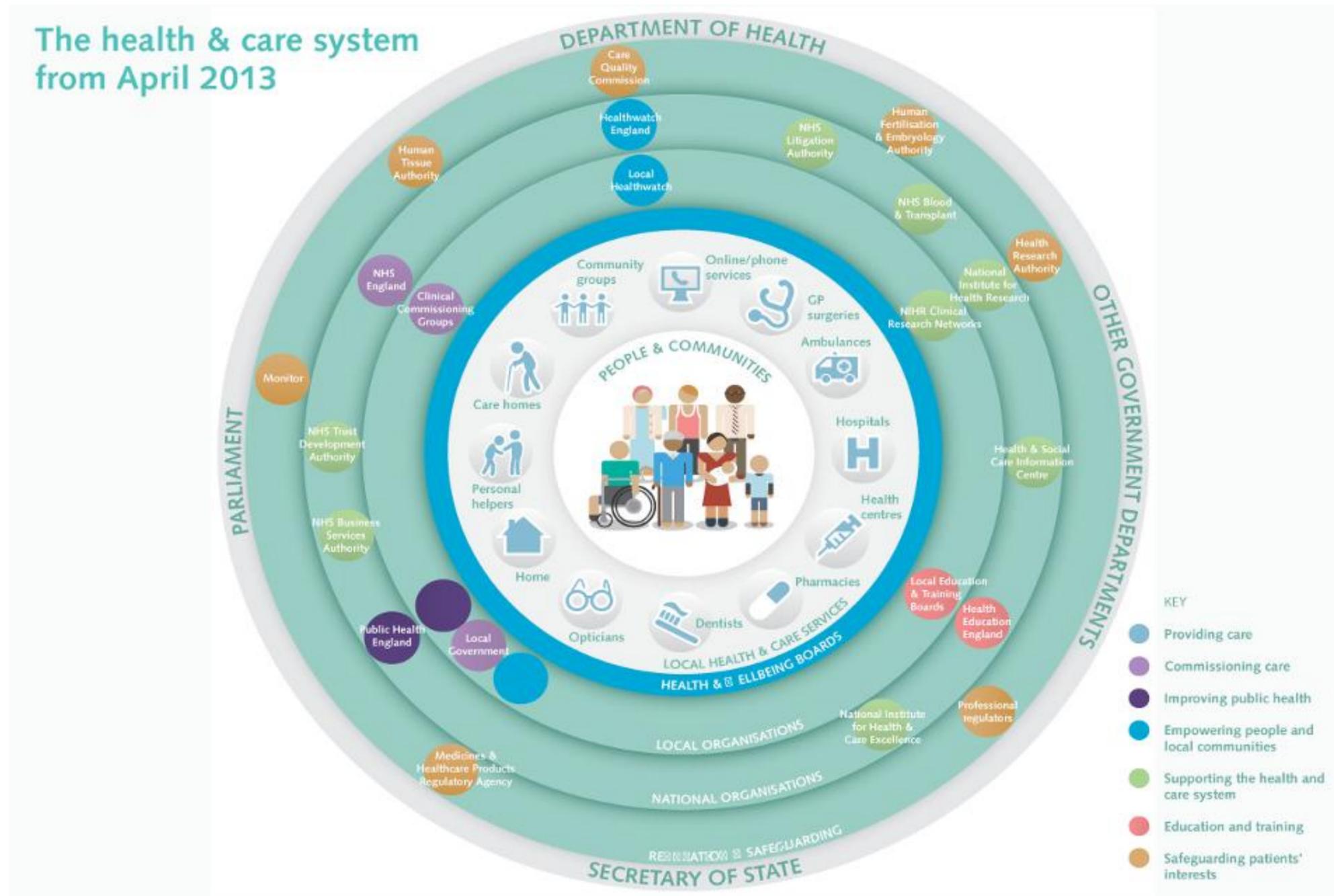
**Document dated: June 2014**

<b>Introduction</b>	<b>4</b>
<b>Index</b>	<b>5</b>
<b>Context for the use of the Cradle to the Grave Compendium (Commissioning Agendas, Outcomes Framework, Ambitions for Physical Activity and Sports Strategy)</b>	<b>6</b>
<b>Public Health Recommendations</b>	<b>10</b>
<b>Participation Data</b>	<b>10</b>
<b>Sport England Market Segmentation &amp; activities/sports likely to attend</b>	<b>12</b>
<b>Change 4 Life Market Segmentation information</b>	<b>19</b>
<b>Priority Locations</b>	<b>22</b>
<b>Evidence for Strategy Development</b>	<b>23</b>
<b>Evidence for Interventions</b>	<b>24</b>
<b>Treatment and Prevention of Health Conditions</b>	<b>25</b>
<b>Health Impact of Physical Inactivity</b>	<b>29</b>
<b>Evidence for Active Environment</b>	<b>33</b>
<b>Evidence for Behaviour Change</b>	<b>34</b>
<b>Wider Impact Measurement</b>	<b>35</b>
<b>Evidence of Cost Effectiveness</b>	<b>36</b>
<b>Comparison to cost effectiveness of other PH interventions</b>	<b>39</b>
<b>Cost of Inactivity</b>	<b>40</b>
<b>Potential Savings of getting population more active</b>	<b>41</b>
<b>Active Celebration Using the London 2012 Games to Get the Nation Moving</b>	<b>44</b>
<b>Projects from Active Celebration Using the London 2012 Games to Get the Nation Moving</b>	<b>45</b>
<b>Promising Local Practice</b>	<b>47</b>
<b>National Sport England Programmes</b>	<b>54</b>
<b>NGB Informal Adult Participation Programmes</b>	<b>55</b>
<b>Specialised sports organisations products</b>	<b>65</b>
<b>APPENDIX 1: Cradle to the Grave Evidence Base for Physical Activity and Sport: Adults: Economic Modelling Paper</b>	<b>68</b>
<b>References</b>	<b>71</b>

## Context for the use of the Cradle to the Grave Compendium

### Commissioning Agendas

In April 2013 the Health and Well Being Boards and Clinical Commissioning Groups were made accountable for the commissioning of much of the Public Health and NHS budgets. The diagram below highlights the structure and responsibilities aligned to these structures. The structures are now embedded within Local Authority and NHS organisations. The diagram below provides an overview of the health and care system for England with the organisations responsible for commissioning care shown in pale purple. An interactive version of this diagram can be found at <https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained>



Commissioning agendas have received increasing prominence in local, county and national discussions with a focus on efficient use of resources to deliver maximum impact. A definition of commissioning is hard to determine but according to the National Audit Office successful commissioning is the delivery of the right outcomes at the right price. Commissioning models are often shown to be cyclical highlighting a number of processes and components that make up a high quality commissioning model. An important part of the commissioning process is the Joint Strategic Needs Assessments that will analyse the health needs of populations to inform and guide the commissioning of health, well-being and social care services within local authority areas. The JSNA underpins the health and well-being strategies and commissioning plans. The JSNA will focus on the outcomes required, determine groups whose needs are not currently being met and determine priorities for local investment. JSNA's will increasingly take into account the evidence base for interventions that will work to deliver specific outcomes. This compendium aims to provide the evidence for how and what interventions can deliver a significant range of local outcomes including health, community safety, social care and community cohesion. Specific commissioning support tools for culture, tourism and sport can be downloaded from the Local Government Association website at [http://www.local.gov.uk/web/guest/culture-tourism-and-sport/-/journal\\_content/56/10171/3510882/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/culture-tourism-and-sport/-/journal_content/56/10171/3510882/ARTICLE-TEMPLATE)

### **Public Health Outcomes Framework**

The Public Health, NHS and Adult Social Care Outcomes framework have been developed to measure progress towards meeting of a number of Government Strategies. The Public Health Outcomes Framework concentrates on two high-level outcomes to be achieved across the public health system. These are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The Public Health Framework sets out the public health indicators that will help focus understanding of progress year by year nationally and locally on priority areas. The indicators are grouped into four 'domains':

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality

Physical Activity and Sport related indicators include:

- Proportion of physically active and inactive adults measured by Active people Survey (Health Improvement Domain)
- Utilisation of Green Space for exercise/Health Reasons (Improving Wider Determinants of Health Domain)

It should be recognised that Sport and Physical Activity has an important role to play in contributing to a number of priorities that the indicators represent.

### **Physical Inactivity**

Physical Inactivity is the fourth leading risk factor for global mortality<sup>1</sup> with a growing focus by Government and partners on not just increasing physical activity but decreasing inactivity in the population. The Turning the Tide on Inactivity Report (2014) identifies that if every Local Authority worked with partners to reduce inactivity levels by one per cent year on year, over a five year period a saving of £44 of tax payers money could be saved per household<sup>2</sup>.

## **Moving More Living More: The Physical Activity Olympic and Paralympic Legacy for the Nation and the National Ambition for Physical Activity**

Launched in 2014 the Moving More Living More campaign aims to have a much more physically active nation as part of the Olympic and Paralympic Legacy. The campaign recognises the need for cross sector and cross Government partnership approaches to drive up participation and target the least active to help reduce health inequalities. The campaign refocuses attention on the National Ambition for Physical Activity (launched in 2012) that is measured through the Public Health Outcomes Framework via the Active People Survey. The ambition is to deliver:

“A year on year increase in the number of adults doing 150 minutes of physical activity per week (in bouts of 10 minutes or more); and a year on year decrease in those who are inactive (defined as doing less than 30 minutes of physical activity per week, in bouts of 10 minutes or more)”.

Public Health England are working with partners to develop a National Framework for Physical Activity which is due for publication in late 2014, early 2015. Further information on the work being undertaken can be found at <https://www.gov.uk/government/consultations/development-of-a-national-physical-activity-approach>

## **The All Party Commission on Physical Activity 2014**

The All Party Commission on Physical Activity, initiated in 2013 to tackle the growing epidemic of physical inactivity, published its initial report and recommendations from the evidence gained from written and oral presentations to the commission in Spring 2014. The report highlights five vital areas for action and 15 recommendations within these, which are summarised as follows:

### 1) A National Plan of Action

- Have a National Plan of Action
- Cross Political Party Agreement to support and implement the national plan
- Create Cross Sectoral Agreement to implement the national plan
- Establish an independent body to be accountable for progress on the implementation at a national and local level

### 2) Getting the Message Out

- Breaking new ground with a strategic Communication strategy beyond the traditional Public Health Campaigns
- Reaching the People with a population wide approach with a focus on motivating people.
- Working together across sectors

### 3) Designing Physical Activity Back into our Everyday Lives

- Transport: Refocus the transport strategy over time to provide resources to incentivise and facilitate walking and cycling
- Our World: Health check new developments to ensure walking, cycling, active recreation and other forms of physical activity are prioritised
- Our Work: Active Workplaces where Employers encourage their Employees and visitors to be active while at work or travelling to or from it.

### 4) Making Physical Activity a Lifelong Habit

- Active Schools. A Whole School approach across the breadth of the school day

- Ofsted Activity; Formally evaluating the quality of provision in schools
- Involve Activity: Actively seek the advantages that high quality accessible sport and activity providers can play in providing health, educational and social interventions.

#### 5) Proving Success

- Develop standardised measures of physical activity
- Develop standardised evaluation processes for physical activity interventions.

A second report will be published by the Commission at a later date. Further information on the Commission and the report can be found at <http://activitycommission.com/>

#### **Sport England's Youth and Community Strategy 2012 - 2017**

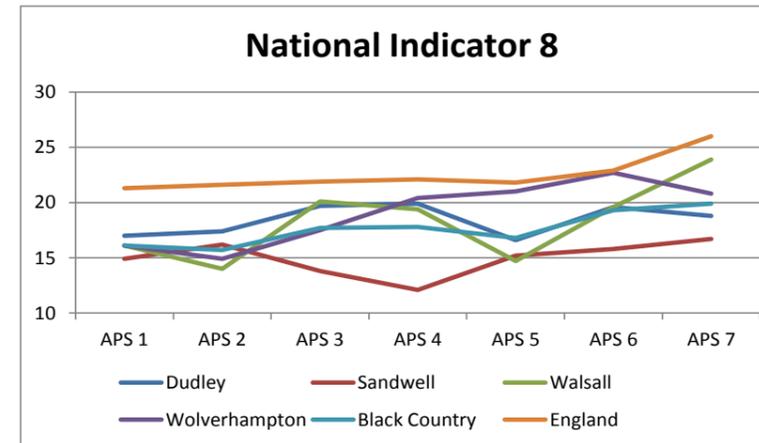
A core focus of the Sport England Youth and Community Strategy is a year on year growth in regular participation for all those aged 14+, this will be measured via Active People focusing on the % of people achieving 1 x 30 sport. Health is firmly back on the agenda for sport within the strategy and the new target aligns the delivery of sport more closely with the Public Health Outcomes of reducing inactivity (the % of people undertaking 0 x 30 physical activity) and maximising public health gains from moving people from 0 – 1 x 30 minutes of activity).

## Compendium of Evidence, Data and Intelligence

Age Range / Category	Adults (working age 16 – 65)	Examples of how to use the information																																																																																																																
<b>Public Health Recommendation</b>	<ul style="list-style-type: none"> <li>Accrue 150 minutes (2.5 hours) of moderate physical activity per week in bouts of 10 minutes or more (e.g. 5 x 30 minutes) or 75 minutes of vigorous activity per week or combinations of the above.</li> <li>Undertake physical activity that improves muscle strength twice a week</li> <li>Minimise the amount of time spent sitting/being sedentary<sup>3</sup></li> </ul>	Background information																																																																																																																
<b>Participation Data – 16+ years</b>	<p><b>Active People Survey data sports participation<sup>4</sup></b> - participation is defined as taking part in moderate intensity sport and active recreation for at least 30 minutes continuously in any one session. It includes recreational walking and cycling, aerobics, dance-exercise and gym</p> <p><b>0 x 30</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>APS 1</th> <th>APS 2</th> <th>APS 3</th> <th>APS 4</th> <th>APS 5</th> <th>APS 6</th> <th>APS 7</th> </tr> </thead> <tbody> <tr> <td><b>Dudley</b></td> <td>59.9</td> <td>56.8</td> <td>54.5</td> <td>61.1</td> <td>54.7</td> <td>57.7</td> <td>57.7</td> </tr> <tr> <td><b>Sandwell</b></td> <td>62.8</td> <td>63.4</td> <td>59.1</td> <td>64.9</td> <td>60.4</td> <td>60.5</td> <td>66.6</td> </tr> <tr> <td><b>Walsall</b></td> <td>59.7</td> <td>58.8</td> <td>60</td> <td>60.1</td> <td>63.6</td> <td>54.3</td> <td>60.1</td> </tr> <tr> <td><b>Wolverhampton</b></td> <td>63.2</td> <td>61.3</td> <td>59.5</td> <td>55.5</td> <td>54.1</td> <td>59.4</td> <td>57.1</td> </tr> <tr> <td><b>Black Country</b></td> <td>61.3</td> <td>60</td> <td>58.1</td> <td>60.7</td> <td>58.1</td> <td>58</td> <td>60.5</td> </tr> <tr> <td><b>England</b></td> <td>54.3</td> <td>51.2</td> <td>52.3</td> <td>52.5</td> <td>51.5</td> <td>51.1</td> <td>52</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> </div> <p><b>1 x 30</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>APS 1</th> <th>APS 2</th> <th>APS 3</th> <th>APS 4</th> <th>APS 5</th> <th>APS 6</th> <th>APS 7</th> </tr> </thead> <tbody> <tr> <td><b>Dudley</b></td> <td>29.5</td> <td>30.4</td> <td>34.8</td> <td>27.8</td> <td>30.5</td> <td>27.8</td> <td>28.6</td> </tr> <tr> <td><b>Sandwell</b></td> <td>27.6</td> <td>26.7</td> <td>28.3</td> <td>23.4</td> <td>28.8</td> <td>28.2</td> <td>23.2</td> </tr> <tr> <td><b>Walsall</b></td> <td>29.6</td> <td>27.8</td> <td>32.1</td> <td>31.6</td> <td>25.2</td> <td>32.7</td> <td>32.3</td> </tr> <tr> <td><b>Wolverhampton</b></td> <td>27.9</td> <td>25.9</td> <td>30.9</td> <td>31.2</td> <td>33.2</td> <td>31</td> <td>31</td> </tr> <tr> <td><b>Black Country</b></td> <td>28.7</td> <td>27.8</td> <td>31.6</td> <td>28.3</td> <td>29.4</td> <td>29.8</td> <td>28.6</td> </tr> <tr> <td><b>England</b></td> <td>34.2</td> <td>35.8</td> <td>35.7</td> <td>35.3</td> <td>34.8</td> <td>36</td> <td>35.7</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> </div>		APS 1	APS 2	APS 3	APS 4	APS 5	APS 6	APS 7	<b>Dudley</b>	59.9	56.8	54.5	61.1	54.7	57.7	57.7	<b>Sandwell</b>	62.8	63.4	59.1	64.9	60.4	60.5	66.6	<b>Walsall</b>	59.7	58.8	60	60.1	63.6	54.3	60.1	<b>Wolverhampton</b>	63.2	61.3	59.5	55.5	54.1	59.4	57.1	<b>Black Country</b>	61.3	60	58.1	60.7	58.1	58	60.5	<b>England</b>	54.3	51.2	52.3	52.5	51.5	51.1	52		APS 1	APS 2	APS 3	APS 4	APS 5	APS 6	APS 7	<b>Dudley</b>	29.5	30.4	34.8	27.8	30.5	27.8	28.6	<b>Sandwell</b>	27.6	26.7	28.3	23.4	28.8	28.2	23.2	<b>Walsall</b>	29.6	27.8	32.1	31.6	25.2	32.7	32.3	<b>Wolverhampton</b>	27.9	25.9	30.9	31.2	33.2	31	31	<b>Black Country</b>	28.7	27.8	31.6	28.3	29.4	29.8	28.6	<b>England</b>	34.2	35.8	35.7	35.3	34.8	36	35.7	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>Inclusion in JSNA to highlight and interpret trends in activity level and sports participation and determine the scale of challenges to increase physical activity levels (missing people approach)</li> <li>Comparisons of local data with regional and national statistics to highlight disparities</li> <li>Use of latent demand data to determine sports and areas to potentially invest in based on national survey data regarding sports that communities want to participate in.</li> </ul>
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**NI8 (3 x 30 sports participation)**

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Sandwell	14.9	16.2	13.8	12.1	15.2	15.8	16.7
Walsall	16.1	14	20.1	19.4	14.7	19.6	23.9
Wolverhampton	16.1	14.9	17.5	20.4	21	22.7	20.8
Black Country	16.1	15.7	17.7	17.8	16.8	19.3	19.9
England	21.3	21.6	21.9	22.1	21.8	22.9	26



**Missing People**

552,728 people in the Black Country are not participating in Sport

It would take a further 64,866 people doing 1x30 for the Black Country to be on a par with the rest of the country

**Active People data physical activity participation<sup>5</sup>**

The activities included in the APS are; sport, recreational cycling, recreational walking, walking for active travel purposes, cycling for active travel purposes, dance and gardening as well as fitness and gym.

	Less than 30 mins	30-89 mins	90-149 mins	150+ mins
Dudley	37.7%	6.9%	7.0%	48.4%
Sandwell	39.1%	8.6%	8.5%	43.8%
Walsall	33.4%	8.5%	7.6%	50.5%
Wolverhampton	34.4%	9.3%	4.4%	51.9%
Black Country	36.3%	8.3%	7.0%	48.4%
West Midlands	31.8%	8.4%	7.5%	52.4%
England	28.5%	8.1%	7.3%	56.0%

**Latent Demand**

The Active People Survey asks respondents if they would like to do more sport or physical activity than they currently do. This is referred to as 'Latent Demand'. The survey proceeds to questions which one sport in particular the respondent would like to do. The table below shows the responses for each local authority

- Aid intelligent commissioning approaches

**Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)**

- Use the information to gain an understanding of the trends and comparisons to regional and national data to aid discussions with commissioners and policy makers.
- Use the information to highlight your knowledge of the challenges in the area when tendering for commissions and highlight how your approach can aid increasing activity levels at 1 x 30.

	<b>Sport</b>	<b>Rate</b>
Dudley	Swimming	9.5
	Cycling	7
Sandwell	Swimming	9.7
	Cycling	6.4
Walsall	Swimming	10.3
	Cycling	8.8
W'ton	Swimming	10.2
Black Country	Swimming	9.9
	Cycling	7
	Football	3.3

**Other Participation measurements**

It should be noted that other measurements of participation in physical activity exist at a national, regional and local level. The Health Survey for England provides a national and regional measure of physical activity levels, linked to the Chief Medical Officer recommendations. This data does not get broken down to a local level. It is recommended that when using any data sources you familiarise yourself with the original sources.

**Local measurements**

It is recommended that local programmes and facilities ensure that they are able to understand the local context of participation in sport, leisure and physical activity by collecting and utilising attendance, adherence (retention) and behaviour change information to support local decision making and understand any changes in participation data determined by national surveys.

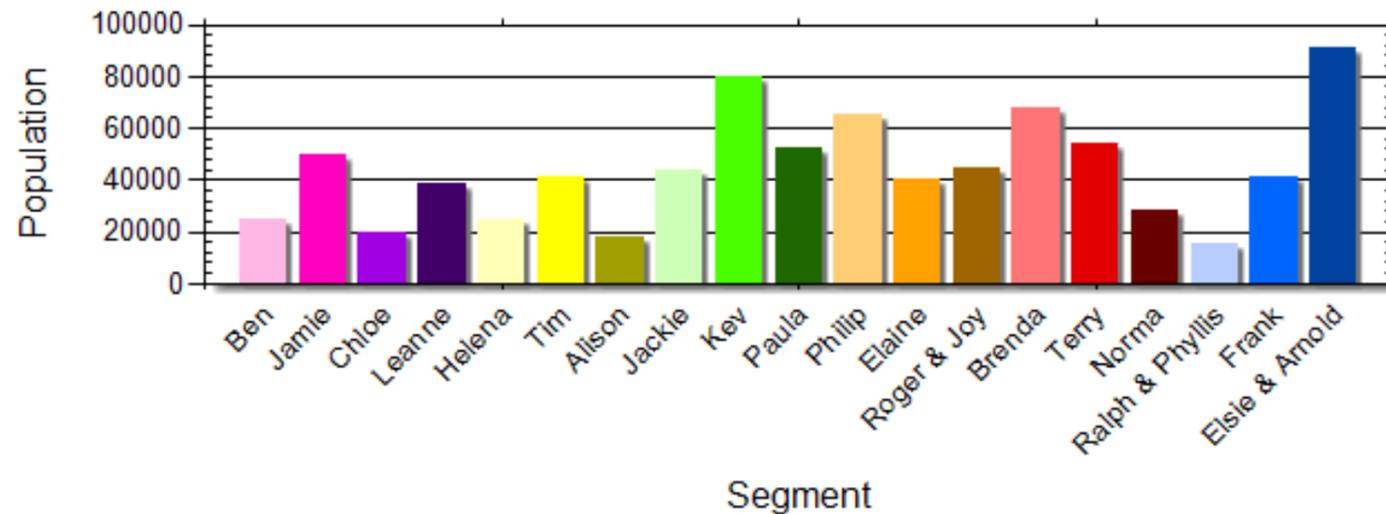
**Sport England Market Segmentation & activities/sports likely to attend**

The Sport England Market Segmentation data builds on the results of the Active People Survey, the DCMS Taking Part Survey and the Mosaic Tool from Experian. The data supports understanding of the nation's attitudes to sport and the motivations for participation and not participating in sport. The tools include 19 pen portraits that give an overview of the motivations, barriers, needs and habits of people within each segment. Segments range for 18-25 year olds to those over the age of 66.

The Chart below provides an overview of the spread of Sport England's 19 market segments for Sport across the Black Country, highlighting the predominance of Kev's, Paula's, Philip's, Brenda's, Terry's and Elsie and Arnolds. The data can be used to help target interventions and activities<sup>6</sup>.

**Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)**

- Inclusion in JSNA to highlight dominant market segments and use of pen portraits to gain an understanding of how to



**Dominant Working Age Segments in the Black Country and sports they're most likely to participate in**

**Kev – Pub League Team mates:** 9.5% of population (79,732 people in the Black Country – 2,915 of the Missing People)

Characteristics: Aged 36 – 45, married or single, may have children, vocational job, average levels of sports participation

- Keep fit / gym
- Football
- Cycling
- May also take part in athletics/running, golf, angling, badminton, archery or martial arts/combat sports.

**Brenda – Older Working Women:** 8.1% of population (67,630 people in the Black Country – 2,485 of the Missing People)

Characteristics: Aged 46 – 65 years, married, part time employee, generally less active than the average adult.

- Keep fit / gym
- Swimming
- Cycling
- May also take part in badminton, horse riding, tennis, martial arts (including Tai Chi), football and golf.

**Philip – Comfortable Mid Life Male:** 7.7% of population (64,984 people in the Black Country – 2,362 of the Missing People)

Characteristics: Aged 46 – 65 years, married with children, in full time employment and owner/occupier, sporting levels above the national average

- Cycling
- Keep fit / gym
- Swimming

deliver the needs of different segments to aid priority setting and the development of investment plans (to aid the targeting of investment to maximise outcomes) and commissioning scopes.

- Aid intelligent commissioning approaches

**Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)**

- Use the information to gain an understanding of the market segments most likely to respond to your offer and determine which local authority areas you would want to work in.
- Use the pen portraits for each segment to gain an understanding of how to target this market most effectively to aid you in tailoring services
- Use the information to show how you would meet the needs of

	<p><b>Other Working Age Segments</b></p> <p><b>Ben – Competitive Male Urbanites:</b> 2.9% of population (24,490 in the Black Country)  Characteristics: Aged 18-25 years, recent graduate with a ‘work hard, play hard’ attitude. A very active type, the sportiest of the 19 segments</p> <ul style="list-style-type: none"> <li>• Football</li> <li>• Keep fit / gym</li> <li>• Cycling</li> </ul> <p><b>Jamie – Sports Team Lads:</b> 5.9% of population (49,407 in the Black Country)  Characteristics: Aged 18-25, single, vocational student, Jamie is a very active type and takes part in sport on a regular basis</p> <ul style="list-style-type: none"> <li>• Football</li> <li>• Keep fit / gym</li> <li>• Athletics</li> </ul> <p><b>Chloe – Fitness Class Friends:</b> 2.3% of population (19,210 in the Black Country)  Characteristics: Aged 18-25, young, image-conscious females keeping fit and trim. Chloe is an active type, probably a graduate and single</p> <ul style="list-style-type: none"> <li>• Keep fit / gym</li> <li>• Swimming</li> <li>• Athletics</li> </ul> <p><b>Leanne – Supportive Singles:</b> 4.6% of population (38,495 in the Black Country)  Characteristics: Aged 18-25, young, busy mums, probably a student doing a part time vocational course, the least active segment of her age group</p> <ul style="list-style-type: none"> <li>• Keep fit / gym</li> <li>• Swimming</li> <li>• Athletics</li> </ul> <p><b>Helena – Career Focused Female:</b> 3% of population (25,093 in the Black Country)  Characteristics: Aged 26-45, single, professional women enjoying life in the fast lane, a fairly active type that takes part in sport on a regular basis</p> <ul style="list-style-type: none"> <li>• Keep fit / gym</li> <li>• Swimming</li> <li>• Cycling</li> </ul>	<p>commissioners in any tenders, targeting those at risk of inactivity.</p>
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**Tim – Settling Down Males:** 4.9% of population (41,322 in the Black Country)

Characteristics: Aged 26-45, sporty male professionals, settling down with partner, an active type that takes part in sport on a regular basis

- Cycling
- Keep fit / gym
- Swimming

**Alison – Stay at Home Mums:** 2.2% of population (18,141 in the Black Country)

Characteristics: Aged 36-45, mums with a comfortable but busy lifestyle, Alison is a fairly active segment with above-average levels of participation in sport

- Keep fit / gym
- Swimming
- Cycling

**Jackie – Middle England Mums:** 5.2% of population (43,788 in the Black Country)

Characteristics: Aged 36-45, mums juggling work, family and finance, Jackie has above average participation levels but is less active than other segments in her age group

- Keep fit / gym
- Swimming
- Cycling

**Paula – Stretched Single Mums:** 6.3% of population (52,658 in the Black Country)

Characteristics: Aged 26-45, single mums with financial pressures, childcare issues and little spare time. Paula is not a very active type and her participation levels are lower than the national average

- Keep fit / gym
- Swimming
- Cycling

**Elaine – Empty Nest Career Ladies:** 4.8% of population (40,038 in the Black Country)

Characteristics: Aged 46-55, mid-life professionals with more time for themselves now children have left home, Elaine's activity levels are in line with the national average

- Keep fit / gym
- Swimming
- Cycling

**Roger & Joy – Early Retirement Couples:** 5.3% of population (44,545 in the Black Country)

Characteristics: Aged 56-65, free time couples nearing the end of their careers, they are slightly less active than the general population

- Keep fit / gym
- Swimming
- Cycling

**Terry – Local ‘Old Boys’:** 6.5% of population (54,427 in the Black Country)

Characteristics: Aged 56-65, generally inactive older men, little provision for retirement, generally less active than the average adult

- Keep fit / gym
- Swimming
- Cycling

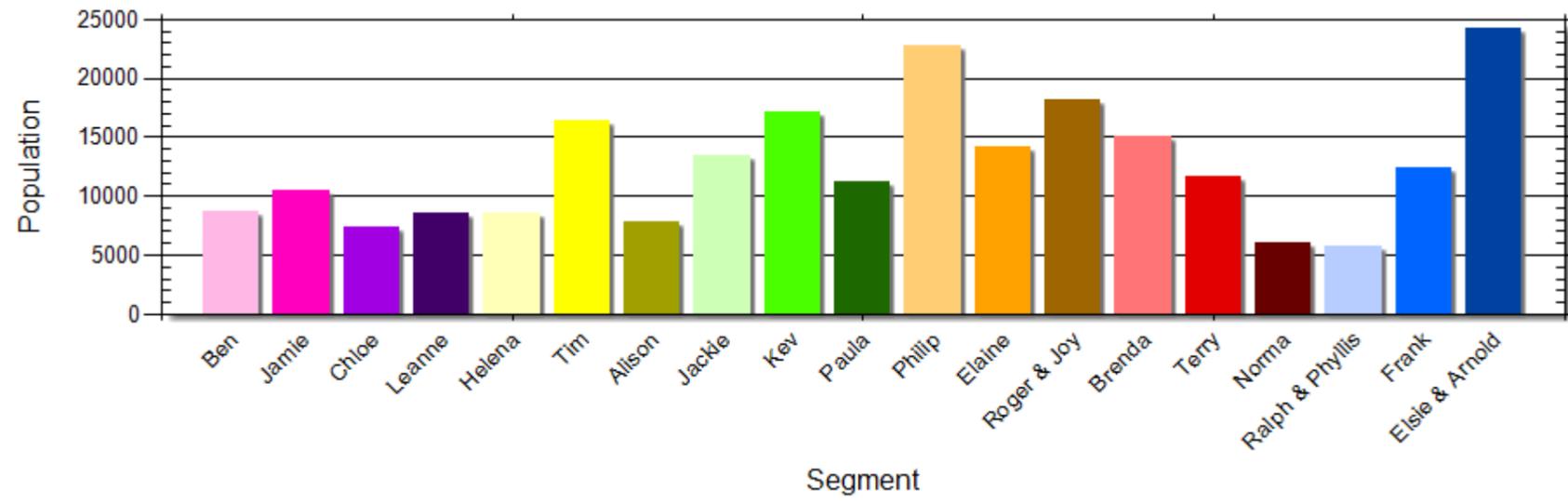
**Norma – Late Life Ladies:** 3.3% of population (27,913 in the Black Country)

Characteristics: Aged 56-65, older ladies, recently retired with a basic income to enjoy their lifestyles, less active than the average adult

- Keep fit / gym
- Swimming
- Cycling

The segments that aren't classed as working age are those over the age of 65 (Ralph & Phyllis, Frank and Elsie & Arnold)

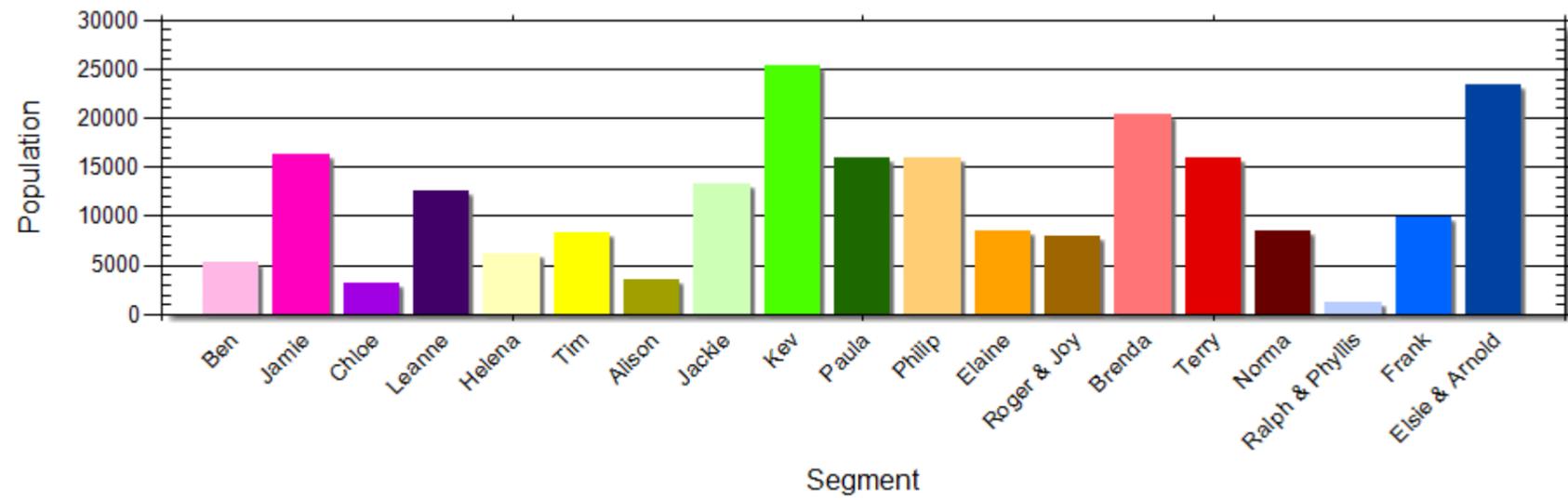
**Dudley Segments**



*Most prevalent*

- *Elsie and Arnold*
- *Philip*
- *Roger and Joy*

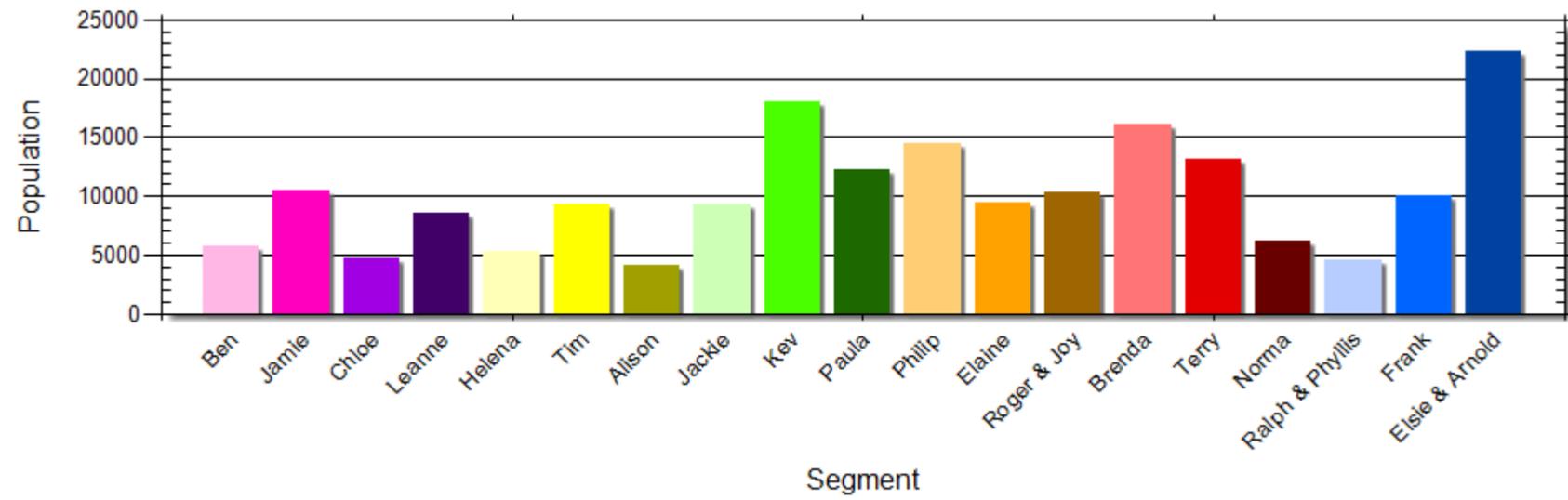
**Sandwell Segments**



*Most prevalent*

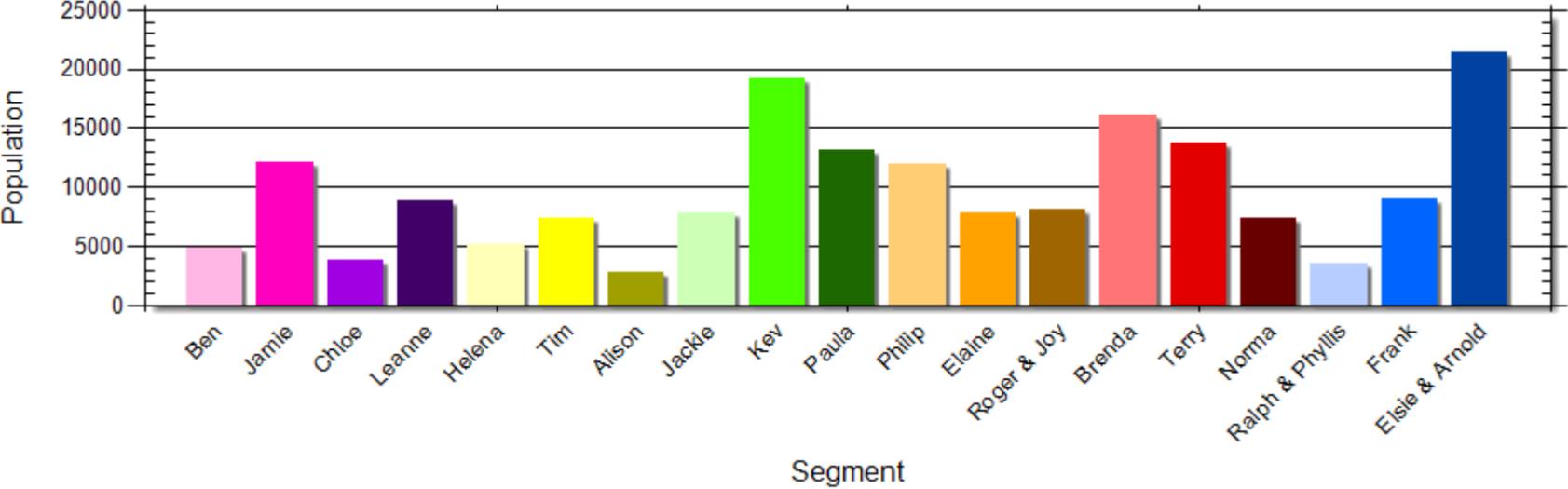
- *Kev*
- *Elsie and Arnold*
- *Brenda*

**Walsall Segments**



*Most prevalent*

- *Elsie and Arnold*
- *Kev*
- *Brenda*

	<p><b>Wolverhampton Segments</b></p>  <p><i>Most prevalent</i></p> <ul style="list-style-type: none"> <li>• Elsie and Arnold</li> <li>• Kev</li> <li>• Brenda</li> </ul>	
<p><b>Change 4 Life Market Segmentation information</b></p>	<p>Social Marketing is the systematic application of marketing and other concepts and techniques to achieve specific behavioural goals using comprehensive understanding of the people (consumers) that you are trying to reach and their drivers for behaviour change at individual and societal levels. At the initiation of the Change4Life campaign the Department of Health invested in research to determine family attitudes and behaviours to physical activity, diet and weight status. This included analysis of the Family Food Panel, surveys, food consumption data, demographics and market research. This research determined that families could be grouped into six clusters regarding their behaviours relating to the obesity agenda. This information has been used to develop the Change4Life campaign.</p> <p><b>Cluster 1</b></p> <p>Struggling parents who lack confidence, knowledge, time and money. High levels of sedentary behaviour in these groups as physical activity is viewed as costly, time consuming and not enjoyable. Lack of confidence to be physically active. High intent to change physical activity behaviours. The promotion of innovative, accessible activities that encourage family activity may appeal. Activities that can be incorporated into day to day routines can help build confidence in this group<sup>7, 8</sup></p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Inclusion in JSNA to highlight dominant market segments and gain an understanding of how to deliver the needs of different family segments to aid priority setting and the development of investment plans and commissioning scopes.</li> </ul>

	<p><b>Cluster 2</b> Young parents who lack knowledge and parenting skills to implement a healthy lifestyle. Families in this cluster have a low intent to change activity behaviour. Parents consider children to be active enough there is a lack of knowledge about healthy lifestyle. Projects that encourage parents to develop knowledge and understanding of risks of current lifestyle and promote family engagement through active travel and play may be beneficial<sup>9, 10</sup>..</p> <p><b>Cluster 3</b> Affluent families, who enjoy indulgent food. Families in this cluster are generally affluent. Lack of confidence in more traditional sporting environments means that less mainstream sports and recreational activities can be more attractive to this group e.g. horse riding, dance etc<sup>11, 12</sup>.</p> <p><b>Cluster 4</b> Families in this cluster live healthily but may lack confidence in relation to children’s physical activity. Programmes should focus on helping parents and children to become more confident to increase and formalise participation through joining local clubs or activity groups rather than infrequent informal participation<sup>13, 14</sup>.</p> <p><b>Cluster 5</b> High levels of sedentary behaviour in these groups as physical activity is viewed as costly, time consuming and not enjoyable. Families in this cluster are likely to be attracted to traditional sports rather than alternative/developing sports. Activities offered in short sessions without long-term commitment and supported by social networking means that their desire to devote time to being strong parents is not compromised. Activities where parents feel like they are setting a good example to children will be attractive. Whilst there is significant intent to increase physical activity levels, parents believe that their children are not confident in engaging with traditional forms of exercise. The promotion of innovative, accessible activities that encourage family activity may appeal<sup>15, 16</sup>.</p> <p><b>Cluster 6</b> Families in this cluster are generally active (particularly the children). Parents in this group are constantly looking for more ways to become more active as a family<sup>17, 18</sup>.</p> <p><b>C4L and Sport England Segmentation Mapping in the Black Country</b></p> <p>DH West Midlands felt it would be beneficial to analyse the obesity segmentation data against Sport England’s sport market segmentation data in order to gain an understanding into families’ attitudes towards sport &amp; physical activity.</p>	<ul style="list-style-type: none"> <li>• Aid intelligent commissioning approaches</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Use the information to gain an understanding of the market segments most likely to respond to your offer and determine which local authority areas you would want to work in.</li> <li>• Use the pen portraits for each segment to gain an understanding of how to target this market most effectively to aid you in tailoring services</li> <li>• Use the information to show how you would meet the needs of commissioners in any tenders.</li> </ul>
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	<p>The West Midlands Public Health Observatory carried out this piece of work using the 6 obesity segments and 5 out of the 19 Sport England segments. The 5 segments we are focusing on are those which include young children. The piece of analysis highlights similarities between the 2 data sets.</p> <p>Relationships between the two data sets can further enhance our understanding of the population. This could potentially allow more detailed and specific work enabling PCT's and partners to undertake more targeted service plans, interventions, communications and inform commissioning.</p> <p>Dudley C4L Market Segmentation Cluster Report <a href="http://www.wmpho.org.uk/resources/segmentation/Dudley_Final_Segmentation.pdf">http://www.wmpho.org.uk/resources/segmentation/Dudley_Final_Segmentation.pdf</a></p> <p>Sandwell C4L Market Segmentation Cluster Report <a href="http://www.wmpho.org.uk/resources/segmentation/Sandwell_Final_Segmentation.pdf">http://www.wmpho.org.uk/resources/segmentation/Sandwell_Final_Segmentation.pdf</a></p> <p>Walsall C4L Market Segmentation Cluster Report <a href="http://www.wmpho.org.uk/resources/segmentation/Walsall_Final_Segmentation.pdf">http://www.wmpho.org.uk/resources/segmentation/Walsall_Final_Segmentation.pdf</a></p> <p>Wolverhampton C4L Market Segmentation Cluster Report <a href="http://www.wmpho.org.uk/resources/segmentation/Wolverhampton_Final_Segmentation.pdf">http://www.wmpho.org.uk/resources/segmentation/Wolverhampton_Final_Segmentation.pdf</a></p>	
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<b>Using Data to determine priority locations Priority Locations</b>	The priority locations have been determined by identifying the 5 mid level super output areas with the lowest participation levels (according to Active People Survey Data) and the highest Health Inequalities.		<b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b> <ul style="list-style-type: none"> <li>• Inclusion in JSNA to determine priority locations where participation is low and health inequalities are high to determine where investment may need to be targeted to aid the meeting of outcomes.</li> <li>• Determine the predominant market segments in each priority locations to aid the targeting of sports to invest in and how to target activities and promotional activity.</li> <li>• Aid intelligent commissioning approaches</li> </ul>	
	<b>Location</b>	<b>Priority locations due to lowest participation levels and Dominant Segments</b>		<b>Priority locations due to highest levels of Health Inequalities and Dominant Segments</b>
	<b>Black Country</b>	1. Friar Park (Sandwell) – Paula, Elsie & Arnold, Kev 2. Smethwick (Sandwell) – Kev, Jamie, Leanne 3. Tipton Green (Sandwell) – Elsie & Arnold, Kev, Paula 4. Great Bridge (Sandwell) – Kev, Paula, Elsie & Arnold 4. Bloxwich West (Walsall) – Elsie & Arnold, Kev, Paula 4. Blakenall (Walsall) – Paula, Kev, Elsie & Arnold		1. Princes End (Sandwell) – Philip, Elsie & Arnold, Kev 2. St Peter's (Wolverhampton) – Kev, Jamie, Leanne 3. St Matthew's (Walsall) – Kev, Brenda, Jamie 4. Tipton Green (Sandwell) – Elsie & Arnold, Kev, Paula 5. Low Hill (Wolverhampton) – Paula, Kev, Terry
	<b>Dudley</b>	1. Castle and Priory – Paula, Tim, Elsie & Arnold 2. Cradley and Foxcote – Kev, Elsie & Arnold, Jamie 3. St James's – Elsie & Arnold, Kev, Paula 4. Brockmoor and Pensnett – Elsie & Arnold, Kev, Paula 5. Netherton and Woodside – Kev, Elsie & Arnold, Paula		1. St James's – Elsie & Arnold, Kev, Paula 2. Castle and Priory – Paula, Tim, Elsie & Arnold 3. St Thomas's – Kev, Paula, Elsie & Arnold 4. Brockmoor and Pensnett – Elsie & Arnold, Kev, Paula 5. Netherton and Woodside – Kev, Elsie & Arnold, Paula
	<b>Sandwell</b>	1. Friar Park – Paula, Elsie & Arnold, Kev 2. Smethwick – Kev, Jamie, Leanne 3. Tipton Green – Elsie & Arnold, Kev, Paula 4. Great Bridge – Kev, Paula, Elsie & Arnold 5. West Bromwich – Kev, Elsie & Arnold, Brenda		1. Princes End – Philip, Elsie & Arnold, Kev 2. Tipton Green – Elsie & Arnold, Kev, Paula 3. Hateley Heath – Kev, Elsie & Arnold, Paula 4. Greets Green and Lyng – Kev, Jamie, Leanne 5. Smethwick – Kev, Jamie, Leanne
	<b>Walsall</b>	1. Bloxwich West – Elsie & Arnold, Kev, Paula 2. Blakenall – Paula, Kev, Elsie & Arnold 3. Birchills Leamore – Paula, Kev, Elsie & Arnold 4. Bentley and Darlaston North – Elsie & Arnold, Kev, Paula 5. Darlaston South – Elsie & Arnold, Kev, Paula		1. St Matthew's – Kev, Brenda, Jamie 2. Blakenall – Paula, Kev, Elsie & Arnold 3. Palfrey – Kev, Paula, Leanne 4. Bentley and Darlaston North – Elsie & Arnold, Kev, Paula 5. Darlaston South – Elsie & Arnold, Kev, Paula
	<b>Wolverhampton</b>	1. Low Hill – Paula, Kev, Terry 2. Bilston North – Elsie & Arnold, Kev, Terry 3. Fallings Park – Elsie & Arnold, Paula, Kev 4. Wednesfield – Elsie & Arnold, Kev, Paula 5. East Park - Elsie & Arnold, Kev, Paula 5. Bilston East - Elsie & Arnold, Kev, Paula		1. St Peter's – Kev, Jamie, Leanne 2. Low Hill – Paula, Kev, Terry 3. Bilston East - Elsie & Arnold, Kev, Paula 4. East Park - Elsie & Arnold, Kev, Paula 5. Graiseley – Philip, Elsie & Arnold, Tim
			<b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b> <ul style="list-style-type: none"> <li>• Use the information to determine where your services may have most impact and value for money.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Use the pen portraits for each segment to gain an understanding of how to target this market most effectively to aid you in tailoring services</li> <li>• Use the information to show how you would meet the needs of commissioners in any tenders and how you can target specific needs of communities.</li> </ul>
<p><b>Evidence for Strategy Development</b></p>	<p><i><b>There is no one single solution to increasing physical activity, an effective comprehensive approach will require multiple concurrent strategies to be implemented.</b></i> <sup>19</sup></p> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>• As part of regulation, enforcement and promoting well-being role, preventing and managing obesity should be seen as a priority for action at strategic and delivery level. NHS organisations should set an example in the delivery of policies to prevent and manage obesity that include policies and facilities that promote physical activity<sup>20</sup></li> <li>• Organisation wide plan/policy to encourage and support employees to be more physically active<sup>21</sup></li> <li>• Map physical activity opportunities against local needs and address gaps in provision<sup>22</sup></li> <li>• Co-ordinated strategy to increase physical activity among children and young people, families and carers. Should include (partnership working, evaluation, removal of barriers at a local level, indoor and outdoor activities as part of multi component interventions including active travel)<sup>23</sup></li> <li>• Programmes and initiatives developed as part of the London 2012 Olympic and Paralympic Games legacy must be staged matched to current levels of engagement with physical activity, sport and health related behaviours<sup>24</sup></li> </ul> <p><b>2012 Legacy</b></p> <ul style="list-style-type: none"> <li>• The 2012 Games may have the potential to contribute to an increase in the frequency of participation in sport or the more formal physical activities of existing participants or to rekindling interest in lapsed participants (Demonstration Effect)<sup>25</sup></li> <li>• The 2012 Games may have the potential to contribute to stimulating the contemplation of physical activity or the most informal sport related activities among those who have not previously contemplated participation (Festival Effect)<sup>26</sup></li> </ul>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Use to develop strategic approaches to sport and physical activity including outcomes frameworks and commissioning plans.</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Gain an understanding of the strategic needs of sport and physical activity and develop approaches to align services to these.</li> </ul>

<p><b>Evidence for interventions</b></p>	<p><b><i>There is no one single solution to increasing physical activity, an effective comprehensive approach will require multiple concurrent strategies to be implemented.</i></b><sup>27</sup></p> <p><b>Community based</b></p> <ul style="list-style-type: none"> <li>• Brief Interventions in Primary Care<sup>28, 29</sup>. Brief Interventions in general practice to improve exercise uptake can increase the chances of adults undertaking moderate activity by over 20% and vigorous activity by 6%<sup>30</sup></li> <li>• Family interventions: education and awareness raising of recommendations and benefits, family activity sessions, involvement of parents and carers and active travel<sup>31</sup></li> <li>• Interventions should focus on activities that fit into people's everyday lives<sup>32</sup></li> <li>• Interventions that promote moderate intensity physical activity, particularly walking, and are not facility dependent are associated with longer-term changes in behaviour<sup>33</sup></li> <li>• Interventions based on behaviour change which teach behavioural skills, that are tailored to meet individual need are associated with longer term changes to behaviour<sup>34</sup></li> <li>• Interventions that incorporate regular contact with an exercise specialist tend to report sustained changes in physical activity<sup>35</sup></li> <li>• Exercise Referral Schemes: There has been inconsistent evidence regarding the effectiveness of exercise referral schemes in increasing physical activity levels when systematic reviews have been undertaken. In view of this limited evidence, exercise referral schemes remain a potentially valuable primary care intervention for promoting physical activity<sup>36</sup>. The Welsh National Exercise Referral Scheme RCT indicates that participants in the 16 week scheme were more likely to increase their activity levels than non-completers and those not on the scheme<sup>37</sup>. Review level evidence suggests that there is some evidence that a referral to an exercise specialist based in the community can lead to longer term (&gt;8 months) changes in physical activity<sup>38</sup></li> <li>• The presence of active community coalitions, widespread community involvement and well organised community efforts appear to be important, however, in increasing physical activity levels<sup>39</sup></li> <li>• The Cochrane Review into interventions implemented through sporting organisations for increasing participation in sport identified no well-designed controlled studies that enabled analysis. Many and varied initiatives from a wide range of settings to increase sports participation were identified in initial searches however did not meet the inclusion criteria for the review. It is recommended that funding for rigorous evaluation be built into sporting programmes and that studies examining the effects of participation interventions be published and evaluated. Case studies found during the literature search including “come and try” days/programmes, age, gender and ethnic specific competitions and programmes, modifications to rules and equipment, flexible delivery and improved club management. A survey by the State Sporting Association Executive Officers in Victoria, Australia, found that 97.2% believed that creating healthy and welcoming environments within sporting clubs would facilitate increased participation but that limited capacity within clubs and limited national/regional support meant that developing these environments was difficult. Sport England reports that in order to overcome real and perceived barriers that reinforce inactive behaviour patterns interventions need to be better connected to people’s motivations, their lifestyle preferences and the realities of their day to day life circumstances<sup>40</sup></li> </ul>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Utilise the evidence for interventions within JSNA approaches to drive the application of evidence based practice principles within localities.</li> <li>• Utilise the evidence to prioritise actions and delivery mechanisms for sport and physical activity</li> <li>• Use the evidence as an advocacy tool to develop effective links between sport and physical activity and potential investors such as Health and Well Being Boards, Clinical Commissioning Boards, Learning Disability Partnerships etc.</li> <li>• <b><i>Identify where innovative approaches may be needed.</i></b></li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Use the evidence base to</li> </ul>
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	<ul style="list-style-type: none"> <li>• Increase the use of existing facilities by opening school facilities to the local community at weekends and during school holidays<sup>41</sup>.</li> </ul> <p><b>Workplace</b></p> <ul style="list-style-type: none"> <li>• Physical activity programmes at work have been found to reduce absenteeism by up to 20%, with physically active workers take 27% fewer sick days than inactive workers<sup>42</sup>.</li> <li>• Facilitate a multi component programme to support employees to be more physically active (this should include flexible working policies, incentive schemes, active travel, information, advice and support and the offer of health checks focused on physical activity)<sup>43</sup></li> <li>• Workplace walking interventions using pedometers that focus on facilitated goal setting, diaries, self-monitoring and walking routes can produce positive results on step counts<sup>44</sup></li> <li>• Internet interventions could be effective at increasing physical activity in the short term (up to 3 months)</li> </ul> <p><b>Treatment and Prevention of Health Conditions</b></p> <p>Health care systems should include physical activity as an explicit element of regular behavioural risk factor screening for prevention, patient education and referral. <sup>45</sup></p> <p><b>Asthma</b></p> <ul style="list-style-type: none"> <li>• A Cochrane review<sup>46</sup> showed no effect of physical training on PEF, FEV, FVC or VEmax but significant increases in oxygen consumption, maximum heart rate and work capacity. Physical training should be seen as part of a general approach to improving lifestyle and rehabilitation in asthma, with appropriate precautions and advice regarding exercise-induced asthma<sup>47</sup></li> </ul> <p><b>Bipolar disorder</b></p> <ul style="list-style-type: none"> <li>• Patients with depressive symptoms should be advised about techniques such as a structured exercise programme and activity scheduling, engaging in pleasurable and goal directed activities<sup>48</sup></li> </ul> <p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>• There is an approximately 30% lower risk of colon cancer and 20% lower risk of breast cancer in adults who participate in daily physical activity<sup>49</sup></li> </ul> <p><b>Cancer related Fatigue</b></p> <ul style="list-style-type: none"> <li>• Supervised aerobic exercise programmes are more effective in reducing CRF than home based exercise programmes<sup>50</sup></li> </ul> <p><b>Cancer Survivorship</b></p> <ul style="list-style-type: none"> <li>• Research indicates that physical activity after a diagnosis of breast cancer can be beneficial in improving quality of life, reducing fatigue</li> </ul>	<p>develop evidence based practice within your programmes and services. When developing new services use it as a start point. When reviewing programmes consider how they are meeting the evidence base.</p> <ul style="list-style-type: none"> <li>• Gain an understanding of how physical activity and sport can play a role in preventing and treating health conditions.</li> </ul>
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and assisting in energy balance. One study has suggested that women who exercised moderately after a diagnosis of breast cancer had improved survival rates compared with sedentary women<sup>51</sup>. Studies have suggested a protective association of physical activity after colon cancer diagnosis and survival. Participants with higher levels of physical activity post diagnosis were less likely to have a cancer recurrence and had increased survival<sup>52</sup>

#### **Cardiac Rehabilitation**

- Short-term physical exercise programmes in selected patients with chronic health failure may have physiological benefits and positive effects on quality of life<sup>53</sup>

#### **Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis (or encephalopathy)**

- Graded Exercise Therapy (GET) should be offered to people with mild or moderate CFS/ME. The intensity of activity should be increased when appropriate, leading to aerobic exercise. Realistic goals should be set taking into account current activity levels, emotional factors, frequency of relapse, vocational and educational factors. GET is a structured, mutually developed and monitored programme that plans gradual increments of physical activity; it is not a general exercise programme. Patients with severe CFS/ME may be able to start the non-aerobic component of GET (such as gentle stretching)<sup>54</sup>

#### **Chronic obstructive pulmonary disease**

- When defining multidisciplinary management teams roles advising on self-management strategies and exercise should be considered as part of the functions.
- BMI should be calculated in patients with COPD. If the BMI is low patients should be given nutritional supplements and be encouraged to take exercise to augment the effects of nutritional supplementation.
- Patients with COPD should be reviewed at least once a year, and should include an exercise tolerance test<sup>55</sup>

#### **Coronary Heart Disease**

- There is a 20 – 35% lower risk of cardiovascular disease, coronary heart disease and stroke in people who are active<sup>56</sup>
- The higher the levels of physical activity the lower the risk of coronary heart disease<sup>57</sup>

#### **Depression**

- There is approximately 20 – 30% lower risk of depression for adults participating in daily physical activity<sup>58</sup>
- Exercise can equal the effect of standard anti-depressant drugs<sup>59</sup>
- For people with persistent sub-threshold depressive symptoms or mild to moderate depression consider offering a structured group physical activity programme<sup>60</sup>

- Physical activity programmes for people with persistent sub threshold depressive symptoms or mild to moderate depressions should be delivered in groups with support from a competent practitioner and consist of 3 sessions per week of moderate duration (45 – 60 minutes) over 10 – 14 weeks duration<sup>61</sup>. This includes in adults with depression who have a chronic physical activity health problem, and should be modified for different levels of ability<sup>62</sup>

#### **Diabetes Type II**

- There is 30 – 40% lower risk of metabolic syndrome and type II Diabetes in at least moderately active people compared with those who are sedentary<sup>63</sup>
- Integrate dietary advice with a personalised diabetes management plan that includes other aspects of lifestyle modification, such as increasing physical activity<sup>64</sup>
- Both resistance exercise and aerobic exercise have been shown to prevent and modify insulin resistance. Intervention studies using aerobic exercise have reported improvements in glucose metabolism of between 11 – 36%<sup>65</sup>
- All People with Diabetes should be advised of the benefits of increasing their physical activity levels. People aged <40 with diabetes who are asymptomatic and who are overweight (BMI 25 – 30 kg/m<sup>2</sup>) or obese (BMI >30 kg/m<sup>2</sup>) should be advised to increase their physical activity levels. People aged >40 with diabetes who are asymptomatic should be advised to increase their physical activity levels<sup>66</sup>

#### **Familial Hypercholesterolaemia**

- Patients should be advised that they should meet the recommended levels of physical activity for the general population. People who are unable to perform moderate-intensity physical activity at least 5 days a week because of co morbidity, medical conditions or personal circumstances should be encouraged to exercise at their maximum safe capacity
- Healthcare professionals should advise people with FH that bouts of physical activity of 10 minutes or more accumulated throughout the day are as effective as longer sessions
- Pharmacological treatment is the preferred management strategy for FH. However, lifestyle interventions, including diet, physical activity, and smoking cessation, are important adjuncts to any drug therapy. The aim of such interventions is not to ‘treat’ FH, that is by lowering LDL-C, but to confer the cardio-protective effect associated with a ‘healthy’ diet or increased physical activity<sup>67</sup>

#### **Hypertension**

- A Canadian guideline reviewed studies between 1966 and 1997. Although without a formal meta-analysis, it reported short-term reductions in blood pressure of 5 to 10 mmHg and recommended 50–60 minutes of moderate intensity exercise three or four times per week<sup>68</sup>
- Clinicians should ascertain people’s diet and exercise patterns because a healthy diet and regular exercise can reduce blood pressure. Offer appropriate guidance and written or audio-visual materials to promote lifestyle changes<sup>69</sup>
- Both resistance and aerobic exercise have been shown to be effective at decreasing blood pressure<sup>70</sup>

**Irritable Bowel Syndrome in adults**

- People with IBS should be given information that explains the importance of self-help in managing their IBS, this should include physical activity advice.
- Healthcare professionals should assess the physical activity levels of people with IBS using the GPPAQ and provide brief advice and counselling to those with low activity levels to increase this<sup>71</sup>

**Lipid modification**

- Blood Cholesterol can be reduced by participating in physical activity
- People at high risk of Coronary Vascular Disease should have their physical activity levels assessed and should be advised that they should meet the recommended levels of physical activity for the general population. People who are unable to perform moderate-intensity physical activity at least 5 days a week because of co-morbidity, medical conditions or personal circumstances should be encouraged to exercise at their maximum safe capacity.
- Advice on combined dietary and physical activity interventions to meet national guidelines should be given<sup>72</sup>

**Liver Disease**

- Emerging evidence suggests that physical activity can be valuable in reducing liver fat and managing patients with fatty liver disorders. There is some evidence that the effects of physical activity on liver fat is independent of weight loss<sup>73, 74</sup>

**Low Back Pain**

- Consider offering up to 8 sessions of a tailored structured exercise programme over a period of up to 12 weeks<sup>75</sup>
- Aerobic type exercise programmes can help prevent recurrence of low back pain<sup>76</sup>
- Yoga style exercise and exercises to increase endurance of the abdominal and back muscles<sup>77</sup>

**The Management of coeliac disease<sup>78</sup>**

- Advise regular physical activity linked to the prevention and management of osteoporosis

**Myocardial Infarction**

- Patients after MI who choose to exercise regularly have improved survival rates and a reduced incidence of non-fatal re-infarction (2+).
- To aid secondary prevention Patients should be advised to undertake regular physical activity sufficient to increase exercise capacity (20 -30 mins a day to the point of slight breathlessness). Those who are not achieving this should be advised to increase their activity in a gradual step by step fashion, aiming to increase exercise capacity. They should start at a level that is comfortable and increase the

	<p>duration and intensity of activity as they gain fitness (GPP).</p> <ul style="list-style-type: none"> <li>• Advice on physical activity should involve a discussion about current and past activity levels and preferences. The benefit of exercise may be enhanced by tailored advice from a suitably qualified professional<sup>79</sup></li> </ul> <p><b>Obesity</b></p> <ul style="list-style-type: none"> <li>• There is favourable and consistent effect of aerobic physical activity on achieving weight maintenance (less than 3% change in weight)<sup>80</sup></li> <li>• Physical activity alone has no effect on achieving a 5% weight loss, except for exceptionally large volumes of physical activity or when an isocaloric diet is maintained throughout the physical activity intervention<sup>81</sup></li> <li>• The evidence indicates that in the absence of a reduction in energy intake, 45 – 60 minutes of moderate intensity activity per day may be needed to prevent obesity at a population level<sup>82, 83</sup>.</li> <li>• People who have been obese and have lost weight may need to do 60 – 90 minutes of activity a day to avoid regaining weight<sup>84</sup></li> </ul> <p><b>Schizophrenia</b></p> <ul style="list-style-type: none"> <li>• Physical Activity can have a positive effect on the psychological well-being in some patients with schizophrenia<sup>85</sup>.</li> </ul> <p><b>Weight Management before, during and after Pregnancy</b></p> <ul style="list-style-type: none"> <li>• Weight loss support programmes including physical activity for women with a BMI &gt;30 preparing for pregnancy</li> <li>• Specific advice recommending physical activity when pregnant and to avoid sedentary behaviour.</li> <li>• Weight loss support programmes including physical activity for women with a BMI &gt;30 after childbirth.</li> <li>• Range of activities for women, babies and children to be active in their community<sup>86</sup></li> </ul>	
<p><b>Health Impact of Physical Inactivity</b></p>	<p>The Health Impact of Physical Inactivity has been developed to estimate how many cases of certain diseases could be prevented in each local authority in England; if the population aged 40-79 were to engage in recommended amounts of physical activity<sup>87</sup>.</p> <p>This first release (March 2013) includes the following health impacts:</p> <ul style="list-style-type: none"> <li>•preventable cases of diabetes (only shown for Counties and Unitary Authorities)</li> <li>•preventable emergency admissions to hospital with a coronary heart disease</li> <li>•preventable new cases of breast and colon cancer</li> <li>•total number of preventable deaths (all causes).</li> </ul>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Use as an advocacy tool for the preventative health agendas and public health promotion</li> <li>• Use to develop business plans to draw investment for sport and physical</li> </ul>

<b>Dudley</b>						activity t <ul style="list-style-type: none"> <li>Aid intelligent commissioning approaches</li> </ul> <b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b> <ul style="list-style-type: none"> <li>To make the business case for investment into a range of sport and activity interventions to create large scale behaviour change to support the prevention of health conditions.</li> <li>To support the development of tenders for commissioning when aligned to other data sources.</li> </ul>
<b>Indicator (Conditions preventable through physical activity)</b>	<b>Latest Annual Figure: number of deaths in persons 40 - 79</b>	<b>Preventable if 100% active</b>	<b>Preventable if 75% active</b>	<b>Preventable if 50% active</b>	<b>Preventable if 25% active</b>	
<b>Total deaths</b>	1,371	261	184	106	28	
<b>Coronary Heart Disease (emergency hospital admissions)</b>	613	73	51	29	8	
<b>Breast Cancer (new cases)</b>	204	44	31	18	5	
<b>Colorectal Cancer (new cases)</b>	164	35	24	14	4	
<b>Diabetes (prevalence)</b>	13,952	2008	1411	814	217	

**Sandwell**

<b>Indicator (Conditions preventable through physical activity)</b>	<b>Latest Annual Figure: number of deaths in persons 40 - 79</b>	<b>Preventable if 100% active</b>	<b>Preventable if 75% active</b>	<b>Preventable if 50% active</b>	<b>Preventable if 25% active</b>
<b>Total deaths</b>	1,415	263	183	102	21
<b>Coronary Heart Disease (emergency hospital admissions)</b>	701	81	56	31	7
<b>Breast Cancer (new cases)</b>	166	35	24	14	3
<b>Colorectal Cancer (new cases)</b>	126	26	18	10	2
<b>Diabetes (prevalence)</b>	15,081	2115	1467	819	171

**Walsall**

<b>Indicator (Conditions preventable through physical activity)</b>	<b>Latest Annual Figure: number of deaths in persons 40 - 79</b>	<b>Preventable if 100% active</b>	<b>Preventable if 75% active</b>	<b>Preventable if 50% active</b>	<b>Preventable if 25% active</b>
<b>Total deaths</b>	1,203	232	164	96	28
<b>Coronary Heart Disease (emergency hospital admissions)</b>	683	82	58	34	10
<b>Breast Cancer (new cases)</b>	167	37	26	15	4
<b>Colorectal Cancer (new cases)</b>	128	27	19	11	3
<b>Diabetes (prevalence)</b>	12,538	1,825	1,289	754	218

	<b>Wolverhampton</b>						
<b>Indicator (Conditions preventable through physical activity)</b>	<b>Latest Annual Figure: number of deaths in persons 40 - 79</b>	<b>Preventable if 100% active</b>	<b>Preventable if 75% active</b>	<b>Preventable if 50% active</b>	<b>Preventable if 25% active</b>		
<b>Total deaths</b>	1,090	200	137	75	13		
<b>Coronary Heart Disease (emergency hospital admissions)</b>	474	54	37	20	3		
<b>Breast Cancer (new cases)</b>	138	29	20	11	2		
<b>Colorectal Cancer (new cases)</b>	120	25	17	9	2		
<b>Diabetes (prevalence)</b>	12,764	1,763	1,213	663	113		
<b>Evidence for Active Environment</b>	<ul style="list-style-type: none"> <li>Facilitate Walking and Cycling<sup>88</sup></li> <li>Facilitate active movement around buildings<sup>89</sup></li> <li>Develop and implement policies influencing land use and access to footpaths, cycle paths and public transport to encourage and support active travel and develop a modal shift away from car use<sup>90</sup></li> <li>Use planning regulations to maximise opportunities for physical activity to develop highly connected street networks that are safe and attractive to use and mixed use zoning that places shops and services near to homes<sup>91</sup>.</li> <li>Develop access to open space and green areas with appropriate recreation facilities and ensure that they can be access by public transport<sup>92</sup></li> </ul>						<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>Use to develop strategic approaches to creating active environments.</li> </ul> <p><b>Workplaces, educational establishments, deliverers,</b></p>

		<p><b>providers etc.</b></p> <ul style="list-style-type: none"> <li>• Use to determine policies and procedures to support the creation of an active environment</li> </ul>
<p><b>Evidence for Behaviour Change</b></p>	<ul style="list-style-type: none"> <li>• “In broad terms, there are two ways of thinking about changing behaviour. The first is based on influencing what people consciously think about..... The contrasting model of behaviour change focuses on the more automatic processes of judgment and influence”. This approaches documented below takes into account the environment in which we make decisions and respond to cues to identify how best to bring about significant changes in behaviour.</li> <li>• The MINDSPACE report sets out nine of the most robust, non-coercive influences on behaviour that can be used and a quick checklist when making policy and developing programmes. <ul style="list-style-type: none"> <li><b>Messenger:</b> We are heavily influenced by who communicates information</li> <li><b>Incentives:</b> Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses.</li> <li><b>Norms:</b> We are strongly influenced by what others do.</li> <li><b>Defaults:</b> We “go with the flow” of pre-set options.</li> <li><b>Saliency:</b> Our attention is drawn to what is novel and seems relevant to us.</li> <li><b>Priming:</b> Our acts are often influenced by sub-conscious cues</li> <li><b>Affect:</b> Our emotional associations can powerfully shape our actions</li> <li><b>Commitments:</b> We seek to be consistent with our public promises, and reciprocate acts.</li> <li><b>Ego:</b> We act in ways that make us feel better about ourselves.</li> </ul> </li> <li>• With regards to exercise one study evaluating the cost effectiveness of physical activity programmes found that context-altering interventions had the potential to be more cost effective than more information based ones for example the introduction of cycle and pedestrian trails to encourage healthy behaviours.</li> <li>• To increase physical exercise, commitment to achieving a goal appears to significantly increase success, for example when individuals sign a contract detailing what that goal is<sup>93</sup>.</li> </ul>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Consider using the MINDSPACE checklist when developing new policies and programmes.</li> <li>• Consider how to fully utilise context altering interventions as part of behaviour change approaches</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Consider how programme delivery can be aligned to the MINDSPACE checklist to maximise opportunities to encourage and support behaviour change.</li> <li>• Use goal setting contracts with participants to aid them in changing their behaviour.</li> </ul>

<p><b>Wider Impact measurement</b></p>	<p><b>Economic impact and Regeneration</b></p> <p>Research into the impact of sport on the economy and the regeneration of local communities suggests that:</p> <ul style="list-style-type: none"> <li>• The Sport economy’s annual contribution has reached £16.668 billion and consumer spending on sport in England was £17.384 billion in 2008. Approximately 441,000 jobs (1.8% of total employment) with over three quarters of these jobs in the commercial sector and 13% in the public sector<sup>94</sup></li> <li>• The total spend on sport in the West Midlands was £394.7 million in 2008, totalling 2.9% of total consumer spending. The total sport related economic activity in the West Midlands was £1,939.6 million, totalling 2% of the regions GVA. 542,000 jobs in the West Midlands are aligned to sports related employment<sup>95</sup></li> <li>• Substantial medical cost differences between the physically active and inactive with the largest differences seen in women who are 55 and older. Cost benefits accrue most for those aged 45 plus<sup>96</sup>.</li> <li>• Developments of stadia can result in increases in residential property prices (examples given include the Cardiff Millennium Stadium, the new Wembley and Emirates Stadia and the City of Manchester Stadium)<sup>97</sup></li> <li>• Non-elite mass participation sporting events, which require little infrastructural investment, can raise place recognition, generate tourist income and secondary spending activities<sup>98</sup></li> <li>• Hosting the Olympic Games can accelerate change and that many environmental and transport improvements would probably not have occurred without the Games</li> </ul> <p><b>Social Capacity &amp; Social Cohesion</b></p> <p>Research into the impact of sport in the community suggests that:</p> <ul style="list-style-type: none"> <li>• Correlations exist between national levels of sports membership and levels of social trust and well-being, although this may be a reflection of the type of people are likely to participate in sport rather than a function of participation itself.</li> <li>• Sports clubs can perform a wide range of socio-cultural functions including leadership, participation, skill development, providing a community hub, health promotion, social networks and community identity.</li> <li>• Sport is likely to be one of a number of factors that influence national identify but that this varies between nations and sports.</li> <li>• There is a need to develop a theory of change approach to the provision of sporting opportunities to diverse ethnic minority populations with consideration given to perceived an real barriers to participation<sup>99</sup></li> </ul> <p><b>Crime reduction and community safety</b></p> <p>Research into sports based programmes for “at risk” communities and those aimed at the rehabilitation of offenders suggests that:</p> <ul style="list-style-type: none"> <li>• Sport appears to be most effective as part of a broader developmental programmes (i.e. community support services, youth services etc.).</li> <li>• Sport’s salience with young people enable sit to attract young people to such programmes</li> </ul>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Recognition of sport and physical activities ability to meet cross cutting agendas within JSNA</li> <li>• Use as an advocacy tool to develop business plans to draw investment for sport and physical activity and determine expected outcomes for interventions.</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• To make the business case for investment into a range if sport and activity interventions.</li> <li>• To support the development of tenders for commissioning.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Programmes with educational components appear to aid positive changes to attitudes and perceptions within participants.</li> <li>• The level, intensity, type of participation, socio-institutional context, peer group influences and interaction all effect the extent to which sports participation produces long term positive and negative behaviours<sup>100</sup></li> </ul>	
<p><b>Evidence of Cost Effectiveness</b></p>	<p><b>QALY Information</b></p> <p>Definition: QALY = Quality adjusted life year, a year of life adjusted for its quality or its value. A year in perfect health is considered equal to 1.0 QALY.</p> <p>The National Institute for Clinical Excellence sets costs effectiveness thresholds for interventions (including new drugs). Current thresholds interventions with an incremental cost-effectiveness ratio of less than £20,000 per QALY are cost effective and that interventions with costs of more than £30,000 per QALY it would not be considered cost effective <sup>101</sup>.</p> <p><b>Brief Intervention for physical activity in primary care</b> <sup>102</sup></p> <p>Costs between £20 and £440 per quality adjusted life year (QALY) when compared to no intervention.  Net costs saved per QALY gained of between £750 - £3150.  Brief intervention in general practice to improve exercise uptake can deliver cost savings of £3,300 per person.<sup>103</sup></p> <p><b>Department of Health Local Exercise Action Pilots programme evidence</b><sup>104</sup></p> <p>Costs between £50 and £510 per quality of life year (QALY).  Future savings to the NHS determined to be £700 - £4900 per participant  Costs per participant who increased their physical activity levels was £260 - £2,790</p> <p><b>Exercise Referral</b></p> <p>The Welsh National RCT trial for 16 week referral interventions demonstrated a cost per QALY of £12,111. For those that adhered to the programme the cost saving was £367 per QALY <sup>105</sup></p> <p>The evidence in a health technology assessment report suggests that exercise referral schemes are most effective per QALY for those that already have a medical diagnosis. Studies suggest the following:</p> <p>In sedentary individuals without a diagnosis the cost per QALY was £20,876, this reduced to £17,032 and £18,559 per QALY when short term benefits such as increased mood and greater motivation for activity are taken into account.  In sedentary obese individuals the cost per QALY was £14,618  In sedentary hypertensive patients the cost per QALY was £12,834  In sedentary individuals with depression the cost per QALY was £8,414<sup>106</sup></p> <p><i>It should be noted that there are limitations in the data that Pavey et al used and the cost effectiveness data should be interpreted with some</i></p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Use to consider the cost effectiveness of different programmes using QALY and Social return on investment information.</li> <li>• Use as an advocacy tool to develop business plans to draw investment for sport and physical activity</li> <li>• Use to determine preferred approaches to investing in different interventions.</li> <li>• Be aware of caveats for using this information by visiting initial sources of data</li> <li>• Aid intelligent commissioning approaches</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• To make the business case for investment into a range if</li> </ul>

	<p><i>caution as costs per QALY can change markedly with changes in Exercise Referral Scheme models. Data should be treated with caution until more robust cost effectiveness data becomes available.</i></p> <p><b>Birmingham BeActive Scheme</b> (collaborative scheme offering free access to local leisure facilities and activities for all Birmingham residents at off peak times)</p> <p>The value for money evaluation on the programme demonstrated a cost per QALY of £1,164<sup>107</sup>. The net benefit per person was shown to be £3,200 based on 2011 prices<sup>108</sup>.</p> <p><b>Swimming</b></p> <p>An estimate of the economic value and cost effectiveness of Swimming in the Community showed that the cost per QALY derived by members of the public from regular swimming in public pools is around £12,000<sup>109</sup>.</p> <p><b>Range for physical activity interventions detailed above</b></p> <p>Cost per QALY evidenced to be between £20 - £12,111 depending on the intervention</p> <p>Savings per QALY gained evidenced to be between £367 - £4,900 depending on the intervention</p> <p><b>Long Term Health Benefits of Engagement in Sport<sup>110</sup></b></p> <p>Using accepted best practice from the National Institute for Health and Clinical Excellence's economic modelling a measurement for sport as a component of physical activity participation was developed that considered intensity, duration, frequency of engagement and the impacts this would have on four different health states (Chronic Heart Disease, Colon cancer, Stroke and Type II Diabetes and the value in terms of health costs avoided and health related quality of life.</p> <p>The range of lifetime health care cost savings varies between sports varies from £1,750 per person for Badminton to £6,900 per person for health and fitness activities,</p> <p>The range of total economic lifetime value (i.e. health care costs saved and improved health related quality of life) generated by doing different sports varies from £11,400 per person for Badminton to £45,800 per person for health and fitness activities.</p> <p>This is likely to be an underestimate of the total value, as the model does not include all of the potential health benefits for which there is a growing evidence base.</p> <p><b>Increasing Physical Activity in the Workplace<sup>111</sup></b></p> <p>Physical Activity programmes in the workplace can have varying success, however a programme that was 1% effective at reducing the number of employees over a year could have the potential to save employers £2,870 - £6,244 per year. If a programme was 50% effective in increasing physical activity levels, employers could see a potential saving of £312,217 per year.</p>	<p>sport and activity interventions.</p> <ul style="list-style-type: none"> <li>• To support the development of tenders for commissioning.</li> </ul>
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### **Social Return on Investment Modelling Information**

#### **Sport**

Using an income compensation approach to estimate the value of policy outcomes using a subjective wellbeing measure, someone in a median income participating regularly in sport (at least once a week as opposed to not participating in sport) brings the equivalent increase in sense of wellbeing (happiness) as earning an additional £11,000 a year would bring. Income compensation valuations of subjective wellbeing can be contentious and is a developing area if public policy as such this should be seen as relative measure of value rather than taken too literally<sup>112</sup>.

#### **Promotion of Active Travel**

In the UK evaluated interventions promoting active travel (cycling and walking) have an average benefit cost ratio of 19:1 (for every £1 invested there is a health benefit equivalent of £19)<sup>113</sup>.

#### **Walk 4 Health Expansion Programme**

The Walk for Health expansion model predicted a cost benefit ratio of £1: £7 (for every £1 invested in the programme there is a social benefit of £7) returned and a cost per QALY of £4,000<sup>114</sup>.

#### **Ramblers Association Get Walking, Keep Walking model**

Independent evaluation has shown that the cost benefit ratio for the programme is 1:3.61, for every £1 invested in the programme there is a social benefit of £3.61 returned<sup>115</sup>.

**Birmingham BeActive Scheme** (collaborative scheme offering free access to local leisure facilities and activities for all Birmingham residents at off peak times). The value for money evaluation found that the cost benefit ratio for the programme was £1: £21 in social benefit, for every £1 invested in the programme there is a social benefit of £21 returned<sup>116</sup>

Work based physical activity programmes: A programme costing £18,900 for a company with 100 employees could lead to an overall net saving of £10,941<sup>117</sup>.

#### **Swimming**

- While the savings and ROI from reduced and avoided chronic diseases such as coronary heart disease, stroke and Type-2 diabetes only have been considered, about £2m in healthcare costs across 500 patients are saved annually in a population of 100,000. This would equate to an overall UK saving of around £1bn and a ROI on public swimming pools of around £1.5 for every £1 spent (range 0.8

	<p>- 2.8:1)</p> <ul style="list-style-type: none"> <li>In terms of health service savings, swimming is likely to reduce the number of cases of coronary heart disease, stroke or Type-2 diabetes by about 535 in 100,000 people, leading to a saving of around £1.8m. This would equate to a saving of £1.098bn annually to the UK health system</li> <li>If a 'value of statistical life' is used to estimate the financial benefits of swimming, then at £1,000,000 per life saved (a conservative estimate often used in UK transport planning) the savings in premature deaths (&lt;75 years) due to these three conditions alone would be around £5bn (assuming 13% of them had been swimming regularly in the past year)<sup>118</sup></li> </ul> <p><b>Community Safety</b></p> <p>Taking a developmental approach to sport with young people can save on average £724.87 per participant per year by reducing the costs associated with crime and anti-social behaviour<sup>119</sup>.</p> <p><b>Increases in Earnings</b></p> <p>Evidence suggests that over a 16 year period regular active participation in sport and recreation (at least once a month versus less than once a month) increases earnings by around 1,200 Euros per year, which equates to a 5% to 10% increase in earnings – the equivalent of an additional year in education<sup>120</sup>.</p>	
<p><b>Comparison to cost effectiveness of other PH interventions</b></p>	<p>Cost of statins per quality adjusted life year (QALY): £10,000 - £17,000<sup>121</sup></p> <p>Cost of smoking cessation per quality adjusted life year (QALY): £221 - £9,515<sup>122</sup></p> <p>Cost of gastric bypass surgery per quality adjusted life year (QALY): £7064<sup>123</sup></p> <p>Cost of vertical banded gastroplasty surgery per quality adjusted life year (QALY): £11,459<sup>124</sup></p> <p>Cost of silicone adjustable gastric banding per quality adjusted life year (QALY): £10,195<sup>125</sup></p> <p>Suggested cost of Orlistat treatment for Obesity per quality adjusted life year (QALY): £46,000 although restrictions in its usage may put the figure at £20,000 - £30,000 in practice<sup>126</sup>.</p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>Use as an advocacy tool to develop business plans to draw investment for sport and physical activity</li> <li>Aid intelligent commissioning approaches</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>To make the business case for investment into a range if</li> </ul>

		<p>sport and activity interventions.</p> <ul style="list-style-type: none"> <li>• To support the development of tenders for commissioning.</li> </ul>
<p><b>Cost of Inactivity</b></p>	<p><b>BLACK COUNTRY</b> <sup>127, 128</sup></p> <p>Sport England commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to produce updated figures for the cost of inactivity, building upon work previously undertaken on behalf of the Department of Health in 2009 (that was published in the Get Active, Get Healthy Strategy).</p> <p>Based on 2009/10 data the cost of physical inactivity in England was more than £940 million. These estimates are a starting point for understanding the cost of inactivity in a local area. The information is published on the Sport England website and can also be accessed by individual Local Authority through our Local Sport Profile tool - <a href="http://www.sportengland.org/support_advice/local_government/local_sport_profile_tool.aspx">http://www.sportengland.org/support_advice/local_government/local_sport_profile_tool.aspx</a></p> <p>The results take into the account the costs of:</p> <ul style="list-style-type: none"> <li>• Cancer and lower GI</li> <li>• Breast Cancer</li> <li>• Diabetes</li> <li>• Coronary Heart Disease</li> <li>• Cerebrovascular Disease.</li> </ul> <p>Overleaf is a summary of the figures for the Local Authorities in the Black Country from 2009 and 2013.</p>	<p><b>Commissioner's and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Use to document the scale of the costs associated with people being inactive</li> <li>• Use as an advocacy tool to develop business plans to draw investment for sport and physical activity and highlight potential savings if the population were more active.</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• To make the business case for investment into a range of sport and activity interventions.</li> <li>• To support the development of tenders for commissioning.</li> </ul>

	Local Area	2009 Cost of Inactivity data (based on 2006/07 data)	2013 Cost of Inactivity Data (based on 2009/10 data)	Difference	
	Black Country	Total cost: £18,223,710 Per 100,000 of population: £6,760,772	Total Cost: £23,304,829 Per 100,000 of population: £8,508,570	Total Cost: +£5,081,119 Per 100,000 of population: +£1,747,798	
	Dudley	Total cost: £5,118,020 Per 100,000 of population: £1,696,619	Total Cost: £5,987,484 Per 100,000 of population: £1,975,772	Total Cost: +£869,464 Per 100,000 of population: +£279,153	
	Sandwell	Total cost: £4,536,090 Per 100,000 of population: £1,525,500	Total Cost: £6,510,405 Per 100,000 of population: £2,132,477	Total Cost: +£1,974,315 Per 100,000 of population: +£606,977	
	Walsall	Total cost: £4,316,880 Per 100,000 of population: £1,759,629	Total Cost: £5,652,950 Per 100,000 of population: £2,245,749	Total Cost: +£1,336,070 Per 100,000 of population: +£486,120	
	Wton	Total cost: £4,252,720 Per 100,000 of population: £1,779,024	Total Cost: £5,153,990 Per 100,000 of population: £2,154,572	Total Cost: +£901,270 Per 100,000 of population: +£375,548	
<p><b>Potential Savings of getting population more active</b></p> <p>See Appendix 1 for the assumptions and caveats that sit alongside the methodology for these approaches.</p> <p>Please contact the Black Country BeActive Partnership for further information regarding the</p>	<p>There are different methods that can be taken to calculate the potential savings of increasing the physical activity levels within the population of the Black Country. This document provides 2 examples based on savings that could be made to prescription costs. The 150+ mins calculation shows the potential savings if the proportion of the Black Country adult population doing 5x30 is raised to the same level as the national average. The &lt; 30 mins calculation focuses on inactivity and shows what savings could be made if all the people in the Black Country currently doing no physical activity changed their habits over time to exercise at the recommended amount.</p> <p><b>Model1: Increasing Participation model (Aspirational)</b></p> <p>150 minutes + Physical Activity – To raise the Black Country 150 minutes + rate to the national average would require increasing 69,434 additional people to be active at this rate. If these people were to participate at this level the following savings could potentially be made on medication costs if the percentages of incidences of these conditions that are attributable to inactivity are taken into account:</p> <p>Cardiovascular Disease: £3,076,595.36  Diabetes: £2,314,156.10  Breast Cancer: £15,484,847.01  Depression: £2,471,723.04  <b>Total: £23,347,321.52</b></p>				<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Use to document the potential savings to the NHS if sections of the population were to become more active.</li> <li>• Use as an advocacy tool to develop business plans to draw investment from health and well-being boards for sport and physical activity.</li> <li>• Highlight the need for Public</li> </ul>

<p><b>methodology and to arrange for the methodology to be applied to your locality.</b></p>	<p>Less than 30 minutes – There are 331,637 adults in the Black Country who live sedentary lifestyles, taking part less than 30 minutes of physical activity per week. If these people were to become more active and achieve 5 x 30 minutes and the percentages of incidences of these conditions that are attributable to inactivity are taken into account: the following savings could potentially be made:</p> <p>Cardiovascular Disease: £14,694,791.01  Diabetes: £11,053,140.34  Breast Cancer: £73,960,519.29  Depression: £11,805,729.77  <b>Total: £111,514,180.41</b></p> <p>Another method of assessing the potential cost is by analysing the possibility of using physical activity as a treatment. To do this requires accurate statistics on the prevalence of diseases amongst a given population. The examples below are relate to diseases for which there is data available at Local Authority level</p> <p><b>Diabetes</b>  70,791 people in the Black Country<sup>129</sup> have diabetes (% of People on GP registers with a recorded diagnosis of diabetes, 2012/13). Based on this number the cost to the NHS in the Black Country is £350,415.45, however the Chief Medical Officer stated that intervention studies using aerobic exercise reported improvements in glucose metabolism of up to 36%<sup>130</sup>. To assume that physical activity could aid up to 36% of people with diabetes would therefore reduce the potential savings to £126,149.56. Applying the average number of prescriptions per head in the UK (18.7)<sup>131</sup> this represents a potential annual saving of <b>£2,359,396.96</b>.</p> <p><b>Model 2: Decreasing prevalence of disease (current trend model)</b></p> <p><b>Breast Cancer</b>  NHS data<sup>132</sup> shows that between 2009-2011 there were <b>2,610</b> incidences of breast cancer across the Black Country. Based on this number, the cost to the NHS is £155,608. Studies have showed that physical activity can lead to a reduced risk of 20% in terms of developing breast cancer. Assuming therefore that 20% of incidences can be avoided by increasing physical activity this represents a saving of £31,121.64. Applying the average number of annual prescriptions per patient in the UK (18.7)<sup>133</sup> this represents a potential annual saving of <b>£581,974.67</b>.</p> <p><b>Cardiovascular Disease</b>  NHS Data<sup>134</sup> shows that in 2010 there were 3,503 mortalities from all circulatory diseases in the Black Country. With the average cost of treatment being £6.77 per subscription, this equates to potential savings of £23,717. This does however assume that all incidences could be</p>	<p>Health to be on Clinical Commissioning Agendas</p> <ul style="list-style-type: none"> <li>• Aid intelligent commissioning approaches</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• To make the business case for investment into a range if sport and activity interventions.</li> <li>• To support the development of tenders for commissioning.</li> </ul>
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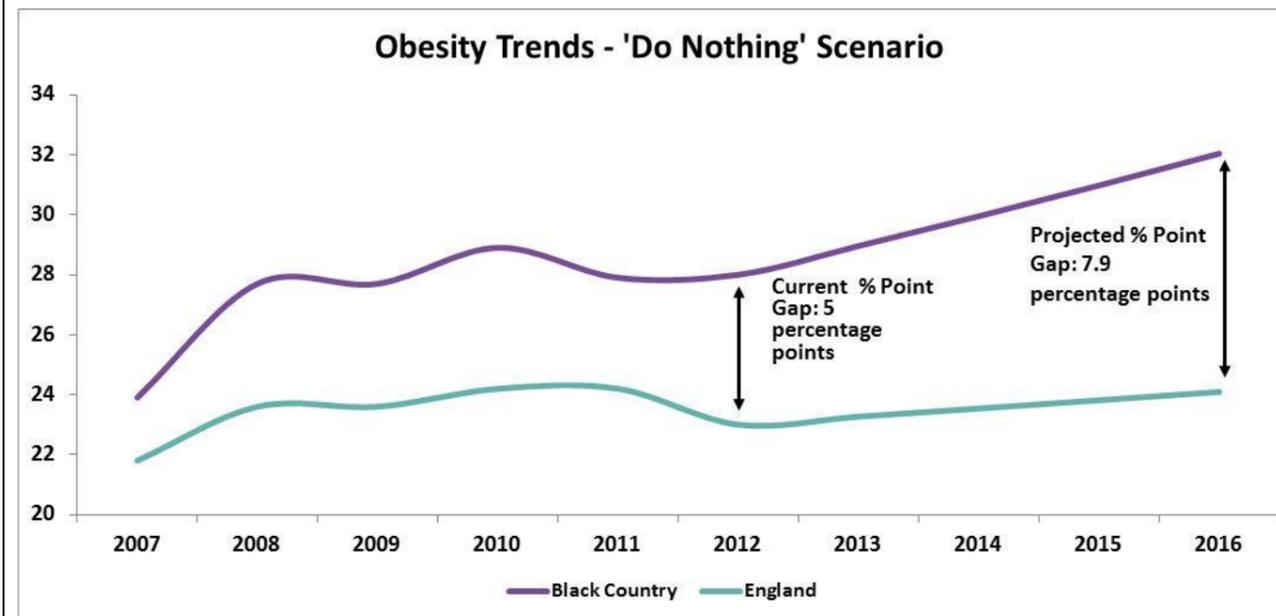
prevented by increased physical activity. There is evidence to suggest that exercise can reduce incidences of circulatory disease by up to 35%. On this basis the potential saving is reduced to £8,300.94. Applying the average number of annual prescriptions per patient in the UK (18.7)<sup>135</sup> this represents a potential annual saving of **£155,227.65**.

### Depression

In the 2012-2013 financial year NHS data<sup>136</sup> shows that 60,708 people on the PCT registers in the Black Country & West Birmingham were being treated for depression. With the average prescription cost to the NHS being £6.34 this equates to potential savings of £384,888.72. However, studies suggest that physical activity can reduce levels of depression in up to 30% of cases, suggesting more realistic potential savings of £115,466.62. Applying the average number of annual prescriptions per patient in the UK (18.7)<sup>137</sup> this represents a potential annual saving of **£2,159,225.72**.

### Model 3: Obesity

An average of the four local authority obesity rates shows that in 2012, 28% of Black Country adults were obese. The national average was 23%. The situation is getting worse. From 2007-2012 the Black Country has had an annual growth rate of 3.4%, more than double the national rate of 1.2%. The following graph shows the consequences if trends continue with no action



If nothing is done to halt obesity rates and they continue to rise at current rates there will be a 7.9 percentage point gap between Black Country obesity levels and the national average. This equates to an **additional 84,383 obese people in the Black Country**. The cost to the NHS of prescriptions to counter obesity averages at **£30.46** per treatment. Applying the average number of annual prescriptions per patient in the UK (18.7)<sup>138</sup> this represents a potential annual saving of **£48,064,724**.

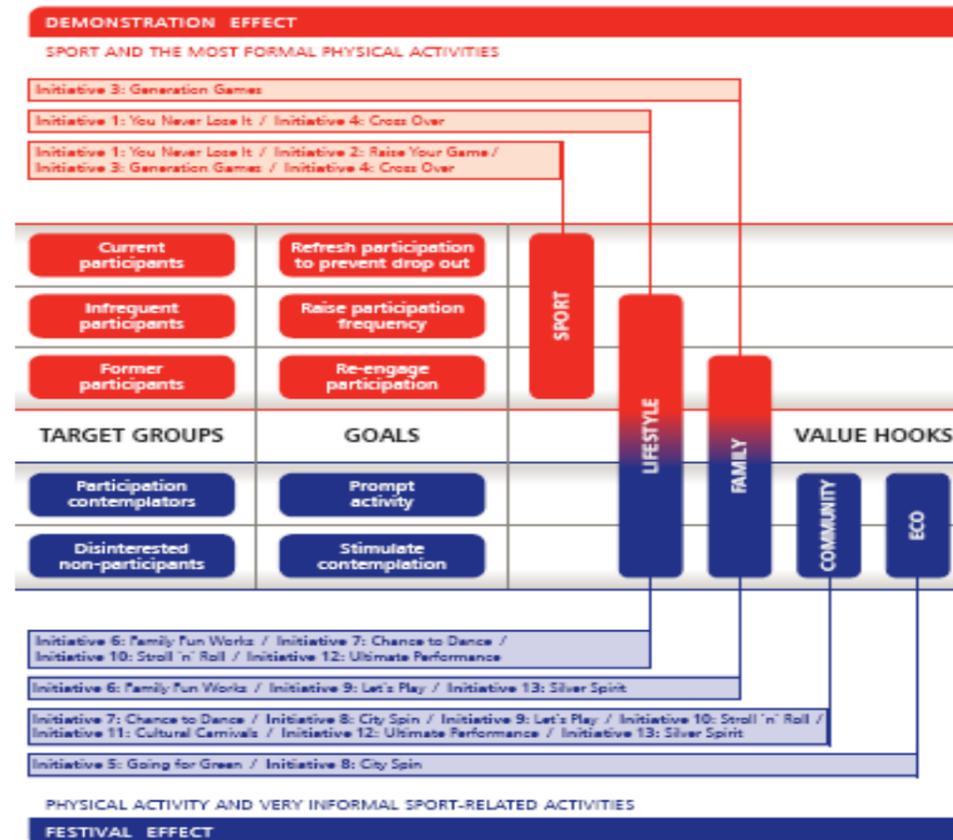
**Potential Savings per Local Authority**

The following table lists the potential savings for each Local Authority for each disease. More detailed breakdowns are available to view in Appendix 1 of this document. The obesity figure refers to the potential savings that could be made if projected increases in obesity by 2016 are avoided. Due to rounding, figures for the four local authorities won't necessarily add up to the Black Country figures calculated previously.

	Cardiovascular Disease	Diabetes	Breast Cancer	Depression	Obesity
Dudley	£40,685.29	£550,335.95	£174,815.38	£490,972.39	£14,721,070.61
Sandwell	£42,632.12	£685,162.43	£147,611.97	£741,473.59	£3,926,784.48
Walsall	£36,289.48	£588,891.12	£138,246.86	£448,860.59	£16,681,682.15
Wolverhampton	£35,620.76	£534,607.31	£121,300.47	£477,919.15	£12,735,649.96

**Active Celebration  
Using the London 2012  
Games to Get the  
Nation Moving**

The Active Celebration: Using the London 2012 Games to Get the Nation Moving publication provides an evidence based set of case studies and strategies to act as a blueprint to document which schemes are likely to work, in which settings to meet key outcomes to drive up participation in sport and physical activity by harnessing the demonstration and festival effects of the London 2012 Games. The evidence base considers target groups, goals, value hooks and the range of informal and formal opportunities. A diagram to document how these interlink can be seen overleaf<sup>139</sup>.



**Commissioner's and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)**

- Support to consider the target groups, goals, value hooks and the range of informal and formal opportunities that may be needed to drive up participation in sport and physical activity and aid the targeting of local interventions and commissioning.
- The development of outcomes and impacts for commissioning scopes

**Deliverers (NGBS, club,**

		<p><b>workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Consider how current and future delivery aligns to the target groups, value hooks etc.</li> <li>• Determine approaches that are evidenced based to drive up participation.</li> </ul>
<p><b>Projects from Active Celebration Using the London 2012 Games to Get the Nation Moving</b></p>	<p>Initiative 1 <b>“You Never Lose It”</b>: Projects should aim to re-activate motivations for sport participation among those whose participation has lapsed for a range of reasons. The most successful activities are likely to be more traditional sports played at school, college, University or in the years after leaving. Sports should be offered in a turn up and play structure that does not require long term commitment. Activities can be supported by social networking sites. Key Market segmentation audiences are Change4Life Cluster 5 families, Tim, Kev, Phillip and Chloe. Example: Back to Netball Programme funded by Sportivate/Small Grants.</p> <p>Initiative 2 <b>“Raise Your Game”</b>: Projects should aim to get those participating to participate more, activities should be aimed at non club members who participate on a pay and play basis or informally and encourage them to join clubs. Target sports include Swimming, Cycling, Jogging/Running, Badminton, Table Tennis, Squash, martial arts fitness classes. Key Market segmentation audiences are Change4Life Cluster 4 families, Chloe, Helena, Tim, Alison and Phillip. Example: StreetGames</p> <p>Initiative 3 <b>“Generation Games”</b>: Projects can focus on pay as you play or more formal club based models to get families to try new sports together or encourage parents to try the sports that their children play. This may involve adult sessions being put on at the same time as children’s sessions where it is difficult for them to play together. Key Market segmentation audiences are Change4Life Cluster 5 &amp; 6 families, Tim, Alison, Kev and Phillip. Example: Lads and Dads Rugby and Masters Swimming.</p> <p>Initiative 4 <b>“Cross Over”</b>: Projects focus on sports matching – encouraging people to try new sports for which they already have some skills. This can be a useful tool to re-engage participation for example former runners, swimmers, cyclists trying triathlon. The aim is to refresh participation among those who may be losing interest in participating. Key Market segmentation audiences are Change4Life Cluster 3 families, Ben, Jamie, Chloe, Tim and Phillip. Example: Get Back into..... Netball, Play Rugby etc</p> <p>Initiative 5 <b>“Going for Green”</b>: Projects are intended to inspire people to get active through environmental projects, they should include a</p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Support to consider the target groups, goals, value hooks and the range of informal and formal opportunities that may be needed to drive up participation in sport and physical activity and aid the targeting of local interventions and commissioning.</li> <li>• The development of outcomes and impacts for commissioning scopes</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Consider how current and</li> </ul>

	<p>warm up, activity and cool down in an outdoor/conservation/horticultural project for example green gyms, allotment projects, community clean-up projects etc. Key Market segmentation audiences are Change4Life Cluster 5, Helena, Alison, Elaine, Frank, Elsie &amp; Arnold.</p> <p>Initiative 6 “<b>Family Fun Works</b>”: These can be one off events or more sustainable programmes to bring together families to take part in activities and games either indoors or outdoors to prompt activity and stimulate contemplation of taking up sport and activity. Examples include buggy fit programmes. Key Market segmentation audiences are Change4Life Cluster 1 &amp; 5, Leanne, Jackie, Paula and Kev.</p> <p>Initiative 7 “<b>Chance to Dance</b>”: These projects promote and develop dance classes and workshops that combine one off “taster events” with more sustainable dance classes in a variety of local settings. Key Market segmentation audiences are Change4Life Cluster 3, Roger &amp; Joy, Brenda, Norma, Helena and Elaine. Examples include the West Midlands Dancing for the Games Legacy Programme <a href="http://dancingforthegames.co.uk/">http://dancingforthegames.co.uk/</a></p> <p>Initiative 8 “<b>City Spin</b>”: Outdoor cycling projects that are promoted with the occasional or interested non-cyclists in mind. These projects could include cycle maintenance, marking of cycling routes, cycling groups etc that provide activities according to cycling ability. Key Market segmentation audiences are Change4Life Cluster 2, Jackie, Roger &amp; Joy, Brenda and Terry. Examples include British Cycling’s SkyRide programmes.</p> <p>Initiative 9 “<b>Let’s Play</b>”: These programme provide a range of activities for people to engage in things that they have not tried before. The events are based on experiencing one off activities in local community settings that are accessible, low cost and bring people together. Key Market segmentation audiences are Change4Life Cluster 1, 2, 4 &amp; 5 and Jackie, Paula, Alison, Kev, Brenda and Frank. Example Community Games</p> <p>Initiative 10 “<b>Stroll ‘n’ Roll</b>”: One off events based on participants completing a defined route and distance in anyway that they can – run, jog, walk, roll,. Stroll, scooter, pushchair, wheelchair etc. Key Market segmentation audiences are Change4Life Cluster 1, 2, 3, 4 &amp; 5 and Paula, Alison, Leanne, Elaine, Helena and Kev. Example BHF Stroll ‘n’roll.</p> <p>Initiative 12 “<b>Ultimate Performance</b>”: Provide genuinely inclusive opportunities for people to engage in physical activity through dynamic theatre and performing arts projects. Audience is focused on people with disabilities.</p> <p>All of the above are referenced at <sup>140</sup>.</p>	<p>future delivery aligns to the target groups, value hooks etc.</p> <ul style="list-style-type: none"> <li>• Determine approaches that are evidenced based to drive up participation.</li> </ul>
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**PHYSICAL ACTIVITY AND SPORT OPPORTUNITIES AND PRODUCTS WITH A GROWING EVIDENCE BASE**

<p><b>Promising Local Practice</b> (taken from Black Country BeActive, Be Healthy Headline Review profiles and information from Local Authority Officers)</p>	<p><b>DUDLEY</b></p> <p><b>Dudley Healthy Towns</b></p> <p>The Dudley Healthy Towns project saw £4.5 million of investment into the borough under the government’s Healthy Community Challenge Fund, which aimed to pilot ways of reducing childhood obesity levels. Dudley’s programme aimed to encourage families to make the most of outdoor areas and used the money to transform five of the borough’s parks and play areas into healthy hubs. Each hub has a free outdoor gym, a Healthy Towns building and a dedicated Park Physical Activity Ranger. Funding has also been invested into active travel corridors promoting walking and cycling across the Borough. Further information is available at <a href="http://www.dudleyhealthytowns.co.uk/">http://www.dudleyhealthytowns.co.uk/</a></p> <p><b>Walking for Health</b></p> <p>Dudley has had a successful programme of health walks delivered in the borough since 2006. The nationally accredited Dudley Walking programme delivers a number of popular health walks to groups across the borough through the national Walking for Health programme. In 2012/13 there were 612 registered participants who collectively completed 13350 hours of walking.</p> <p>Dudley has been leading the way in the development of the programme nationally over the past 3 years. In 2010 a national pilot project with the Walking for Health programme was delivered in Dudley, taking a new approach to the recruitment and training of walk leaders. In the past 3 years there have been 107 walk leaders recruited and trained from a range of backgrounds and settings. The scheme co-ordinator is also a representative on the National Scheme Coordinators Advisory Panel which is currently helping to steer the new developments and direction of the programme nationally for the next 2 years.</p> <p><b>Independent walking</b></p> <p>There are a number of initiatives in place to support people to walk more at times and places that are convenient to them. The initiatives currently in place include resources to support members of the public with route planning. Currently there are a number of websites that help with this. The <a href="http://www.walkzone.dudley.gov.uk">www.walkzone.dudley.gov.uk</a> website allows people in Dudley to plot and save a route using aerial photography. <a href="http://www.walkit.com">www.walkit.com</a> gives walks suggested routes from A to B, circular routes from a given start point or the ability to plot and save their own walk. <a href="http://www.walk4life.info">www.walk4life.info</a></p> <p>A partnership project between Public Health and the libraries department means that now any Dudley resident can loan a pedometer free of charge from any library in the borough. This project has been working well since its introduction in 2007, with over 200 loans a year on average.</p> <p><b>Tandrusti Project</b></p> <p>The Tandrusti project is commissioned and steered by the Office of Public Health and delivered by the WEA. The project delivers three main</p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Identify promising local practice that can be replicated across the Black Country.</li> <li>• Consideration given to approaches being taken in other areas within JSNA, Strategic plans and commissioning plans.</li> </ul>
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strands of work. These are;

1. Provision of community based activity sessions – (exercise to music sessions) with measured health, learning and well being outcomes. (Tandrusti core delivery)
2. Provision of wider health awareness sessions.
3. Provision of Community Gym Service. This involves the use of exercise bikes, rowing machines and a supervised programme delivered in community venues to target people not yet confident enough, or physically able enough to attend sessions independently. This strand is commissioned solely by the PA team.

This programme has won national NiACE awards.

#### **Groundwork West Midlands – CHD Community Prevention**

Groundwork deliver a portfolio of projects aimed at engaging local communities to create changes to physical environments. These changes help to create environments that encourage and support a greater uptake in physical activity.

#### **Exercise Referral**

Patients are signposted from Primary Care settings, into one of three referral options dependant on the patient's medical history and current activity levels. The three tiers to the exercise referral are;

**1. Exercise Referral programme** – Patients are referred to either the Action Heart Cardiac Rehabilitation Centre or one of the three Dudley Council Leisure Centres. At the referral station, the patient will be given a 12 week programme of exercise, developed specifically to suit the patient. At the end of the 12 weeks, the exercise instructor will outline a range of activity options to the patient to help them sustain their activity levels.

**2. Discount Leisure Scheme** - Patients engaging with the scheme receive a 50% subsidy at all of Dudley Council's Leisure Centres on a 'pay & play' basis. The subsidy acts as a motivation for people to attend the centres for activities including gym, swimming, exercise classes and badminton. Following the 3 month subsidy period Steps to Health members become full paying Leisure Centre Customers or are offered membership via the Council Discount Scheme.

**3. Green Exercise** - The PAT receive referrals from Primary Care and contact the patient and discuss a range of outdoor activity options available. The most suitable activities are identified and relevant information is posted to the patient. The options available to patients focus on walking and cycling either in a group setting or individually. The majority of the options are free of charge, therefore providing options for those patients who are unable to afford the cost of gym based activity.

The Exercise referral programme was cited as good practice within the national CVD strategy 2012 and was a finalist of the 2013 Integrated Care Pathways Awards

#### **Brief Intervention**

A leaflet entitled 'Physical Activity and Your Health' containing key physical activity messages and brief details of activity programmes within the Borough. This is available to members of the public, but is used by a range of health professionals who need a 'script' to deliver a brief intervention. It is available in public places such as libraries, leisure centres and at public events and as an attachment with referral letters about services such as Weight Watchers and exercise referral.

### **SANDWELL**

#### **Club Development Programme**

Sandwell MBC and The Albion Foundation worked in partnership to deliver a programme of funding for sports club development that would see increased club membership, increased participation and increased volunteering from young people aged 16 – 24 years of age. Clubs participating in the programme included West Bromwich Harriers Running Club, Warley Wasps, Sandwell Special Olympics, Sandwell Cycle & Speedway Club and the Grasshoppers Netball Club. The programme saw a growth of 708 active members within the clubs, 25 new volunteers working within the clubs and 247 qualifications delivered to develop the club workforce and infrastructure. A legacy from the programme is the development of the Sandwell Sports Club Partnership, which is a constituted body that has a membership of more than 24 clubs and receives funding from Sandwell MBC.

#### **Slimwell (Mytime Active)**

Slimwell is a community and workplace-based weight management programme for Sandwell residents aged 13+ (13 – 16 year olds need to be accompanied by an adult). The service operates in various locations throughout the borough. The main features include low impact physical activity, nutrition and a facilitated group session as part of the programme content. Participants are encouraged to adhere to a long term healthy lifestyles plan by achieving small goals each week. There were 1,712 referrals to Slimwell in the contractual year spanning November 2012 – October 2013.

#### **Adult Cycling (Mytime Active)**

Adult cycling aims to engage community associations, members of the public, families and mental health/disability support agencies and promote cycling as a recreational activity. Also, to recognise that cycling can be used as a tool to increase physical activity, enhance health and utilise the outdoor environment. The cycle sessions act as platform for individuals to increase their confidence and independence hence the strong link with various BME community support agencies and mental health networks. A cycling hub exists at Sandwell Valley Country Park where participants and groups can access cycles FREE in idyllic surroundings away from traffic. During the last contractual year (November 2012 – October 2013) 473 adults and children accessed this service and 12 community associations participated in regular cycling. Those

completing the programme reported increases in confidence and skill levels.

**Sandwell Stride (Mytime Active)**

Sandwell Stride is a Health Walks programme, supported and accredited by the national scheme, Walking for Health. The programme provides up to 40 walks a week available to members of the public, plus additional walks for 'closed' groups (workplaces, community groups etc.)

Walks are designed to meet the needs of people with different abilities. Walks are short, between 30 minutes and 1 hour, and are designed to be attractive to people who currently participate in little or no exercise. Where possible a back marker is also provided to ensure that both slower and faster walkers are supported. An incentive scheme operates for the walks whereby walkers are given a stamp on each occasion they walk, and after attending 12 walks they receive a free meal at a participating Community Café. This incentive provides a tangible link between physical activity and healthy eating programmes

The Sandwell Stride programme was planned in 1999 and the first walks were delivered in 2000. Since then the programme has expanded dramatically. It is estimated that for every £1 spent on developing health walks more than £7.50 is saved by the NHS through prevention of future illness.

**Exercise Referrals (Sandwell Leisure Trust)**

Sandwell Leisure Trust delivered a 3yr project supporting women, specifically those who live in high levels of deprivation and those with childcare responsibilities, to get more active. The project involved partnership work with a number of local organisations and sports clubs who delivered a range of initiatives including: group fitness, netball, multi-sport sessions, athletics, water polo, dance, cycling, fencing, swimming and badminton. The project supported a total of 1605 women (target 501), recording 8,473 attendances (target 4011). Significantly, 1079 of those engaged (67%) were classed as living in a deprived area, whilst 578 (36%) had childcare responsibilities for an under 16, which is currently a key reason cited by women as to why they do not participate in sport.

**Sandwell Leisure Trust Concessionary Pass (Sandwell Leisure Trust)**

Concessionary Leisure Passes are available to full time students, over 60s and those on low incomes and receiving benefits. Individual and family options are also available. The concessionary pass entitles the holder to a wide range of benefits including 50% discount on swimming, fitness classes, gyms and weights, 25% discount on swimming lessons for children over 8 years (who must have their own membership or be included on a family membership to receive discounts), 10% discount on badminton, squash, tennis, sauna and steam room, merchandise and equipment hire, 10% discount on tennis at Tipton Sports Academy and Closer to the Edge - High Ropes course at Sandwell Valley Country Park, golf discounts at Brandhall Golf Course and free swimming for people with disabilities.

## **WALSALL**

### **Walsall Walk On**

Walsall Council's led walks programme has now been in existence for nearly 13 years and currently has approximately 15,000 attendances each year. Each of the 30 walks is led by a nationally qualified Walk Leader who is assisted by a back marker. Walk On has over 160 trained volunteer Walk Leaders who continue to help deliver the programme ensuring its long term sustainability.

### **Community Hydrotherapy**

Community Hydrotherapy was developed due to the demand from patients referred from the Rheumatology department at the Manor Hospital into Time 2 Change Exercise Advice Service. Many of these referrals had already benefited from a short period of physiotherapy led hydrotherapy, therefore were interested in continuing their exercises in a community based session under the supervision of a qualified instructor. The 5 water based sessions taking place across the borough are accessed by people with various musculoskeletal conditions and receive approximately 3,500 attendances per year.

### **Free Swimming**

When free swimming (for u16s and over 60s) was introduced in 2009 it saw nearly a 3 fold increase in the number of attendances. Sport England market segmentation analysis highlighted increased participation from people/ young people with parents from less active segments (Kev's, Paula's, Terry's and Norma's). Due to its success in engaging those harder to reach groups and continued increase in the number of people accessing the local pools under 16 free swimming has been extended until Sept 2013 with funding from Social Care and Inclusion. A "Swim for a Quid" scheme is currently available for over 60s.

### **Fit for a Fiver/ Train for a Tenner**

Due to very few men accessing weight management support in Walsall, Chester University were commissioned to carryout local research to find out what types of activities were likely to increase engagement. Findings highlighted demand for gym based activities, subsequently Fit for a Fiver was developed. The scheme offered men over the age of 40 living in certain more deprived postcodes access to council gyms at only £5/month for an initial 3 months. If they attended regularly, the offer was extended for a further 3 months.

In just over 12 months 892 men took up the offer, with 533 being new members to the gyms. Analysis of available data also showed that 64% men reduced their BMI and due to the success of Fit 4 a Fiver a similar approach continues to be rolled out called "Train for a Tenner" – funded by NHS Walsall.

**Family Fun Physical Activity**

Walsall PCT's programme provides FREE physical activity sessions in non-intimidating local community venues such as schools, community venues and churches to take physical activity into the heart of communities to overcome cost and transport barriers. The programme has worked with children centres to provide physical activity sessions in conjunction with crèches to over-come childcare issues and also introduced Family Fun physical activity sessions to engage the whole family in physical activity that is local to them and free, overcoming all of the identified barriers to participation in physical activity on a local scale. Since November 2008 over 7000 people have engaged with the service and there have been face to face contacts, or attendances at classes in excess of 20,000 during 2011-2012.

**Cradle to the Grave Activity**

To support physical activity from cradle to grave opportunities for physical activity in Walsall are providing people to be active throughout the life course. This includes exercise in pregnancy, including aqua natal, baby dance sessions for parents and children 6 -18months, movers and shakers for 2-4 year olds, active clubs for 5-11 year olds and teenage and adult activity sessions, including over 50's circuits, Physical Activity initiatives in the workplace, Physical activity sessions with learning disability groups, Postural Stability Instruction session for fall prevention and seated exercise for frail adults. Culturally sensitive activity sessions also form part of the programme alongside activities for people with disabilities to ensure that inclusion is at the heart of the activities developed.

**WOLVERHAMPTON**

Wolverhampton has some universal services that target the whole population to promote healthy weights and some services that target those who are overweight or obese. These are mapped out in the following diagram for different age groups. This is not an exhaustive list of services in Wolverhampton and further mapping needs to be undertaken. This diagram supports the Public Health Team Annual Report *Weight? We can't wait. A call to action to tackle obesity in Wolverhampton. Annual Report of Public Health 2013/14.*

Figure 10: Current interventions available to promote healthy weight in Wolverhampton



**Wolverhampton Walking 4 Health Project**

Wolverhampton’s popular Walking for Health scheme was launched in 2001 and has over 700 people now regularly take part in weekly walks in a range of areas across the city. There are more than 30 free health walks happening across the City each week as a result of the scheme that utilises volunteers to lead the walks. Further information is available from

<http://www.walkingforhealth.org.uk/walkfinder/west-midlands/wolverhampton-walking-for-health>

**Wolverhampton's Healthy Lifestyles Legacy Scheme**

Wolverhampton's Healthy Lifestyles Legacy Scheme is a Sport England funded programme aimed at increasing participation in the over 45's across Wolverhampton. The scheme operates within six targeted community centres and consists of:

- **Sports Taster Sessions;** to enable people to 'try' new activities and encourage deliverers to provide sustainable activities.
- an **Education Programme;** the delivery accredited qualifications that will provide the skills and knowledge to local people so that they understand how best to look after their own health as well as those around them and also to create deliverers that may go on to lead

	<p>health related activity within the city.</p> <ul style="list-style-type: none"> <li>• <b>Fitness Testing</b>; conducted through a partnership with the PCT's Health Trainers participants are offered the opportunity to undergo 'health checks' so that they are able to learn how to look after their own health and well-being.</li> <li>• <b>Community Gyms</b>; utilising partnership funding through the PCT we have been able to create community gyms as part of the scheme which use Technogym's Easy Line gym equipment. Gyms are available on local communities 'doorsteps', sessions are affordable and the equipment works on hydraulics with many pieces being seated making exercise accessible for all levels of ability and ages.</li> </ul> <p>To date the legacy scheme has had over 800 participants, provided 46 accredited qualifications and supported 3 new community gym instructors in the set up and delivery of their own fitness sessions.</p> <p><b>Tackle Diabetes Programme</b></p> <p>A partnership has been developed with Wolves Community Trust where anyone attending their Tackle Diabetes programme are provided with vouchers to be redeemed at any community gym facility. The offer has been taken up well with many people choosing to continue exercise after the six vouchers have been used. Two participants from the programme are also currently receiving training to become community leaders.</p> <p><b>Outdoor Gyms</b></p> <p>Wolverhampton has developed 21 outdoor gyms across the city in parks and green spaces to encourage activity. This is free of charge and individuals can access at any time of day to suit them. Information regarding where these are sited are contained within the Wolverhampton Healthy Eating and Physical Activity Resource Pack and will be made available on a website that is currently been constructed.</p>	
<p><b>National Sport England Programmes (* Indicates that CSPs are accountable for the delivery in their area)</b></p>	<p><b>Satellite Clubs</b></p> <p>Helping teenagers and young adults take the step into community sport is at the heart of Sport England's 2012-2017 Youth and Community Strategy. Satellite clubs can bridge the gaps between school, college, university and community sport and provides new opportunities for young people to create lifelong sporting habits</p> <p><b>Sportivate*</b></p> <p>Sportivate targets semi sporty 11 – 25 year olds and provides them with the chance of taking part in 6 – 8 weeks of coaching in a sport of their choice and will support them in the longer term to continue to playing sport once the session have finished.</p> <p><b>Protecting Playing Fields</b></p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Understanding of national level programmes that can support local strategic delivery to meet strategic outcomes and create maximum impact as part of the delivery chain for</li> </ul>

	<p>The programme identifies and funds projects that help communities improve and protect playing fields.</p> <p><b>Iconic Facilities</b> This programme will see the development of a small number of strategic facility projects that will significantly increase participation in sport and will be promoted as best practice examples.</p> <p><b>Inspired Facilities</b> This programme will invest in the modernisation and extension of clubs and open up community facilities for sporting use. The funding will be used for local projects that are developed and delivered predominantly by the community and voluntary sector.</p> <p><b>Small Grants</b> Funding programme that awards between £300 - £10,000 to support community sports projects that increase or sustain participation in sport or provide opportunities for people excelling in sport.</p> <p><b>Community Sport Activation Fund</b> Funding for activities reflecting a broad range of sports which are family orientated for 14+ age groups. Funding can be accessed from £50,000 - £250000.</p>	<p>sport and physical activity</p> <ul style="list-style-type: none"> <li>• Use data to determine and target specific areas for sports initiatives listed.</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Understand where there are opportunities for added value to work that you are undertaking.</li> <li>• Opportunities to align delivery to wider programmes</li> <li>• Opportunities to bring in funding to support the work that is being delivered.</li> <li>• Develop new participants</li> </ul>
<p><b>NGB Informal Adult Participation Programmes</b></p>	<p><b>Angling</b></p> <p><b>Let's Fish</b> is an Angling Trust branded, course and game angling participation programme and is delivered in partnership with affiliated fisheries. The focus will be on older and disabled anglers and will be delivered by 'Angling Champions'</p> <p>Go Fish is a programme that will establish a national competition structure at club, county and regional level to incentivise regular adult and disabled Club Fish</p> <p><b>Go Fish</b> anglers to fish more frequently. This new structure will form part of a national strategy for competitions to be developed by the Angling Trust by April 2015.</p> <p><b>Club Fish</b> A club and commercial fishery development programme incorporating opportunities to support and increase regular participation from core adult members/customers</p>	<p><b>Commissioners and Strategists (Local Authorities, Commissioning Boards, NGBs, Sport England, CSPs)</b></p> <ul style="list-style-type: none"> <li>• Understand the sporting products available from NGBs to support the delivery of strategic aims and objectives</li> <li>• Match products to market segments and priority locations to maximise</li> </ul>

	<p><b>Athletics</b></p> <p><b>Run England:</b> Supports affiliated running clubs, developing the Run England Community and training run leaders through the running fitness qualification. Aimed at recreational market to increase regular running and focuses on a leader's syllabus, group model and marked running trail initiative. <a href="http://www.runengland.org/">http://www.runengland.org/</a></p> <p><b>AthleFIT</b> – indoor track and field recreational fitness product aimed at increasing regular participation. <a href="http://www.athlefit.org">www.athlefit.org</a></p> <p>Athletics 365 – youth development curriculum aimed at developing young athletes through a multi-event approach.</p> <p><b>Run England 3-2-1</b> is Run England's project which aims to provide a range of marked out running or jogging routes across the country that anyone can have a go at. It's a way of providing a meaningful challenge to help more people to get running when it best suits them. Run England is the recreational running programme of England Athletics.</p> <p><b>Badminton England</b></p> <p><b>No Strings Badminton:</b> Offers a sustainable pay and play opportunity for the casual/recreational badminton player and a free online membership scheme. <a href="http://www.badmintonengland.co.uk/show_news.asp?section=13&amp;itemid=3203&amp;search=no+strings">http://www.badmintonengland.co.uk/show_news.asp?section=13&amp;itemid=3203&amp;search=no+strings</a></p> <p><b>PlayBadminton</b> – working with leisure providers to grow the already large casual market for badminton and to enable improved access for clubs and young people so that more people play the sport on a regular basis</p> <p><b>Smash Up (14-25)</b> – A great new offer for 14-16 year olds if they are looking for a fun, informal way to play their sport. Sessions will be after school or in Leisure Centres.</p> <p><b>Baseball/Softball</b></p> <p><b>Hit the Pitch</b> - Hit the Pitch™ is BaseballSoftballUK's development programme aimed at creating new playing opportunities and attracting youth, college, university and adult players to softball and baseball. Hit the Pitch™ programmes are wide-ranging but often include fun softball or baseball sessions followed by tournament and/or league play to satisfy people's competitive spirit!</p> <p><b>Swing By</b> - Swing By is BaseballSoftballUK's new community softball programme. Swing By represents a new programme of pay and play activity that will offer a flexible and relaxed approach to participation. The programme seeks to tap into the fun, recreational, and mixed gender nature of softball that can be set up by UK leisure providers all year round. Swing By can be run indoors and outdoors as an activity for sporty and non-sporty types.</p> <p><b>Basketball</b></p> <p><b>IM Basketball:</b> (14-25 in education) – Aims to maintain and grow current levels of participation. With the flexibility of the sport at its core, IM Basketball is designed to offer informal participation opportunities primarily for those in schools, colleges and universities.</p>	<p>impact of investment</p> <ul style="list-style-type: none"> <li>• Consider sport within the wider commissioning needs of the locality</li> </ul> <p><b>Deliverers (NGBS, club, workplaces, CSPs, Community Clubs etc.)</b></p> <ul style="list-style-type: none"> <li>• Consider collaborative approaches to seek investment.</li> <li>• Understand the wider sporting offer to communities</li> <li>• Develop menus of opportunities</li> </ul>
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**Ball Again:** (16+ not in education) – The participant-centred programme of coaching and games not only for lapsed players but also those new to the sport, participants can play basketball for fun, to get fit or simply as a social activity.

### **Bowls**

#### **Play Bowls Day**

A club and commercial fishery development programme incorporating opportunities to support and increase regular participation from core adult members/customers

#### **Play Bowls4fun**

The Play Bowls4Fun sessions will be delivered by the Clubs and, where possible, BDA registered Coaches but as with the Play Bowls Day the planning, promotion and review of each Play Bowls4Fun will be the responsibility of a wider network of partners in the CSP's, Local Authorities, National Governing Bodies and County Associations.

#### **Play Bowls Roadshow**

The Play Bowls Roadshow is the Bowls Development Alliance's [BDA] flagship product to raise awareness of the sport of Bowls within a specific area. The Roadshow is delivered by a BDA driver and van and the equipment on board (explained later in detail) is sufficient to run a all day taster session on any flat, hard standing location where there is a high footfall of people, particularly 55+

### **Boxing**

#### **Box**

The BOX programme is focused on the training of gym and fitness instructors and personal trainers to deliver a range of BOX sessions as part of a fitness and health programme.

### **Canoeing**

**Go Canoeing:** Canoe England Clubs/ Centres are running a series of taster sessions for absolute beginners- you don't need any experience, kit or special skills and it is suitable for everyone from 8 years old to 80 years old! There are lots of different types of canoeing which means there will be something for everyone's personal taste and ability. <http://www.canoe-england.org.uk/clubs-i-centres/go-canoeing-days/>

**U Canoe** - programme is targeted at the 14-25 age groups and aims to address the decline in participation amongst young people. It is made up of a number of interventions, both on land, utilising canoe ergos and on water.

### **Cricket**

**Last Man Stands:** This social outdoor 8-a-side T20 cricket game lasts +/- 2 hours. All 8 wickets are needed to bowl a cricket team out. When the seventh wicket falls, the Last Man Stands on his own! <http://www.lastmanstands.com/playcricketengland>

**Easy Cricket:** To encourage new people to play cricket and lapsed players to pick up a bat again, the concept is to get people playing within an environment that is familiar and convenient to them. <http://www.ecb.co.uk/development/get-into-cricket/easy-cricket,2500,BP.html>

**Indoor Cricket:** Indoor cricket is a variant of and shares many basic concepts with cricket. The game is played between two teams each consisting of eight players, in matches featuring two innings of sixteen 8-ball overs each. <http://www.ecbic.co.uk/>

### **Cycling**

**SkyRide:** Sky Ride is a national campaign from Sky and British Cycling created to inspire and help everyone whatever their age or ability to get on their bikes and have fun. There are a whole range of ways for people to get involved. From big traffic-free events, to local rides, from routes and trails to courses and training. <http://www.goskyride.com/>

**SkyRide Local:** Sky Ride Local rides are fun, friendly and free community bike rides that help people get out and explore their local area. They're led by a British Cycling trained ride leader who can provide support and give participants tips. <http://www.goskyride.com/SkyRideLocal>

**Breeze:** The Breeze network from British Cycling is all about fun, local bike rides for women, by women – and there's a whole range of support, training and ride opportunities too. The network's informal and relaxed. <http://www.goskyride.com/breeze>

### **Equestrian**

**Take Back the Reins:** Programme aimed at engaging women (Alison and Elaine Sport England market segments) back to horse riding. Take Back the reins a series of riding lessons providing individual and group coaching, specifically designed to support first steps in order to get participants into the saddle. It will help develop skills so that participants can ride out, depending upon skill and confidence levels, perhaps in the open countryside, improve fitness, and progress within the sport, making sure Take Up the Reins participants have fun along the way.

**Take Up the Reins** - Involves a team of three mechanical horses (RoboCob, Trigger and their little sister, Queenie) who tour the country to spread the word. They will stop off at county events, holiday parks, town centres, shopping malls, universities and colleges. Everyone who has a test ride will be presented with a certificate, rosette and goody bag to mark the occasion.

**HOOF Local Equestrian Networks:** Aimed at empowering equestrians within the regions to work together to increase participation, professionalism and profitability.

### **Fencing**

**Go/Fence** - is the fun, safe and easy way to start fencing using plastic fencing equipment. There are lots of ways and places to try it - at school, the leisure centre, youth clubs and in local clubs.

**Retain and return** - the aim of the programme is to sustain regular participation and attract lapsed fencers by working with clubs and coaches to provide more and better introductory offers to the sport, including new competitions for beginners.

### **Football**

**Just Play:** A new, fun and informal way to play the game. Just Play! Kickabouts that enable people to play without committing to a weekly game, a complicated league or fancy team strips. It's all about loose, casual play.

[https://justplay.thefa.com/?gclid=CMT6gZqVjaoCFcxzfAodSk\\_-zg](https://justplay.thefa.com/?gclid=CMT6gZqVjaoCFcxzfAodSk_-zg)

### **Golf**

**Get Into Golf** – an extension of the current integrated marketing campaign, which is supported by web, social media and a 0800 number for people to call. A network of consumer communication partners will support the development of content aimed at priority segments. Targeted county and local messages using a variety of media sources in areas with large populations of core segments

### **Handball**

**Handball in 5** - is a way of trying handball with friends or family using equipment that is easy to resource and public facilities. It's a fun and informal way of having a go at the game on your doorstep. A simple one-side resource is made freely available for self-starters that wish to run handball activity with their friends and colleagues informally – effectively learning a version of the game 'in 5 minutes'

**Handball in a Box** - is a progression from Handball in Five. England Handball will offer support to appropriately qualified local providers that wish to organise and deliver entry to low level handball activity in their community. These providers could be leisure centres, local sports development staff, private providers etc. The 'box' is the tailor made offer that will aim to complement local need.

### **Girls4Gold**

England Handball offer a leadership award exclusively for females aged 14-25. The award is set to encourage females to take part in the sport and retain them in activity beyond the qualification.

### **Hockey**

**Rush Hockey:** New, fun, accessible, innovative, informal team sport that gives you a physical and emotional rush. Flexible format – Mixed, 4/5

a side, multi-surface, indoor or outdoor, larger and lighter ball, no goalkeepers, self-umpired, 4 basic rules for safety, enjoyment and fun.

**Get Back into Hockey:** This programme is aimed at getting women active through hockey. Fun, sociable return to the sport. EHB run Staff Get Back Into sessions for team building/lifestyle needs.

### **Judo**

Judo do not currently have any products listed

### **Lacrosse**

**Into Lacrosse:** Recreational Lacrosse offer for adults. Aimed at 22+ years. Target markets – school & university alumni groups, university leavers, parents of existing junior players, past participants, locally targeted workplace programmes. Initial programme is targeting 15 easy pay & play community outlets each offering 5x10 week periods of Into Lacrosse providing a fun fitness based social programme.

### **Netball**

**Back to Netball:** England Netball's Back to Netball provides a gentle introduction to the sport for female players over sixteen years of age. Sessions are coach led and cover basic skill development and court play. The emphasis of these sessions is on learning new skills and having fun playing Netball with friends. Whether it is about rediscovering sporting abilities you forgot you had or about getting active again, these sessions cater for all abilities. <http://www.englandnetball.co.uk/back-to-netball>

**Netball Now** is a pay and play offer. The sessions are not coached, it is not a competition that is governed by rules and regulations, and scores are not recorded. It is simply a session to turn up at and play a game of netball; simple as that!

**Netball in the City:** A new team of Netball Development Community Coaches will be delivering opportunities for women across Bristol, Leeds, London, Manchester, Newcastle, Nottingham and Wolverhampton to get back to netball.

[http://www.englandnetball.co.uk/the-game/Netball\\_in\\_the\\_City](http://www.englandnetball.co.uk/the-game/Netball_in_the_City)

### **Orienteering**

#### **Run Challenge**

A 45 minute score event, where each participant (or group of participants) is given a map marked with control points. Participants use the map to navigate to as many control points as possible in the allocated time. The map will be designed to provide the appropriate level of challenge to meet the needs of the target participants. It is a mass start event with questions to answer at each control point

### **Xplorer**

A fun navigation event or challenge, where each participant (or family) is given a map marked with control points. Participants use the map to navigate to as many control points as possible in the allocated time. The map will be designed to provide the appropriate level of challenge to meet the needs of the target participants. Participants are required to identify different Colours and Animals to show they have visited each control point.

### **Pentathlon**

Have a go Pent developing skills through multidiscipline coaching at clubs and coaching environments to prepare for competition at all levels. Working with core disciplines NGBs of Swimming, running, shooting, fencing and riding linking with and building on their products

[www.pentathlongb.org](http://www.pentathlongb.org)

### **Rounders**

**Indoor Rounders:** Indoor Rounders makes Rounders an all-year-round sport keeping players fit and active ready for the sunshine in the summer season. Indoor Rounders is a limited-ball, six-a-side game for both men and women and can be played as a club or as a drop-in game to make it easier for busy people to come and have a go. Indoor Rounders is exciting, fast and fun with the ball bouncing off the ceiling and off the walls at odd angles, which makes it easy for anyone to be able to score and have fun.

<http://www.roundersengland.co.uk/rounders/index.cfm/play/indoor-rounders/>

### **Rowing**

**Indoor Rowing:** Indoor rowing has its own competitions and events and is easily accessible with machines often being seen in gyms, sports centres and rowing clubs across the country. <http://www.britishrowing.org/indoor-rowing>

**Explore Rowing:** Aims to get 10,000 more people rowing once a week by the end of 2013. This programme focuses on explore rowing clubs making new links with communities. <http://www.britishrowing.org/about-rowing/explore-rowing>

### **Rugby League**

**Tag/Touch:** Fast moving, evasive and involving minimal contact, Touch Rugby is a game played all over the world by men and women of all ages and skills levels. <http://www.therfl.co.uk/play/touch> Play Touch Rugby League is a programme to acquire new regular participants and improve retention via 2 offers. Competitive Leagues and Turn Up & Play. Majority of delivery will take place in Powerleague sites.

### **Rugby Union**

**O2 Touch Rugby:** Touch Rugby is a non-contact version of the game, there are no scrums, no line-outs, no rucks and no mauls.

<http://www.rfu.com/TakingPart/Play/O2TouchRugby.aspx>

## Sailing

**Start Sailing / Go Sailing:** is about learning to sail small dinghies or learning to windsurf. Both sports offer a fun and affordable way of getting afloat. Delivered through participating clubs and centres over a series of sessions, these then link into regular sailing opportunities through Go Sailing.

**Start Racing / Go Racing** is all about introducing new participants to fun racing within a club environment. These weekly sessions tend to be informal focusing on boat handling skills and introducing the basics of racing in a small dinghy. Go Racing allows a progression into more competitive, yet equally enjoyable club racing. These sessions tend to be more structured with regular racing offered in a clubs calendar.

**OnBoard** - OnBoard (8 plus age group) introduces and retains new young people into the sport by teaching them new skills in a safe controlled environment. This includes from 2013 linking the OnBoard Programme with key universities to develop sustainable club activity by developing robust links between university sailing clubs and local sailing clubs.

**Sailability** - Continuing the successful Sailability programme which supports disabled people to sail through specialist provision at Sailability Foundation sites.

**Active Marina** - Investing in the Active Marina programme, designed to build competence and confidence in marina berth holders. The programme engages with a large number of people who sail recreationally to develop their skills and confidence and give them opportunities to sail more frequently

## Skiing & Snowboarding

**GO SKI GO BOARD (GSGB)** An overarching participation programme targeted at beginners, improvers and recreational skiers and snowboarders over the age of 14. After a 6 week programme of activity they are then encouraged to sustain their participation through joining a club or continuing with recreational access.

### Go Roller Skiing

GO ROLLER SKIING is about rising awareness of roller skiing as a sport and getting people ages 14 – 25 participating on a regular basis no matter what the participant's ability level may be. Roller Skiing is the snowless version of Cross Country Skiing and is used by many as training or a social hobby while away from or if there is no snow, especially in Europe. Making it an ideal Snowsport for England!!!

As an endurance sport the health benefits match those seen from sports such as Cycling and Rowing.

### **Squash**

The following 4 products come under the banner of "The Big Hit"

**Try It** - targets people to try squash and Racketball with different offers and discounts

**Play It** - involves Social Squash and Racketball sessions that run once a week that introduce new players of all abilities to try the sport in an informal, fun and social group session

**Court Challenge** - is a flexible competition programme focusing on retention, and increasing participation frequency of informal squash and Racketball players

**Squashercise** - is an exercise to music product, using squash movements and squash ball hitting exercises on a squash court.

### **Swimming**

**Big Splash:** Campaign to get more people into the pool working in partnership with the BBC

**Swimfit: British Gas Swimfit** engages people in swimming based on their motivation for working-out, whether people are seeking to maintain your health, shape up and tone their body, reach peak fitness level or compete at swimming competitions. <http://www.swimming.org/swimfit/>

**AquaFit:** Aerobics in water to develop fitness and toning. <http://www.swimming.org/parents/aquafit/>

**Active Workplace Swimming** - This initiative will get more people swimming more often by building new partnerships, developing new pathways, to target new people with ASA products & programmes such as Swimfit. In return supporting a preventative approach for employers to reduce sickness and absences costs and improve productivity and motivation of their employees. May also be advantageous to other ASA areas of work, for example additional funding/sponsorship for clubs or other initiatives

### **Table Tennis**

**Ping!** is a National programme with significant strategic input and a high level of creative input. It increases awareness by linking Sports and the Arts, taking sport to the community and reaching new audiences in a non-traditional way. It focuses on acquisition and retention of participants through free play, events and different exit routes. <http://pingengland.co.uk/>

**Indoor Ping!** intends to utilise Small Grants to provide an equipment package that will allow community organisations to deliver non-traditional participation opportunities. These include a table, bats / balls and materials to support communication and evaluation.

**Outdoor Ping!** similar to the indoor offer but comprising a table suitable for outdoor use

**Ping Pong Jam** is a partnership with StreetGames and music content provider SBTv, the jam will create a table tennis led culturally relevant environment that is positive, aspirational and 'cool'.

**Instant Ping Pong (IPP)** provides everything you need to play at anytime, anywhere (no need for a table tennis table) with anyone providing a unique and accessible opportunity to play. The pack includes 1x roll net, 7 bats, play cards and a tube of table tennis balls in a drawstring bag.

### **Tennis**

**Cardio Tennis:** Cardio Tennis is a high energy fitness activity that combines the best features of the sport of tennis with cardiovascular exercise aerobic workout. It is a very social and fun class for players of all ability levels taught by a tennis teaching professional. Target audience: Chloe, Helena, Alison. <http://www.lta.org.uk/players-parents/Cardio-Tennis/Home/>

**Tennis Xpress** - Tennis Xpress aims to teach adults new to tennis or returning to the sport to play the game in 10 hours. It uses slower balls to help participants develop their skills and encourages competitive play from week one. This course is designed as a 5-week course of 10 hours (5 x 2 hours). The aim is to make the course short enough to make it convenient for adults, whilst at the same time offering sufficient learning and practice time in each lesson to allow the players to achieve success by the end of the course. However, the course is also available as a 10-week course (10 x 1 hour).

### **Triathlon**

**Simply Tri** low cost multi sport events delivered locally with distances to suit novices. Supported by triathlon specific training sessions hosted by gyms and run by gym instructors, leisure staff or club volunteers.

### **Volleyball**

**Go Spike:** Taster sessions providing an opportunity to try Volleyball. <http://www.gospike.net/>

**4play4:** is a new format for delivering volleyball at all levels solving key barriers to participation such as facility access / cost and traditional formats being unappealing to potential participants looking to playing recreationally and not in traditional competition formats. 4v4 volleyball is fast, enjoyable and sociable specifically aimed at those new to the game or looking to play for reasons not determined by skill level or long term competitive 4Play4. 4play4 can also be applied to all disciplines of the sport.

	<p><b>Sitting Volleyball:</b> is the disability specific strand of the plan and will be delivered inclusively as part of the participation growth programmes Let's Play Volleyball (Satellite Clubs), Student Volleyball and Go Spike.</p> <p><b>Waterskiing and Wakeboarding</b></p> <p><b>Cutting Edge-</b>This programme is BWSW's youth development programme. For 2013-17, this programme will be adapted and expanded to provide, for the first time, a formal offer to attract new adult participants, and disabled people.</p> <p><b>Cutting Edge Young People-</b> BMSWs introduction to the sport for young people progressing them up the pathway to competition</p> <p><b>Cutting Edge Adult</b> (Name TBC) programme offering an introduction for 16+ to water skiing and wakeboarding</p> <p><b>Cutting Edge-</b> Inclusive disability participation programme</p> <p><b>Weightlifting</b></p> <p><b>Strength and Power Series</b> – is a series of on-line competitions where lifters can compete and test themselves against participants across the country without the need to travel. BWL is seeking to link up with various delivery partners including leisure operators, clubs and education establishments</p> <p><b>Wheelchair Basketball</b></p> <p><b>The Capture programme</b> will be the main entry point for new participants in wheelchair basketball. The programme will work in partnership with agencies that have a key role in the life of people with disabilities such as Wheelchair Services and Rehabilitation Services. The Capture programme will involve cross sport working with other NGBs including Great Britain Wheelchair Rugby, Goalball UK, Boccia and Powerchair Football with BWB leading this area of work.</p>	
<p><b>Specialised Sports Organisation's Products</b></p>	<p><b>StreetGames</b></p> <p>StreetGames is a charity that brings sport to the doorstep of young people in disadvantaged communities across the UK to change lives. The approach focuses on supporting a network of projects that give sports and volunteering opportunities to young people (aged between 11 - 25 years old), putting sport on peoples doorsteps at the right time, the right price, the right place and the right style.</p>	

	<p>Programmes include:</p> <p>Us Girls: The project will focus on over 50 specific areas of high disadvantage spread throughout England. From March 2011, 64 organisations will work together for 3 years to achieve a 30,000 increase in sports participation. The work is focusing on the market segment, defined by <a href="#">Sport England</a> as 'Leanne', aged 18-25 and emerging Leanne's who are aged 16-18yrs. <a href="http://www.streetgames.org/www/ug/content/home">http://www.streetgames.org/www/ug/content/home</a></p> <p>The Co-operative StreetGames Young Volunteers: StreetGames places great emphasis on volunteering within its projects and, in partnership with the Co-operative, runs The Co-operative StreetGames Young Volunteer (CSYV) programme in over 80 of its projects. <a href="http://www.streetgames.org/www/volunteering/content/intro">http://www.streetgames.org/www/volunteering/content/intro</a></p> <p>Street games Training Academy: The StreetGames Training Academy workshops, coaching courses and resources prepare the doorstep sport workforce to provide high-quality sporting opportunities at the right time, in the right place, for the right price and in the right style. <a href="http://www.streetgames.org/www/training/content/training-academy">http://www.streetgames.org/www/training/content/training-academy</a></p> <p>Doorstep Sports Clubs: One of the "Creating a Sporting Habit for Life" Strategy commitments is for StreetGames to develop 1,000 new doorstep sports clubs (subject to Sport England's funding) to support 150,000 14 – 25 year olds into sport. Initial testing of the model is being undertaken between September 2012 and March 2013, The new Doorstep Sport Clubs will draw on the increasing expertise of a large number of agencies delivering doorstep sport – sport at the right time, for the right price, in the right place and in the right style. <a href="http://www.streetgames.org/www/dsc/content/doorstep-sport-clubs">http://www.streetgames.org/www/dsc/content/doorstep-sport-clubs</a></p>	
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## APPENDIX 1: Cradle to the Grave Evidence Base for Physical Activity and Sport: Adults: Economic Modelling Paper

The Economic modelling contained in the Cradle to the Grave Evidence Base for Physical Activity and Sport: Adults is based on 2 models focussing on the potential costs savings from using physical activity to prevent Cardiovascular Disease, Diabetes, Breast Cancer and Depression. A third model has been developed to identify the potential costs savings for obesity.

The modelling has focused on these conditions due to the level of evidence regarding physical activities ability to prevent these conditions.

### Model 1: Increasing Participation (aspirational model)

The first of the models takes an increasing participation focus to determining the potential cost savings.

Model 1 uses the following evidence and assumptions in the methodology:

- That increasing physical activity levels will decrease the prevalence of health conditions by set amounts (according to the evidence in the CMO report)
  - CVD: 35%
  - Diabetes: 40%
  - Breast Cancer: 20%
  - Mental Illness: 30%

These percentages are applied to the calculations to determine the potential cost savings

- The calculations only utilise prescription costs and do not incorporate surgical or other interventions for these conditions. This means that the potential savings are conservative estimates.
- That people will have an average of 6.4 prescriptions per year according to a 2009 freedom of information request that was sourced.
- The potential costs attributable to Cardiovascular Disease is likely to be underestimated due to the co-prescription of statins with other medications that have not been factored into this calculation.
- Average costs of prescription rates are based on 2010 data.
- Only drugs with >10% of total prescriptions used for that condition have been factored into the calculations. This is to take into account the large range of medications and the varying costs associated with them.
- For illnesses where there is more than one standard type of treatment, a mean average of the treatments was calculated across the medications.
- Active People data is the source for the missing people and numbers of people to get more active.

Model 1a looks at the potential savings if the participation levels in the Black Country reached the national average levels of people participating in 150+ minutes of activity per week. The model takes into account the % of each condition that could be prevented if people were active to this level. This gave a potential cost saving of **£23,347,321.52** per year.

Model 1b looks at the potential savings if all of the sedentary people in the Black Country (318,206) were to increase their activity levels to 150+ minutes per week. This gave a potential cost saving of **£111,514,180.41**.

### **Model 2 – Decreasing prevalence of disease focus**

The second of the models takes a decreasing prevalence of disease focus to determining the potential cost savings. This means that the figures featuring are based on the current incidences of a condition, the % that could be prevented/treated with physical activity and the costs of medication treatments for the condition.

Model 2 uses the following evidence and assumptions in the methodology:

- That increasing physical activity levels will decrease the prevalence of health conditions by set amounts (according to the evidence in the CMO report)
  - CVD: 35%
  - Diabetes: 40%
  - Breast Cancer: 20%
  - Mental Illness: 30%

These percentages are applied to the calculations to determine the potential cost savings

- The calculations only utilise prescription costs and do not incorporate surgical or other interventions for these conditions. This means that the potential savings are conservative estimates.
- That people will have an average of 18.7 prescriptions per year according to the Health and Social Care Information Centre.
- The potential costs attributable to Cardiovascular Disease is likely to be underestimated due to the co-prescription of statins with other medications that have not been factored into this calculation.
- Average costs of prescription rates are based on 2010 data.
- Only drugs with >10% of total prescriptions used for that condition have been factored into the calculations. This is to take into account the large range of medications and the varying costs associated with them.
- For illnesses, where there is more than one standard type of treatment, a mean average of the treatments was calculated across the medications.

**Model 2 indicates the following potential annual savings if the % of conditions that could be prevented are attributed to prevalence in the Black Country:**

- **CVD: £51,272**
- **Depression: £1,121,918**
- **Diabetes: £736,032**
- **Breast Cancer: £198,263**

### **Model 3: Obesity**

A third model has been developed for obesity. This model is unable to take into account the % of incidences that could be prevented if people were physically active as this figure is not yet available in literature.

**The obesity model has been developed using data that looks at if current trends continue for the Black Country and England. Current trends suggest that by 2016 there could be an additional 94,673 people who are obese in the Black Country. If we can implement the right interventions etc to get these people more active and prevent them becoming obese (thereby significantly changing trends) calculations suggest that a potential saving of £18,413,303.64 could be made.**

Model 3 uses the following evidence and assumptions in the methodology:

- Obesity trend data modelled to highlight potential new numbers of people who are obese by 2016 if trends continue.
- The calculations only utilise prescription costs and do not incorporate surgical or other interventions for these conditions. This means that the potential savings are conservative estimates.
- That people will have an average of 6.4 prescriptions per year according to a 2009 freedom of information request that was sourced.
- Average costs of prescription rates are based on 2010 data.
- Only drugs with >10% of total prescriptions used for that condition have been factored into the calculations. This is to take into account the large range of medications and the varying costs associated with them.
- For illnesses where there is more than one standard type of treatment, a mean average of the treatments was calculated across the medications.
- This model does not take into account co-morbidity factors associated with obesity.

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