

# Physical activity and sport needs assessment

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**NHS**

*Brighton and Hove*



**Brighton & Hove  
City Council**

## **Physical activity and sport needs assessment**

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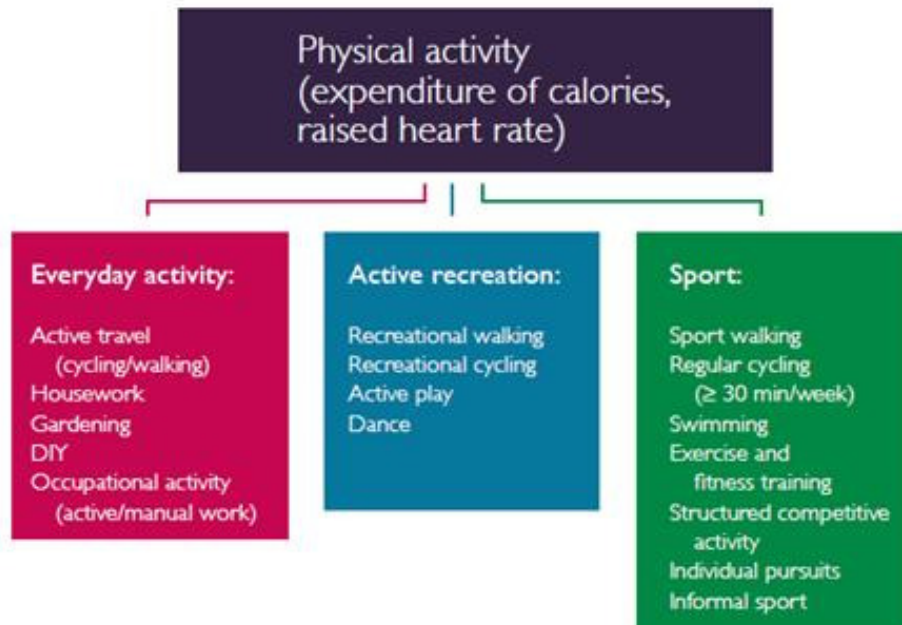
All those taking part in the stakeholder and public consultations

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## 1. Introduction and background

Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.<sup>1</sup>



Source: Department of Health. Start Active, Stay Active. 2011

There is a clear causal relationship between the amount of physical activity people do & all-cause mortality; exercising for just 15 minutes a day could increase life expectancy by three years and cut the risk of death by 14%.<sup>2</sup> While increasing the activity levels of all adults is important, targeting the least active (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.<sup>1</sup>

In England only 22% of adults are doing enough regular physical activity to benefit their health; 30% do no 30 minute sessions of activity at all in an average month. Men in general do more physical activity than women & the percentage of both men & women engaging in physical activity decreases with age.<sup>3</sup>

The estimated annual cost of physical inactivity to the NHS alone is estimated to be £0.9 billion. This would be much higher if taking into account indirect costs to the health service.<sup>4</sup> By achieving a 10% increase in adult activity the NHS could save around 6,000 lives and at least £500m a year.<sup>5</sup> In Brighton & Hove the financial impact of physical inactivity across five diseases linked to physical inactivity (ischaemic heart disease, ischaemic stroke, breast cancer, colon/rectum cancer & diabetes mellitus) is £1,175,235 per 100,000 people.<sup>5</sup>

Physical activity has significant physical health benefits, particularly prevention of overweight and obesity, Type 2 diabetes, cardio vascular disease, and improvements in skeletal health. There are

also links to improved emotional health and wellbeing in terms of self esteem & tackling depression, all of which provide strong evidence for promoting physical activity amongst children and young people, and adults of all ages.<sup>6</sup>

### **Physical activity recommendations for health**

In 2011 the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland updated the guidelines on health-enhancing physical activity.<sup>1</sup> These guidelines bring together a number of key features, including:

- Adopting a life course approach; there is specific guidance for:
  - early years (under 5s)
  - children and young people (5–18 years)
  - adults (19-64 years)
  - older adults (65+ years)
- a strong recognition of the role of vigorous intensity activity
- the flexibility to combine moderate and vigorous intensity activity
- an emphasis upon daily activity
- new guidelines on sedentary behaviour

## **2. Key issues and gaps**

In Brighton and Hove:

- Only 27% of adults are physically active enough to achieve the recommended 150 minutes of moderate activity per week; 22% of adults do no 30 minute sessions of moderate activity in an average month.
- The majority (62%) of people with a limiting disability do no 30 minute sessions of moderate intensity sport & active recreation a week compared to 38% of people without a limiting disability.
- Only 7% of adults aged 55 years or over participate in at least three 30 minute sessions of sport per week.
- National participation data confirms relatively low levels of participation in sport among BME communities. Nationally gender disparity is greater among BME communities in terms of sports participation.<sup>3</sup>

The following groups were all identified as having specific needs by key stakeholders in the City taking part in semi structured interviews carried out during 2011 as part of this needs assessment process:

- Women; specific groups needing further engagement include teenage girls, students, adults & parents.
- Black & Minority Ethnic (BME) groups lack targeted sports & physical activity provision. In

particular Muslim women, those with a disability, those prone to clinical obesity; and small clusters of people where language is the key barrier to participation.

- Older people, particularly the vulnerable, socially isolated, and people at risk of falls.
- People with disabilities, both physical and learning; the consensus was that not enough is currently being done, particularly in university and youth settings.
- LGBT community; specific groups were people with disabilities and older more isolated people.<sup>7</sup>

Participation levels in moderate intensity sport & active recreation are highest in the highest socioeconomic (SEC) groups & lower in the lowest SEC groups. People in the lowest SEC groups display significantly higher levels of sedentary behaviour than those in the highest groups. This is consistent with national & regional trends.

There is a lack of reliable local data on prevalence of physical activity and sports participation at a ward and small area level and amongst priority groups. The 2012 Health Counts Survey should help fill some of these gaps and will be available in 2013.

In Brighton and Hove:

- At ages 11–14 years, 20% of boys & 12% of girls are doing five or more hours of physical activity out of school a week. By ages 14–16 years these figures have dropped to 11% & 5% respectively.<sup>8</sup>
- Boys both in & out of school aged 11–16 years are more likely to do more than three hours a week of physical activity (34% in school, 60% out of school) than girls (26% in school, 40% out of school).<sup>8</sup>
- The percentage of pupils participating in at least three hours of physical activity decreases steadily from age 14 years onwards & drops off significantly from age 16 years, to just 28.5% for boys & 16% for girls.

Information is not currently collected relating to disability & physical activity levels in schools.<sup>9</sup>

Funding for the national PE & Sports survey ceased in 2011. This leaves a considerable gap in terms of monitoring.

The school sports partnerships had national funding withdrawn and there are now no co-ordinators operating in schools. Funding has been released for a School Games Organiser. However this will need careful monitoring to ensure that significant gaps in provision don't develop.

### **3. Recommendations for commissioners' consideration**

1. Develop and provide opportunities for sustainable sport and physical activity within Brighton and Hove that:
  - Increase the proportion of children and adults of all ages achieving the Chief Medical officers recommendations for health enhancing physical activity
  - Increase the proportion of adults doing at least 30 minutes of moderate physical

activity per week.

- Increase the utilisation of green space for exercise / health reasons
  - Target the least active and most sedentary for the greatest health benefit
  - Address inequalities and identified need
  - Are informed by the public voice
  - Are evidence based
  - Are consistently evaluated
2. Adopt a life course approach towards the prevention of sedentary behaviour/physical inactivity and promotion of physical activity by implementing the guidance and recommendations from the four home countries' Chief Medical Officers.<sup>1</sup>
  3. Consider setting local targets for increasing:
    - Children's participation in high quality PE and sport in schools and physical activity out of schools
    - Adult participation in physical activity and sport
  4. Incorporate physical activity into care pathways and referral routes for NHS Health Checks; providing consistent advice and guidance from health professionals, and providing access to support services where needed e.g. exercise referral, and health trainers.
  5. Refresh and maintain the cities A-Z sport and physical activity database and develop an effective communication strategy to market and communicate sport and physical activity opportunities.
  6. Implementation of the 'Sport and Physical Activity Strategy 2013 – 18'; The principal aims of the strategy will be to:
    - Inspire more people to participate in sport & physical activity;
    - Optimise the social and health benefits which sport and physical activity can deliver;
    - Improve equality of access & remove barriers to sporting opportunities.
  7. Implementation of Sports Facilities Plan 2012-2022 to improve quality and quantity of sports facilities in the City and to deliver the eight key priorities listed within the action plan:
  8. Increase the capacity of sports clubs and organisations in the city to provide opportunities and engage local residents of all ages and abilities in sport and physical activity. Specific actions include:
    - Annual training programme responding to club/organisation needs identified in "Your Club Your Say" Survey
    - Delivery of holiday sports programmes in partnership with local sports clubs and organisations.

- Formation of City sports and physical activity forum to share good practice and develop initiatives with clubs and partners
  - Provision of a public database of sport and physical activity opportunities in the city (500 clubs and groups registered)
9. Support all commissioned service providers to use the National Obesity Observatory Standard Evaluation Framework (for physical activity) for consistent monitoring and evaluation of services.
  10. Implement recommendations from NICE public health guidance on physical activity.
  11. Include segmentation and social marketing insights to complement existing demographic information and build a comprehensive picture of need.
  12. Provide evidence of cost effectiveness and return on investment for sport and physical activity services and initiatives. This can be achieved through the use of health economic assessment tools, such as HEAT for walking and cycling, where appropriate, or, with the support of public health analysts, using epidemiological measures such as Number Needed to Treat (NNT).
  13. Involve children and young people least likely to be active (particularly girls and adolescents) in the design, planning and delivery of physical activity opportunities through pro-active consultation.
  14. Ensure physical activity facilities are suitable for children and young people with different needs and their families, particularly those from priority groups.
  15. Support community access of school facilities outside of school hours for physical activity opportunities as part of the legacy of the Building Schools for the Future programme.
  16. Provide in and out of school sport and physical activity opportunities by developing and supporting local community groups and facilities.
  17. Increase the number of children and young people using active travel (walking, cycling, scooting etc) as their main method of travel to and from school to increase levels of physical activity by working in partnership with the local authority sustainable transport team.

#### 4. The roles of legislation and policy

##### National

##### **Be Active Be Healthy, 2009. Department of Health**

*Be Active, Be Healthy* established a framework for the delivery of physical activity alongside sport for the period leading up to the London 2012 Olympic Games, Paralympics Games and beyond. Programmes outlined in the plan were expected to contribute to the previous Government's ambition of getting two million more people active by 2012. The plan set out ideas for local



authorities and primary care trusts to help determine and respond to the needs of their local populations, providing and encouraging more physical activity to benefit individuals and communities. This also includes a breakdown of the estimated healthcare-related costs of physical inactivity to illustrate the potential gains to be made by investing in the promotion of healthy, active lifestyles.

### **Healthy Lives, Healthy People, 2010. Department of Health**

The Public Health White Paper outlines the government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. These proposals build on the Health White Paper, *Equity and excellence: liberating the NHS*,<sup>10</sup> and confirm that: local authorities will assume responsibility for local public health improvements.

There is a specific commitment to increasing physical activity levels of the population:

- Families will be supported to make informed choices about their levels of physical activity through updated guidelines
- Children need access to high-quality physical education (PE); a requirement to provide PE in all maintained schools will be retained and support will be provided to encourage a much wider take up of competitive team sports. The Department for Culture, Media and Sport (DCMS) will create an Olympic and Paralympic-style school sports competition, which will be offered to all schools from 2012, building on Change4Life clubs in schools
- There will be increased support from the Department of Health for walking and cycling at schools and in the workplace

### **Healthy lives, healthy people: a call to action on obesity, 2011. Department of Health**

'Healthy lives, healthy people' is a national strategy to tackle overweight and obesity.

In order to tackle overweight and obesity effectively the strategy proposes adopting a life course approach – from pre-conception through pregnancy, infancy, early years, childhood, adolescence and teenage years, and through to adulthood and preparing for older age. There are specific opportunities and challenges at each stage of the life course and action is needed at all ages to avert the short- and long-term consequences of excess weight and to ensure that health inequalities are addressed. Action needs to encompass an appropriate balance of investment and effort between prevention and, for those who are overweight or obese, treatment and support.

The strategy sets out two new national ambitions to act as a 'rallying cry' for us all, and show what might be achieved if we all pull together:

1. A sustained downward trend in the level of excess weight in children by 2020
2. A downward trend in the level of excess weight averaged across all adults by 2020.

Specific actions are set out to help people to be more active:

- New Chief Medical Officers' guidelines on physical activity including recommendations for early years and sedentary behaviour (see start active stay active 2011)
- Developing a new national ambition on physical activity
- New pledges by a range of businesses to support physical activity through the Responsibility Deal Physical Activity Network
- A range of initiatives and opportunities linked to the London 2012 Olympic and Paralympic Games, including Places People Play, Sportivate, Gold Challenge, and the School Games
- Getting the most inactive children in schools into sport through Change4Life school sport clubs
- Continued support for active travel through the Local Sustainable Transport Fund and Bikeability
- Continued advice and support through NHS Choices.

**Start active, stay active: A report on physical activity for health from the four home countries' Chief Medical Officers, 2011.**

*Start Active, Stay Active* updates the guidelines and evidence for health enhancing physical activity for children, young people and adults, and includes new guidelines for early years and older people for the first time in the UK. In addition, the report highlights the risks of sedentary behaviour for all age groups.

These guidelines allow greater flexibility for achieving the recommended levels of physical activity. Bringing all of these aspects together creates a number of key features of this report, including:

- a life course approach
- a stronger recognition of the role of vigorous intensity activity
- the flexibility to combine moderate and vigorous intensity activity
- an emphasis upon daily activity
- new guidelines on sedentary behaviour

The age groups covered in this report are: early years (under 5s), children and young people (5–18 years), adults (19–64 years), and older adults (65+ years).

**Improving outcomes and supporting transparency Part 1: A public health outcomes framework for England, 2013-2016 Department of Health**

The 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 Department of Health have developed a set of supporting public health indicators that help

focus understanding on how well local authorities are doing year by year nationally and locally on those things that matter most to public health, and which are known to help improve the outcomes stated above.

These indicators are grouped into four domains; each with a sub set of indicators attached, The first two domains contain indicators of relevance to physical activity and sport:

1. **Improving the wider determinants of health** – improvements against wider factors that affect health and wellbeing and health inequalities
  - Utilisation of green space for exercise / health reasons
2. **Health improvement** – People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
  - Excess weight in 4-5 and 10-11 year olds
  - Excess weight in adults
  - Proportion of physically active and inactive adults
  - Prevention of falls and injuries in the over 65s

### **Creating a sporting habit for life 2012 Department for Culture, Media and Sport**

This sets out the Department for Culture, Media and Sport strategy, for increasing youth participation in sport, to be delivered by Sport England. £135 million of support has already been provided to support community sport facilities and activity through Sport England's *Places, People, Play* programme and the new School Games competition. This report goes further in providing additional financial investment (at least £1 billion of Lottery and Exchequer funding over the next five years), but also in outlining more stringent payment-by-results criteria for sporting organisations. The report highlights five key areas which will be focused on:

- building a lasting legacy of competitive sport in schools
- improving links between schools and community sports clubs
- working with sports governing bodies: focusing on youth
- investing in facilities
- opening up provision and investing in communities

### **Regional and local**

#### **Sussex on the Move: A Physical Activity Strategy for Sussex 2010 - 2020**

In line with the Change4Life campaign and together with the three Sussex Primary Care Trusts and other partners, Active Sussex developed a Physical Activity Strategy in 2009-10, which aimed to promote an innovative approach to physical activity across Sussex. This strategy was backed by the Department for Health, which provided each County Sports Partnership with funding to develop physical activity across the county as part of its 'Be Active, Be Healthy' strategy.

Active Sussex consulted with partners from a variety of different sectors and organisations who have an interest in developing opportunities to participate in physical activity, including those covering active travel, development of open spaces, improving local services and health services. Physical activity is a subject that has relevance across a number of different government agendas and departments. By working together it was envisaged that we could have a real impact on the promotion and provision of opportunities to get more people in Sussex living healthier, more active lifestyles.

### **City Sports Strategy: Brighton and Hove 2006 – 2012**

This strategy brought together national and regional frameworks and priorities into a local context. It contained an action plan, to assist in identifying the gaps, challenges and ambitions in the short and longer term. It committed partners to a number of actions to improve the health and sporting life of the people of Brighton and Hove. The action plan identified seven main outcomes for change; these were:

- Increasing participation in sport and recreation
- Improving levels of performance
- Widening access
- Improving health and wellbeing
- Creating stronger and safer communities
- Improving education
- Benefiting the economy

The sports strategy was developed in tandem with the **City Active Living Strategy: Brighton and Hove 2006 – 2012**

The Active Living Strategy and Action Plan set out six key areas for priority actions:

- Promotion & publicity - Raising the profile of active living in Brighton & Hove
- School based projects - Ensuring access to activity for all
- Community based projects - Ensuring access to activity for all
- Primary care based projects - Ensuring access to activity for all
- Physical environment - Providing a supportive environment for active living
- Policy influence - Working in partnership

In the accompanying action plan each of these actions had:

- Leadership by a single organisation
- A target group, with a focus on the least active
- An evidence base
- Outcome measures
- A deadline

**DRAFT youth services commissioning strategy** has a key outcome where “Young people are able to enjoy their leisure time, using the opportunities on offer through open access youth provision and through the cultural, sports and other positive activities on offer across the city, so that they are inspired and challenged.” The strategy also states it “has a particular focus on improving early identification and support for vulnerable young people, including those who are disabled, or have special educational needs or emotional or mental health difficulties”.

## 5. Who is at risk and why?

Physical activity describes energy expenditure above resting level caused by the force exerted by muscles in the body. This can range from everyday walking or activities such as gardening, to competitive sport.<sup>11</sup> Physical inactivity is the fourth leading risk factor for global mortality (accounting for 6% of deaths worldwide).<sup>12</sup> By increasing physical activity levels the risk of premature mortality or morbidity from diseases associated with inactivity can be reduced, and an individuals' quality of life can be improved.<sup>11</sup> Physical activity can reduce the risk of developing a number of conditions including: coronary heart disease, stroke and type 2 diabetes, breast cancer and colon cancer, obesity, depression and anxiety, osteoporosis, back pain and osteoarthritis.

**Table 1: Functional and health benefits of physical activity**

<b>Functional capacity</b>
Increase in maximal oxygen consumption
Increase in ventilatory (anaerobic) threshold
Decrease in heart rate, blood pressure, and perceived exertion during sub maximal exercise
Improved ability to tolerate physical stress
<b>Diseases / medical conditions</b>
Reduced risk of heart disease
Reduced risk of developing diabetes mellitus
Reduced risk of developing high blood pressure
Reduced risk of developing colon cancer
Reduced risk of developing obesity
Improved cholesterol levels
<b>Musculoskeletal</b>
Helps maintain and enhance healthy bone density, muscles and joints
Increases muscular strength and endurance
Improves ability for locomotion
Increases flexibility

Psychological
Promotes psychological well-being
Improved self image
Improved sleep quality
Increases self-efficacy
Improved stress management

Source: US Department of Health and Human Services, 1996 Physical activity and health: a report of the Surgeon General. Atlanta (GA)<sup>13</sup>

In addition to the health gains already noted, physical activity also enables social wellbeing and can play a key role in increasing social capital and addressing social exclusion.<sup>14</sup>

### Health impacts of lack of physical activity

**Sedentary behaviour:** Emerging evidence shows an association between sedentary behaviour and overweight and obesity, with some research also suggesting that sedentary behaviour is independently associated with all-cause mortality, type 2 diabetes, and some types of cancer. These relationships are independent of the level of overall physical activity. For example, spending large amounts of time being sedentary may increase the risk of some health outcomes, even among people who are active at the recommended levels.<sup>1</sup>

**Overweight and obesity:** represent probably the most widespread threat to health and wellbeing in the United Kingdom. 23% of adults are obese (with a body mass index (BMI) of over 30); 61% are either overweight or obese (with a BMI of over 25). For children, 23% of 4–5-year-olds are overweight or obese, and 33% of 10–11-year-olds. England, along with the rest of the UK, ranks as one of the most obese nations in Europe. There are clear health inequalities with regard to obesity.<sup>15</sup>

The prevalence of obesity is increasing across all ages due to increased energy content of diet, decreased physical activity and a rise in sedentary lifestyles. For those who are overweight and obese, being physically active: brings important reductions in risk of mortality and morbidity;<sup>16</sup> helps people to maintain weight loss over several months or years; and provides a better chance of long-term success when included as part of a weight loss plan.<sup>17</sup>

Childhood obesity leads to a higher risk of adult obesity.<sup>18</sup>

Physical activity, particularly high intensity exercise, when combined with dietary changes and behaviour treatment is a recommended weight loss intervention via lifestyle intervention.<sup>18,19</sup>

**Cardiovascular diseases:** are the main cause of death in the UK, accounting for approximately 208,000 deaths each year.<sup>20</sup> Risk factors associated with cardiovascular disease have been shown to track from childhood through to adulthood.<sup>21</sup>

**Coronary heart disease:** Exercise in young age corresponds strongly with being active in later life when coronary heart disease prevalence increases.<sup>22</sup> A 2005 US study found that active

women, expending 1,500kcal per week, had nearly 40% lower risk of coronary heart disease than women expending less than 200kcal per week.<sup>23</sup>

**Diabetes:** is a common life-long health condition. There are 2.8million people diagnosed with diabetes in the UK and approximately 850,000 people who have the condition but don't know. A 2006 study looking at diabetes and lifestyle factors found type 2 diabetes to be increasingly common due largely to an increase in the prevalence of sedentary lifestyle and obesity.<sup>24</sup>

Research has shown that type 2 diabetes can be prevented by changes in lifestyle of those at high risk of the disease, with overall incidence of diabetes being reduced by up to 58% after participation in lifestyle intervention programmes for three years including increased physical activity and decreased calorie intake.<sup>25</sup>

**Chronic Obstructive Pulmonary Disease (COPD):** is the fourth leading cause of death in the world and is predominantly caused by smoking restricting airflow. Early intervention is important as this is a slow, progressive disease which is largely under diagnosed due to significant and irreversible loss of lung function before any symptoms are apparent.<sup>26</sup> Walking, particularly on a treadmill where physiological stress can be limited, has been shown to be greatly beneficial, as have strength and endurance training.<sup>26,27</sup>

**Cancer:** Physical activity has a known protective effect on certain types of cancer. There is consistent evidence that regular physical activity greatly reduces colon cancer risk. Colon cancer is a highly prevalent, yet largely preventable disease<sup>28</sup> and the most active individuals have been found to have an average 40-50% lower risk of colon cancer than the least active individuals.<sup>29</sup> In relation to breast cancer, women with high levels of physical activity post-menopause are at approximately 30% lower risk of breast cancer than the least active.<sup>30</sup> Long-term survivors of breast cancer who regularly engaged in moderate physical activity have associated this with greater energy, lower fatigue and milder depressive symptoms.<sup>31</sup>

### **Socio-economic factors**

**Age:** There is a clear causal relationship between the amount of physical activity people do & all-cause mortality. While increasing the activity levels of all adults is important, targeting those adults who are significantly inactive (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.

**Children and young people:** Physical activity has significant physical health benefits for children, particularly prevention of overweight and obesity, type 2 diabetes, and improvements in skeletal health. There are also links to improved psychosocial health in terms of self esteem and tackling depression, all of which give strong reasons for promoting physical activity amongst children and young people.<sup>6</sup> Research across Europe consistently identifies that young and adolescent girls have a high prevalence of physical inactivity,<sup>32</sup> with physical activity particularly featuring in boys

leisure time (in and out of school) but not in girls.<sup>33</sup>

**Older age:** Research shows that at particular times of the life-course there are large reductions in physical activity in the UK. For men in particular, one of these times is around the time of retirement (age 65-74), with men this age 23% less likely to meet government targets than their counterparts 10 years younger.<sup>34</sup>

Regular physical activity has been shown to positively affect muscle strength and balance, which in turn can reduce the risk of falls, a significant cause of mortality and morbidity in later life<sup>35</sup> and a significant cost to health services.<sup>36</sup> Physical activity has also been shown to have a positive effect on osteoarthritis, osteoporosis, coronary heart disease, stroke, diabetes and mental health in later life, and some of the primary causes of loss of function and independence in later life.<sup>17</sup>

**Ethnicity:** Research suggests that Europeans are more physically active in the UK than Indian, Pakistani or Bangladeshi populations. One study noted 71% of Indian, 88% of Pakistani and 87% of Bangladeshi men failed to meet physical activity targets compared to 52% of European men. Figures for women in these groups were similar. This is likely to contribute to higher levels of cardiovascular risk and diabetes that have been found within these populations.<sup>37</sup> Wider research suggests that there are cultural differences for different ethnic groups that can affect physical activity amongst these populations. For example, for a Pakistani woman, visiting a leisure facility for her own benefit may be seen as inappropriate within that cultural group.<sup>38</sup>

**Low income:** Research shows that people on low incomes are more likely to make unhealthy behaviour choices and there is an association in this population group between physical activity and health status; the lower the physical activity levels, the lower the health status.<sup>39</sup>

**Disability and chronic illness:** People with learning disabilities are more likely to be obese, and less likely to participate in physical activity or eat a healthy diet.<sup>40</sup> Regular physical activity could help reduce the risk of health problems and maintain physical functioning for people with disabilities.<sup>41</sup>

**Mental health:** Medications commonly used for mental health issues such as depression and psychosis often induce weight gain and this is the most common reason for non-compliance with medication.<sup>42</sup> Including physical activity in treatment programmes can effectively reduce these effects, while also helping to improve mood and reduce depressive symptoms. The benefits of physical activity to mental health are evident in both short and longer term interventions.<sup>43</sup>

### **Wider benefits**

In July 2011 the findings from the Culture and Sport Evidence (CASE) programme on the drivers, impacts and value of culture and sport were published. CASE is a major programme of innovative research that uses interdisciplinary research to inform the development of policy in culture and sport. The key findings include:



- Young people's participation in organised sport improves their numeracy scores, on average, by 8% above that of non-participants;
- The participation of underachieving young people in extra-curricular learning activities linked to sport increases their numeracy skills, on average, by 29% above that of non-participants, and their transferable skills by 12-16%;
- Sport generates substantial long-term economic value in terms of avoided health costs and improved health-related quality of life;
- Engagement in sport has a positive and quantifiable effect on a person's perceived wellbeing;
- A range of factors, including age, gender, alcohol consumption, childhood experience of sport, socio-economic variables, a limiting illness or disability, educational attainment, unemployment, TV and internet use, and the proximity of local sports facilities, are directly associated with people's participation in sport;

### Physical activity levels in England

#### Main data sources:

#### Children & young people:

- Physical Education & Sports Survey (PESS) - an annual survey which aims to collect information about participation in Physical Education and out of hours school sport in England

#### Adults & children:

- Health Survey for England (HSE) - a series of annual surveys designed to measure health and health related behaviours in adults and children, in England.

#### Adults

- Sport England - Active People Survey (APS) - an annual survey, conducted at Local Authority level, to measure participation in sport and active recreation.

#### Children and young people

- Across Years 1–13 (children and young people aged 5–18 years), 55% of pupils participated in at least three hours of high quality PE & out of hours school sport during the 2009/10 academic year.
- Participation levels are highest at ages 8–11 years & also reasonably high at ages 5–8 years & 11-12 years. They are at their lowest at ages 16–18 years.
- 66% of boys compared to 47% of girls meet the Department of Health recommendations of at least 60 minutes of moderate intensity physical activity a day.
- This level of activity is maintained among boys within this age group, whereas the percentage of girls meeting recommendations of physical activity falls from 31% at aged 5 to 12% at age 14.
- Sedentary time generally increases with age for both boys & girls.

**Adults**

In England only 22% of adults are doing enough regular physical activity to benefit their health; 30% do no 30 minute sessions of activity in an average month. Men generally do more physical activity than women but for both men & women levels of physical activity decreases with age. 16.3% of adults meet the Sport England target of adult participation in 3x30 minutes moderate intensity sport per week and average national participation rates in sport have not changed since 2007.

The four most popular sports in which adults participate in England are swimming (7%); football (5%); athletics (4%) and cycling (4%).

**Age:** Younger age groups do more physical activity than older age groups. A higher proportion of those aged 16-34 years do one or more occasion of physical activity per week than adults aged 35-54 years or 55+ years. (16-34years: 68.8%, 35-54years: 61.5% and 55years+: 47.5%)

Participation in sport is also higher amongst younger adults (aged 16-34) than middle aged adults. Participation levels are much lower amongst older adults (55+). Average participation amongst these groups has shown no change since 2007.

**Gender:** Female participation in sport is lower than male participation. This gender difference has increased, as female participation has fallen since 2007 whilst male participation has risen slightly.

**Ethnicity:** There has been a decrease in participation amongst White adults, and an increase in participation in BME groups.

**Disability and chronic illness:** Participation levels in sport are much lower amongst people with a limiting disability or illness than those without. Since 2007 levels of participation have risen slightly amongst people with a limiting disability or illness.

**Socio-economic groups:** The National Statistics Socio-Economic Classification (NS-SEC) is derived from occupation and employment status information. Participation levels in sport are highest in the highest groups and lower in the lowest groups. The difference in participation between these groups has grown since 2007 as participation in the highest groups has increased, whilst participation in the lowest groups has seen no significant change.

## 6. The level of need in the population of Brighton and Hove

### Main data sources:

#### Children and young people:

- Physical Education & Sports Survey (PESS) - an annual survey which aims to collect information about participation in Physical Education and out of hours school sport in England
- The Brighton and Hove Safe and Well at School Survey (SAWSS) – an annual survey of primary and secondary school children across the city

#### All ages:

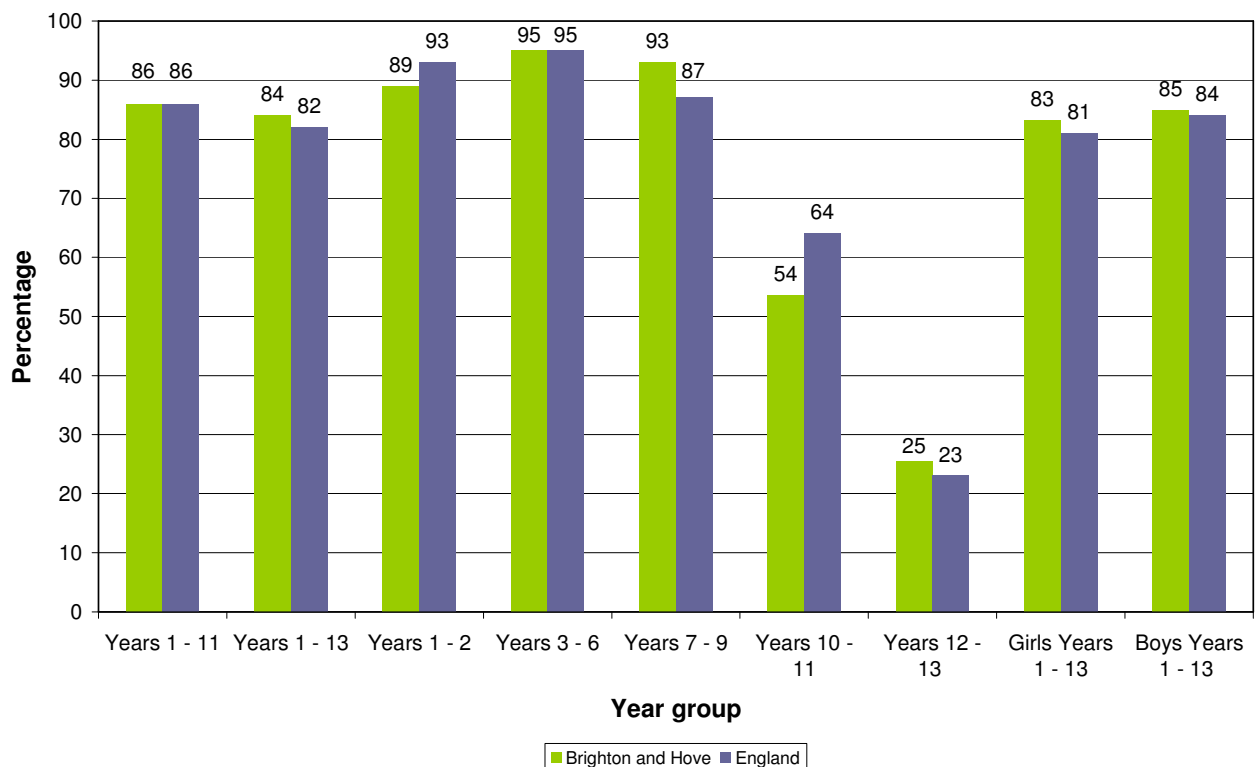
- Health Survey for England (HSE) - a series of annual surveys designed to measure health and health related behaviours in adults and children, in England

#### Adults

- Sport England - Active People Survey (APS) - an annual survey, conducted at Local Authority level, to measure participation in sport and active recreation.
- University of Sussex Activity survey 2011
- Brighton and Hove sports and physical activity public consultation 2011

### Children and young people

**Figure 1: percentage of pupils in Brighton & Hove, and England, participating in at least 120 minutes of curriculum PE each week by age group, PE and sport survey 2009/10**



Source: Department for Education

### **PE and Sports Survey (PESS) 2009/10**

Across Years 1–13 (ages 5–18years), 59% of pupils in Brighton and Hove participated in at least three hours of high quality PE and out of hour's school sport during the 2009/10 academic year. This is higher in all age groups than both the regional (54%) and national (55%) average. Participation rates are higher for boys (61%) than girls (57%). The percentage of pupils participating in at least three hours decreases steadily from year 10 onwards and drops off significantly in years 12 and 13, to just 29% for boys and 16% for girls.

Figure 1 shows the percentage of pupils in Brighton and Hove, and England, participating in at least 120 minutes of curriculum PE each week by age group. Participation in years 1-11 is the same in Brighton and Hove and England at 86%, but participation across all years 1-13 is higher in Brighton and Hove (84%) than England (82%). Whilst similar in most year groups, in years 10-11 10% fewer pupils in Brighton and Hove participate in at least 120 minutes of curriculum PE each week than in England (54% in Brighton and Hove; 64% in England).

### **Safe and Well at School Survey (SAWSS) 2011**

- 52% of primary school children aged 8–11 years do two hours or less physical activity out of school in an average week. Only 21% do five hours or more.
- At ages 11–14 years, 20% of boys & 12% of girls are doing five or more hours of physical activity out of school a week. By ages 14–16 years these figures have dropped to 11% & 5% respectively.
- Boys aged 11–16 years both in & out of school are more likely to do more than three hours a week of physical activity (34% in school, 60% out of school) than girls (26% in school, 40% out of school).
- Other groups of pupils in secondary schools more likely to have done less than an hour of physical activity in school in the last week include LGB & unsure pupils, those who say they are not happy, those who have truanted, been excluded or bullied & those who have tried alcohol, drugs or had sex. There is little difference in participation by ethnic group for low physical activity participation within school
- The pattern is different for physical activity outside of school, with BME pupils more likely to have done less than an hour of physical activity outside of school in the last week than White British pupils.
- 72% of secondary school pupils aged 11-14 & 60% aged 14-16 found physical activity lessons at school useful, with boys & younger pupils more likely to find them useful.
- When asked about which three sporting facilities respondents would like to see more of in the city, the most popular answer was Ice Rinks (46%) followed by Swimming Pools (43%) & Climbing Walls (22%).

- Just 24 secondary school pupils cycled to school. However, 10% of all children surveyed, just over 300 pupils, live within one mile of their school & do not walk or cycle. A third (32%) travel by bus & a fifth (19%) by car.

**JSNA – Brighton & Hove Children and Young People with Disabilities and/or Complex Health Needs** (September 2010) identifies “lack of accessibility of mainstream clubs and groups particularly for those with challenging behaviour or physical disability... need for greater support for young people with disabilities to attend after school programmes... need for consideration of non mainstream activities which may be more accessible to disabled children and young people, such as swimming.”

### **Obesity in Brighton & Hove**

For every ten children in the city, two are overweight or obese in reception year and by their last year in primary school another child in every ten will be overweight or obese. These are the figures from the 2010/11 National Child Weight Measurement Programme where across the country pupils in reception and their final year of primary school are weighed and measured.

The local picture is actually slightly better than the picture across England and in recent years the percentage of overweight children aged 10-11 years has been falling in Brighton & Hove – from around 18% in 2007/08 to 15% in 2010/11. High numbers of children and young people are affected – almost 14,000 of those under the age of 20 years are estimated to be overweight or obese in the city.

### **Adults**

Participation rates in physical activity for adults in Brighton & Hove (sport, recreational cycling & walking, cycling & walking for active travel purposes, dance & gardening) are as follows:

- 22% did no 30 minute sessions in the previous 28 days
- 62% did four or more 30 minute sessions in the previous 28 days
- 27% did 20 or more 30 minute sessions in the previous 28 days
- A quarter (25%) of adults in Brighton & Hove participate in at least three 30 minute sessions of sport per week. This is higher than the national average (22%)
- In Brighton & Hove, 18% of women participate in at least three 30 minute sessions of sport per week compared to 24% of men.
- In adults aged over 55 years only 7% participate in at least three 30 minute sessions of sport per week.
- The majority (62%) of people with a limiting disability do no 30 minute sessions of moderate intensity sport & active recreation a week compared to 38% of people without a limiting disability
- The majority (64%) of adults in Brighton & Hove want to do more sport. Whilst 44% of adults in the city indicate they are satisfied with local sport provision, this is lower than the average for

the South East (49%) & England (46%).

#### Current participation by sport/activity (%):

Top five sports in local authority with regional and national comparison			
Sport	Brighton and Hove	South East	England
Swimming	14.6	13.6	12.8
Cycling	13.5	11.1	9.6
Gym	11.0	11.0	10.5
Athletics	10.7	6.8	6.4
Football	7.9	5.8	7.1

Participation levels in moderate intensity sport & active recreation are highest in the highest socioeconomic (SEC) groups and lower in the lowest SEC groups. People in the lowest SEC groups also display significantly higher levels of sedentary behaviour.

### 7. Projected needs in 3-5 years and 5-10 years in Brighton & Hove

#### Children and young people

There are no future projections for physical activity levels; however physical activity levels in schools are increasing nationally. The proportion of pupils in Years 1–11 participating in 120 minutes or more of curriculum PE has increased from 44% in 2003/04 to 84% in 2009/10. There have been increases in all year groups in terms of the proportion of pupils participating in at least 120 minutes of curriculum PE. These increases have been most marked in Years 1 – 6.<sup>44</sup>

#### Adults

Nationally, the proportion of adults meeting recommendations for levels of physical activity has increased among both men and women. This has been a gradual increase over the decade, from 32% in 1997 to 42% in 2008 for men, and from 21% to 31% for women.<sup>45</sup> This may indicate that physical activity levels will continue to increase, although no projections are known of. Whilst overall prevalence of adults being active at levels which benefit their health is increasing, it remains low and so the need to continue to develop opportunities to enable people to be active remains.

### 8. Views of the public

#### Brighton & Hove Sport and Physical activity public consultation

Between September and December 2011 members of the public were invited to take part in an online consultation on sport and physical activity. This was hosted on the Brighton & Hove consultation portal. The total number of respondents was 451; of these 57% were female and 41% male (2% did not state their gender).

#### Where people go for physical activity in Brighton & Hove

Parks, common or other green spaces were the areas respondents said that they used most frequently for sport or physical activity, followed by the seafront, home and public leisure centres or

swimming pools.

**Table 2: How many times in the last 4 weeks respondents had done any sport or physical activity at, or using, the following (%):**

	None	1-5	6 or more
Public leisure centre or swimming pool	55	35	10
Private health club / gym	67	16	17
Private sports club e.g. tennis, bowling	79	13	9
Voluntary sports & activity clubs	72	18	9
Park, common or other green space	26	47	26
Seafront	35	42	24
Home	51	35	14
Physical activity using a games console(Wii Fit, Kinect etc)	83	14	-
Sea, river, or lake	76	21	-

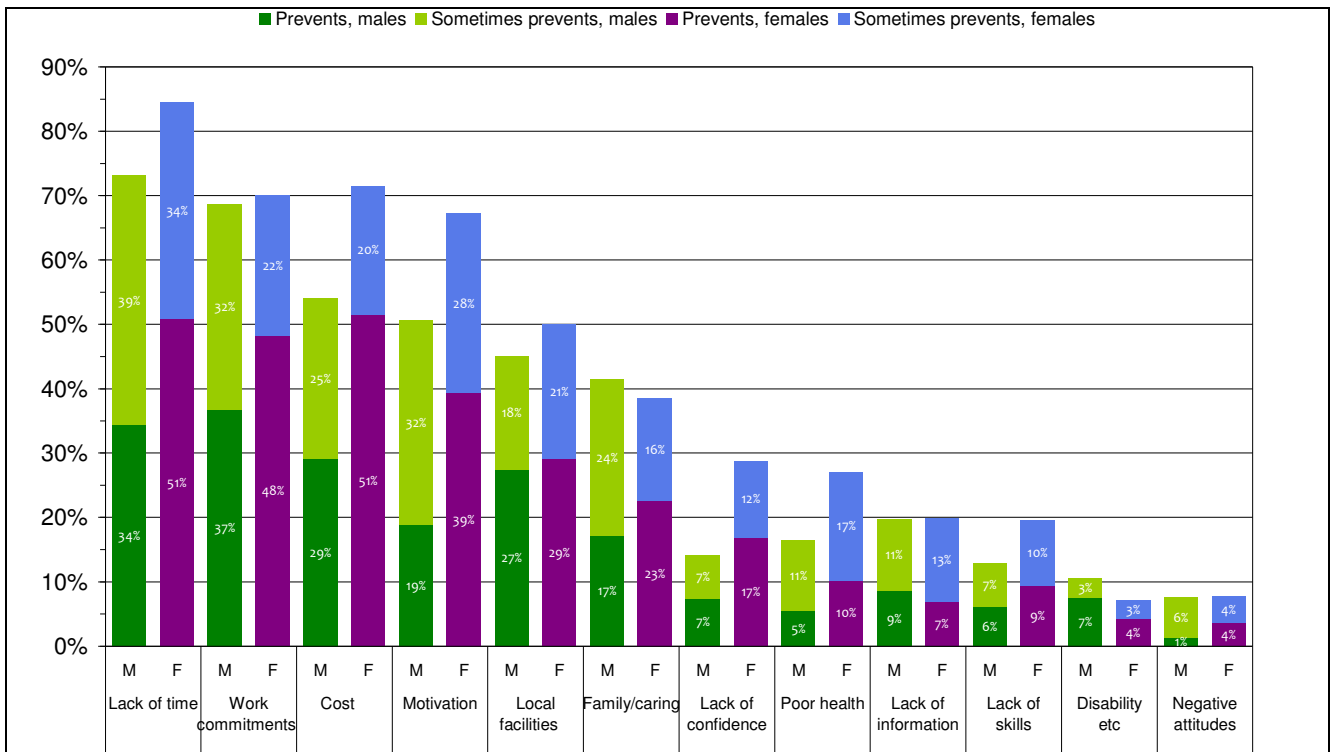
The most common things which would **support people to become more active** were free or discounted taster sessions, discounted sport and leisure cards and better quality facilities close to where people live.

**Table 3: Would any of the following support you to become more active (%):**

	Yes	No	Sometimes	Not applicable
Good access for disabled people	9	52	1	33
Discounted sport and leisure card e.g. Compass Card	<b>61</b>	24	8	6
Free or discounted taster sessions	<b>62</b>	23	12	2
Access to information on local facilities and activities	50	33	13	4
More sport and physical activity sessions in my local area	57	26	13	4
Being able to access facilities and activities appropriate to my age	41	42	8	9
Sports and activities at my workplace	42	38	6	13
Activities and sports which include all the family	32	43	10	15
Better quality facilities close to where I live	<b>61</b>	28	8	3
Activities which will help me achieve a healthy weight	45	38	7	10

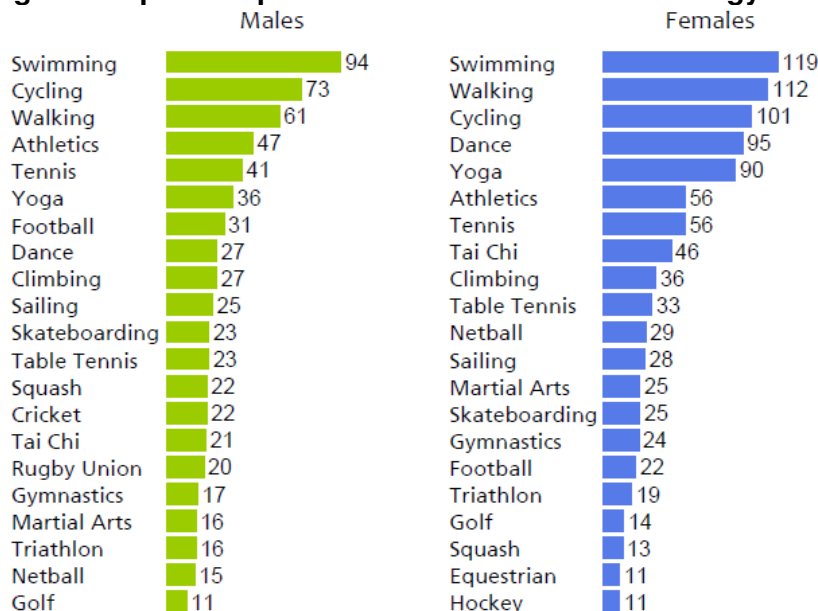
The things which **prevent people from being active** are similar for men and women, though women appear to see them more commonly as preventing physical activity than men. The most common are lack of time, work commitments, cost, motivation and local facilities (Figure 2).

**Figure 2: Responses to what prevents you from being more active:**



The sport and activities which men and women wanted the strategy to focus on were similar, with swimming, cycling and walking the top three for both genders (Figure 3), although in a different order. Other gender differences included athletics and tennis being higher for men and dance and yoga higher for women.

**Figure 3: Specific sports and activities that the strategy should focus on:**



Participants were asked to rate the **opportunities to take part in sport and physical activity provided by local organisations**. In most cases they rated these as very good or good, with the exception of workplaces, where 30% of respondents rated this as poor and 24% as very poor.



**Table 4: How would you rate the opportunities to take part in sport and physical activity that are provided by the following organisations (%):**

	Very good	Good	Poor	Very poor
Leisure centres and gyms	11	53	21	2
City Council Sports Development Services	13	42	11	4
National Governing Bodies (at local level)	4	25	11	3
Universities	9	22	7	2
Youth services, clubs and groups	4	20	15	2
FE Colleges & Sixth Forms	3	15	11	2
Local resident groups / organisations	1	16	25	6
Workplaces	1	7	30	24

When asked how they would rate the **opportunities to take part in sport and physical activity that are provided by early years settings, primary and secondary schools** results were mixed, for early years settings there was a fairly even split between those that thought opportunities were very good or good and those that thought they were poor or very poor. Results were better for primary and secondary schools, though there were significant proportions of respondents who felt the opportunities were poor or very poor.

**Table 5: How would you rate the opportunities to take part in sport and physical activity that are provided by the following organisations (%):**

	Very good	Good	Poor	Very poor
Early years settings	8	41	43	9
Primary Schools	8	54	30	8
Secondary schools	16	53	26	5

**The top priorities which respondents felt that the Sport and Physical Activity Strategy should focus on were:**

**Table 6: Top priorities for the Sports and Physical Activity Strategy**

Ranking	Priority	Count
1.	Supporting and developing local voluntary clubs and groups who deliver sport and physical activity	355
2.	Increasing physical activity levels of all residents	309
3.	Support local clubs to access funding	270
4.	Providing opportunities and training for coaches working in sport and physical activity	152
5.	Increasing physical activity levels only of people / residents known to be less active	137
6.	Supporting talented sports people	99

### University of Sussex Activity survey

This is an annual staff and student survey which this year was completed by 1,100 students and nearly 500 staff in 2011. Despite memberships being at an all time high, and facilities at capacity, the trend for overall student activity levels has dipped in relation to the five times 30 minutes message (measured using self reporting over a four week period), with only 14.5% of students (below national average) achieving this compared to 17% in 2010.

When students were asked about their favourite pastimes, physical activity and sport came second to music. When asked about their second and third favourite pastimes, physical activity and sport did not feature highly. Computer games, internet, and pubs and clubs scored much higher, suggesting that, if sport isn't your favourite activity as a student at Sussex, you are much less likely to participate at all. For staff sport and physical activity was the most popular pastime, overtaking reading for the first time.

There was a large increase in the number of students walking as a form of commuting from 23% in 2010 to 48% in 2011. Cycling for commuting also increased nearly 2%. Tables 7-9 show the top three responses for how, where and why students and staff undertake physical activity.

**Table 7: How you undertake the majority of your activity sessions - Top 3 responses**

Rank	Students	Staff
1	Walking (for commuting/transport)	Walking (not for commuting/transport)
2	Health, fitness, gym or conditioning activities	Walking (for commuting/transport)
3	Jogging/running	Health, fitness, gym, conditioning activities

**Table 8: Where you undertake the majority of your activity sessions - Top 3 responses**

Rank	Students	Staff
1	Outdoors - getting from place to place	Outdoors - park, open green spaces
2	Indoors - at University sport facilities	Outdoors - getting from place to place
3	Outdoors - park, open green spaces	Indoors - at University sport facilities

**Table 9: Main reasons for being physically active on a regular basis - Top 3 responses**

Rank	Students	Staff
1	To keep fit	To keep fit
2	Just enjoy it	For health reasons
3	To lose weight	Just enjoy it

## 9. Views of professionals

The views of professionals in Brighton and Hove were collected in two ways:

1. Stakeholder consultation 2011
2. Your Club, Your Say survey 2011

### Stakeholder consultation 2011

An independent researcher was commissioned to carry out between 20 and 30 interviews with a broad range of people currently involved in the delivery of sport and physical activity across the city. Twenty-six stakeholders were questioned about what they felt was working well to enable people in the city access and enjoy sport and physical activity – as well as what could be done differently; where the gaps or areas for further development might be; whether they had identified any particular population groups with specific needs; and what key elements should be included in a JSNA of this kind.

**Methodology:** The interviews were semi-structured in nature. The same seven standardised, open-ended questions were asked of all participants in order to facilitate the analysis and comparison processes. The content of all the interviews was organised thematically – grouping the information into common themes and sub-themes to illustrate specific points.

### Findings:

#### *What is working well to help people in the City access and enjoy sport and physical activity*

Several themes emerged in relation to what is currently helping people access sport and physical:

**1. Brighton and Hove is an active city offering a broad scope of activity.** Most participants agreed that there is much available to people and that overall Brighton and Hove is an active and visible city with some pioneering health-promoting projects and initiatives and a geographical nature conducive to a broad range of sports and physical activities. Specific city-wide projects and events were mentioned as being particularly successful in engaging people. For example:

- ⤴ The Take Part festival of sport
- ⤴ Albion in the Community
- ⤴ Mass participation events such as Brighton marathon, half marathon and mini-mile
- ⤴ Healthwalks
- ⤴ Free swimming
- ⤴ GP exercise referral scheme

The high profile community involvement work of the Albion football and Sussex Cricket clubs, the upcoming Olympic Games and the emergence of 'alternative' sports such as skateboarding, hill walking, dance and circus skills were all seen as having much potential for widening the reach and engaging young people or those who might not normally choose to play the more traditional,

competitive team sports.

**2. Strong partnerships and links** have been established in some areas, particularly with the Council, The Sports Development Team, Active for Life, the Sports Forum, and the Universities. These links provide a platform for joint working, discussion, community engagement, information and advice sharing and sharing of facilities.

**3. Certain facilities and venues** in the city particularly aid community engagement in physical activity and sport, most notably the Amex Stadium, Yellowwave volleyball courts, fitness clubs, and martial arts venues, the tennis facilities in Blatchington Park, University facilities, and Freedom Leisure.

**4. Information and promotion** of sports and physical activities in the city is felt to be readily available to both the public and professionals, and is thought to be closely linked to participation rates.

**5. The School Sports Partnership (SSP)** was hailed as a highly successful model of multi-agency partnership working for promoting physical activity amongst children and young people and it is evident from a number of interviews that its recent loss has had an impact. However, there is a collective willingness and passion across the youth service and schools community to keep driving the agenda forward with young people at the heart of it.

**6. The City's growing cycling culture**, particularly in relation to encouraging more young people to cycle, is considered to be working well. For example, interviewees cited Bike for Life, school-based Bikeability, the cycle safety team and improvements to cycle routes as particularly effective.

**7. A number of community-led initiatives** are seen as successful ventures in getting people more active, particularly those targeting specific groups of people in the city and specific lifestyles, including older people, young people, specific neighbourhoods, the LGBT population, and black and ethnic minority groups.

**8. Volunteers** are very much valued and are perceived to play a key role in some projects

**9. The financial cost** of private sector facilities and provision can be a significant barrier to becoming more active for some, yet is an area that is booming in the city with many providers working on inclusivity and engagement with local people, resulting in increasing popularity.

### ***What is currently happening that could be done differently***

Many of the themes that emerged here mirror those already mentioned in recognition of improvements that could be made in most areas of sport and physical activity engagement.

**1. Some facilities** across the city are in need of further investment to improve quality, condition, accessibility and to address health and safety issues. Issues of leasing arrangements could also be reconsidered to allow for a more strategic view of facilities across the city.

**2. Partnerships and links** are in place but some links and communication could be improved to reduce the impact of numerous meetings and associated paperwork, to build on and improve links

between voluntary, community, statutory and health sectors, and to limit duplication and silo working.

**3. Those working in the voluntary sector** felt they could receive more support and be more involved with decisions at a Council level.

**4. Volunteers** have the potential to have a much greater role in the sport and physical activity setting, with the health benefits of volunteering clearly recognised. However, engaging with local clubs and activities is perceived as problematic and there are capacity issues within some clubs around volunteer development.

**5. Young people and schools** will be significantly impacted upon by the disappearance of the School Sports Partnership (or SSP). There is real concern about the amount of support schools would now get with the changes in national and local policy, specifically over the sustainability of the new government initiative, School Games. More broadly, there is a sense of urgency over the need to engage a greater number of young people.

**6. Funding** cuts were raised as an issue for everyone. The notion that there is a reluctance to invest long term and to ensure sustainability permeated through the interviews.

**7. Access and barriers to accessibility** could be better addressed, with more information needed about specific access issues for certain groups in the city such as those with disabilities.

Accessibility in terms of cost, transport and a need for more free or low-cost incentives were referenced by many of those interviewed as issues to be improved.

**8. Information and promotion** about available sport and physical activities could be communicated better, targeted towards specific populations, and kept more up to date.

**9. The Take Part Festival of Sport** is a valuable resource for the city and it was felt that effort should be made to improve this by widening its reach and scope, ensuring sustainability, and monitoring participation and benefits to the city.

**10. The Cycling Network** could be improved in relation to cycle paths, parking and safety.

**11. Club-specific feedback** identified issues of capacity and funding as major stumbling blocks to developing new programmes and reaching new or wider audiences.

#### ***What, if anything, is not happening that should be (gaps)***

Interviewees found this question to be closely linked with the last question (what could be improved) and as such there is a close relationship between the responses to this question and the last. Key themes included:

**1. Investment in a flagship sports facility** was largely hailed to be of great potential benefit, including addressing geographical pockets of the city where provision is lacking.

**2. At strategy, policy and financial level** sport and physical activity needs to be taken more seriously and coordinated at city-wide level, using successful projects as good models for learning. This should mean less silo working and better communication, collaboration and transparency

among partners and sectors, including health, the arts, and the private sector.

**3. Activities for young people and schools** need to be coordinated at city-wide level, particularly now the School Sports Partnership has gone. There is considered to be a particular lack of provision for the 16 – 19 age groups and for young women. Using existing resources, better club-level support and linking to “alternative” sports could effectively address this, along with supporting and engaging with parents and the whole family unit.

**4. There are gaps in the way information and promotion** of sport and physical activity is communicated across the city, particularly for parents and schools about low-cost opportunities and regarding community level activities. Investigating the use of social media and alternative branding and marketing techniques could improve this.

**5. Cycling** A majority of those interviewed felt that cycling should be a priority in terms of a well integrated cycling programme addressing issues with cycle routes, cycling awareness, safety and bike maintenance.

**6. A volunteer coordinator** role is a significant gap identified through the interviews, as is the need for sports organisations to better value and resource adequate volunteer management.

Volunteering should be embedded within the organisational culture with the message permeating throughout. The issue is not a lack of volunteers, but a lack of capacity to take them on.

***Any groups within the population who have been identified by your organisation as having specific needs***

**1. Women** were identified by several partners as being a key group that needed further input, particularly amongst traditionally male-dominated sports. Specific groups needing further engagement include girls and young women, students, adult women and parents.

**2. Certain groups of young people** need continual targeting as it was felt that these groups could potentially benefit from sport and physical activity more than other groups. Overall, interviewees felt that more input was needed in schools and the youth work setting for:

- ⤴ the 13-19 age group;
- ⤴ those who are not in education, employment or training (NEET's);
- ⤴ children in care;
- ⤴ children with disabilities;
- ⤴ children with special needs;
- ⤴ those with challenging behaviours and social and emotional difficulties; and
- ⤴ International students.

**3. Black and Minority Ethnic (BME) groups** lack targeted sports and physical activity provision. In particular: Muslim women; those with a disability, those prone to clinical obesity; and small clusters of people where language is the key barrier to participation.

**4. Older people** need further engagement, particularly the vulnerable, socially isolated, falls-prone

and some 'veterans' (or ex-players).

**5. People with disabilities** are targeted through some specific projects, although the consensus is that not enough is currently done, particularly in university and youth settings.

**6. Mental health** was mentioned by two interviewees as an area that had much potential for more work, including closer working with Millview Hospital, and people with mild depression.

**7. Within the LGBT community** people with disabilities, older more isolated people and young LGBT men were identified as being underrepresented in sport and physical activity.

**8. The volunteering community** could have a positive health impact on, but is under-represented by, younger people; men; those with mental health issues and those with learning disabilities.

**9. Some sports clubs and facilities** lack the capacity to include and offer specialised sessions to certain groups – notably, to women, disabled people, older people and poorer communities.

**10. Other groups** mentioned include:

- ⤴ Low-income families, the unemployed and socially excluded;
- ⤴ Those with chronic pain and other 'hidden' disabilities;
- ⤴ People with cancer and cancer survivors who might not be aware of the health benefits of sport and physical activity from a rehabilitation and prevention of re-occurrence perspective;
- ⤴ People suffering from chronic conditions such as diabetes and CHD.

### **Your club, your say**

Your Club Your Say survey was undertaken by Brighton & Hove City Council's Sports Development Team between March and July 2011. The survey was targeted towards all community sports clubs and physical activity groups in the Brighton & Hove. The aim of the survey was to gain an understanding of the current issues for local groups and to discover any key areas where they were looking for support to help them deliver physical activity sessions for local residents.

**Response rate:** 12% of clubs registered with the Sports Development Team completed the survey. 30% of clubs completing the survey were not previously registered with the Sports Development team. An analysis of clubs listed within the Active for Life Directory who had not responded to the survey indicated that this was predominantly due to lack of awareness (74%).

**Club priorities:** Organisations were asked to feedback which areas they most required support with when running their club. Table 10 ranks the responses in order of priority across all groups responding to the survey with the top three being funding advice, increasing club membership, and increasing volunteers to support club activities. Respondents were given the opportunity to raise other priorities not listed. The responses under this column often reinforced with more detail priorities listed above,- however the following additional areas were also mentioned:

- Increased awareness amongst health practitioners of the benefits of sport
- Increased support for dance organisations
- Support for clubs to complete Clubmark accreditation



- Access to specialist support coaches (e.g. strength & conditioning)

**Table 10: Support required by sport and physical activity clubs**

Rank	Topic Area
1	Funding advice
2	Increasing club membership
3	Increasing volunteers to support club activities
4	Better access to suitable facilities
5	Links with schools colleges and universities
6	Increasing number and quality of coaches
7	Training and support to officials, coaches and volunteers to run your club
8	Ensuring equal access to club sessions to all communities in Brighton & Hove
9	Access to leagues and other competitive structures

**Venues:** Respondents were asked to provide the locations of their currently used venues and to feedback general comments on the condition and suitability of these. 82% of clubs responded that their venues were currently suitable for their needs. These sites covered 91 different venues across the city. Issues were however expressed by several clubs about their sites, with a number of clubs expressing concern over the condition of Preston Park Velodrome (cycle track).

**Membership:** This section sought to find out information on current interests and priorities for membership within the club:

- 88% of clubs were looking to increase their current membership levels
- There was interest in increasing membership amongst all age groups; however the highest level of interest was in the 16-25 year old age categories, with over 50% of all clubs and groups seeking to engage with people this age

**Engaging communities of interest:** The majority of clubs felt they did not proactively engage with communities of interest and approximately 20% of clubs were interested in support to do so. The communities of interest consulted on were:

**People with visual impairment:**

- 24% of clubs indicated they proactively engaged with this community
- 60% of clubs do not see it as a club priority
- 16% of clubs wanted support to engage with this community

**People with hearing difficulties:**

- 25% of clubs indicated they proactively engaged with this community
- 55% of clubs do not see it as a club priority
- 20% of clubs wanted support to engage with this community

**People with physical disabilities:**

- 30% of clubs indicated they proactively engaged with this community



- 51.5% of clubs do not see it as a club priority
- 18.5% of clubs wanted support to engage with this community

**People with learning difficulties:**

- 26.5% of clubs indicated they proactively engaged with this community
- 53.5% of clubs do not see it as a club priority
- 20% of clubs wanted support to engage with this community

**Black and Ethnic Minority communities:**

- 25.5% of clubs indicated they proactively engaged with this community
- 52% of clubs do not see it as a club priority
- 22.5 of clubs wanted support to engage with this community

**Older people:**

- 32.5% of clubs indicated they proactively engaged with this community
- 52.5% of clubs do not see it as a club priority
- 15% of clubs wanted support to engage with this community

**Lesbian, Gay, Bisexual and Transgender communities:**

- 28.5% of clubs indicated they proactively engaged with this community
- 56.5% of clubs do not see it as a club priority
- 15% of clubs wanted support to engage with this community

**Residents with health problems (Health referrals)**

- 26% of clubs indicated they proactively engaged with this community
- 59% of clubs do not see it as a club priority
- 15% of clubs wanted support to engage with this community

**Young people at risk of offending:**

- 13% of clubs indicated they proactively engaged with this community
- 66% of clubs do not see it as a club priority
- 21% of clubs wanted support to engage with this community

**Safeguarding children & vulnerable adults:**

- 63% of clubs and groups had a safeguarding policy and safeguarding lead within their organisation
- 53% of those who did not have a policy or officer in place were looking to increase membership amongst under 18's
- 50% of clubs indicated they wanted support to establish these
- 25% of clubs indicated that training in this area was a high priority

**Establishing links with local schools, colleges, youth clubs & universities:** Organisations were asked to provide details of their interaction with education and youth providers as a way of

recruiting members and contributing to the opportunities of young people in the city. A third (32%) of clubs indicated that they had established links with these organisations and 62% of those who had not established these links indicated that they would like support to do so. Over half of all clubs wanted to establish formal links with universities and colleges but only 11% of clubs wanted to establish links with primary schools.

**Awareness of Sport Development Programmes:** Organisations were asked how aware they were of key programmes in the city that they could access that could benefit their club. The majority were aware of the Active for Life Programme (81%) and TAKEPART (74%). There was less awareness of the City Sports Forum (57%) and the City Sport & Physical Activity Awards (51%).

**Club funding:** Clubs were asked to feedback on their experiences of applying for funding. Over half (52%) of clubs indicated they had been successful in applying for funding over the past year. Organisations identified funding as one of their highest priority subjects for support and training, with 50% of respondents indicating this was a high priority, and 82% indicating this was a high or medium priority.

**Coaches and volunteers:** Organisations were asked about their current volunteering and coaching workforce, to identify areas where support was required. A quarter (25%) of organisations indicated that they currently needed more coaches or volunteers to help deliver club activities. The roles in which clubs had identified they needed more volunteers were predominantly in administrative support roles rather than traditional coaching roles. These included:

- Marketing
- Fundraising
- Meeting Health & Safety requirements (risk assessments/first aiders)

Around a third (36%) of organisations wanted support to increase volunteers and coaches to support their activities and 70% of organisations wanted their details passed on to interested volunteers and coaches.

**Conclusions:** The Your Club Your Survey has greatly increased the knowledge of the Sports Development Team of the local issues affecting individual sports clubs and activity groups in Brighton & Hove. This information will allow for more targeted direction of information and support, as well as ensuring Sport Development programmes reflect themes clubs have identified as important to them.

Clubs in Brighton & Hove have expressed that they require training and support in the top three areas (Table 10) – these are generic across all clubs. This suggests there is good scope for joint learning and sharing of experience across different sports and organisations. A programme of training and support that tackles the key themes addressed can now be confidently adopted. Efforts to increase participation across the city can be supported by the enhanced information held by the Sports Development Team. Clubs that are looking to increase membership amongst key

groups can be engaged to offer support for programmes that target specific community groups. A response rate of 12%, aligned with the fact that the majority of clubs who did not complete the Your Club Your Say Survey said they were not aware of it indicates that attention should be paid to the way the sports development team communicates with local sports clubs to increase local awareness, and also to gather feedback on local issues.

## 10. Evidence of effectiveness in addressing needs (What works)

In 2011 the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland updated the guidance on health-enhancing physical activity.<sup>1</sup> They drew on global evidence for the health benefits people can achieve by taking regular physical activity throughout their lives.

The guidelines are as follows:

### Early years (under 5s) – for infants who are not yet walking

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

### Early years (under 5s) – for children who are capable of walking

- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

### Children and young people (5–18 years)

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

### Adults and older adults

- **For adults (19–64 year olds) and older adults (65+)** the minimum recommended levels of activity are: 150 minutes (two and a half hours) each week of moderate intensity physical activity, in bouts of 10 minutes or more (for example 30 minutes moderate activity on at least 5 days a week).
- **For all adults up to age 65 and for those older adults who are already regularly active** at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous

intensity activity.

- **All adults** should aim to be active daily; muscle strengthening activity should also be included on at least two days per week.
- **Older adults at risk of falls** should incorporate physical activity to improve balance and co-ordination on at least two days per week.
- In addition, **all adults** are advised to minimise the time spent being sedentary for extended periods.

UK public health guidance is produced by the National Institute of Health and Clinical Excellence (NICE); this guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health.

NICE have produced several pieces of guidance in the field of physical activity:

- **PH 8 Guidance on the promotion and creation of physical environments that support increased levels of physical activity (2008).** This guidance recommends that planning the physical environment should include plans to ensure that people are able to be physically active and assessment of planning on people's ability to be physical active. When planning roads, prioritisation should be given to enabling people to be physical active over motor vehicle use. Ensuring that public open spaces are accessible by foot and bicycle, that internal design of buildings should make being active easy and that schools have an environment that is conducive to physical activity.
- **PH 13 Intervention guidance on workplace health promotion with reference to physical activity (2008).** This guidance recommends that organisations should have as part of wider health and wellbeing plans, actions to promote physical activity amongst employees. This should be a multi-component programme including policy, environmental, provision and incentive measures.
- **PH 17 Promoting physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings (2009).** This guidance recommends promoting the benefits of physical activity and encouraging participation, ensuring high-level strategic policy planning for children and young people supports the physical activity agenda, consultation with, and the active involvement of, children and young people, the planning and provision of spaces, facilities and opportunities to be active, the need for a skilled workforce, promoting physically active and sustainable travel.
- **PH41 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation** This guidance sets out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. This will help meet public

health and other goals (for instance, to reduce traffic congestion, air pollution and greenhouse gas emissions). Encouraging and enabling people to walk or cycle more requires action on many fronts – and by many different sectors. A range of issues have to be addressed, including environmental, social, financial and personal factors.

The following NICE guidance also includes recommendations on keeping physically active:

- **PH16 Mental wellbeing and older people**
- **PH25 Prevention of cardiovascular disease**
- **PH27 Weight management before, during and after pregnancy**
- **PH35 Preventing type 2 diabetes**

### **Active travel**

Regular physical activity of moderate intensity, such as walking or cycling, can bring about major health benefits and an improved quality of life. People who are physically active reduce their risk of developing major chronic diseases – such as coronary heart disease, stroke & type II diabetes – by up to 50%, and the risk of premature death by about 20–30%<sup>46</sup>

### **Socio-economic factors**

**Children and young people:** Short, structured programmes of health advice from health professionals have been shown to be beneficial in tackling barriers to activity participation in the UK<sup>47</sup> as well as diversification of choice of physical activity.<sup>33</sup>

**Older age:** Research shows community-based education, exercise and home-based modification programmes to be particularly effective.<sup>48</sup> Walking is identified as both the easiest activity for older people to engage in, and the activity older people are more likely to continue in long-term.<sup>49</sup>

**Ethnicity:** Targeting different communities through 'faith-based' health promotion programmes has proven effective in building on existing support networks to make positive lifestyle changes.<sup>50</sup>

**Low income:** Physical activity interventions for low-income populations have generally focussed on area-based initiatives with low cost interventions, for example walking with the aid of low cost pedometers.<sup>51</sup> Such interventions have shown some effectiveness but there remains a need for ongoing evaluation of such intervention programmes for this particular population.

**Disability and chronic illness:** Research suggests that education and involvement of caregivers is key to enabling those with physical or learning disabilities to be physically active.<sup>52</sup>

## **11. Services in relation to need**

**Strategic approach:** Increasing participation in sport and physical activity is a strategic priority within the city's Corporate Plan 2011-15. The Corporate Plan sets out Brighton & Hove City Council's strategic direction and priorities for the next four years. It describes how the council will

help to deliver the vision of the city's Sustainable Community Strategy. The city's main strategies that relate to delivering increases in physical activity are:

- Creating the city of opportunity: a sustainable community strategy for the city of Brighton and Hove
- Local Transport Plan (LTP 3) – 2011
- Draft Brighton and Hove One Planet Living Action Plan - 2012
- Draft Brighton & Hove Joint Health & Wellbeing Strategy - 2012

**Programmes in Brighton and Hove to increase physical activity:**

**Zest Exercise Referral Scheme (ZestERS):** ZestERS is designed to help patients with chronic conditions to initiate long term lifestyle changes by encouraging an increase in physical activity levels. The scheme offers three months of highly subsidised exercise under the guidance and support of specially trained exercise referral instructors (REPs Level 3, ERS) for people with a range of medical conditions.

**Brighton & Hove City Council Sports Development Team:** The Sports Development Team (SDT) leads on a number of key programmes that supports people to increase participation in community based sport and physical activity. The SDT focus their work on engaging groups who experience the biggest barriers to participation and engage over 40,000 local residents each year. Alongside participation programmes the team provide advice and support to over 150 sport clubs, community groups and organisations per year developing the capacity in local organisations delivering sport across the city by offering training and support to club leaders and volunteers to increase the range and quality of activity opportunities they offer for residents.

The SDT also play a key role in raising the profile and the promotion of community based sport and physical activity across the city, attending over 100 events per year, managing the hard copy and on line Active for Life directory of activities, and profiling the best practise and achievement through the annual City Sports and Physical Activity Awards.

**Brighton and Hove Healthwalks:** There are 16 regular walks across the city, and lengths range from under a mile (average walking time: twenty to thirty minutes) up to three or four miles (average walking time one and a half to two hours walking time). They are all free, led by trained Volunteer Walk Leaders and are also accessible by public transport. Because walking is such an accessible form of exercise it is particularly beneficial to those who are getting little or no exercise, recovering from illness or lacking in confidence. Many of the walks are also wheelchair and buggy-friendly.

**Free swimming for children and young people:** Children can swim for free in Brighton and Hove at the King Alfred Leisure Centre, Prince Regent Swimming Complex and St Luke's Swimming Pool, all of which are operated by Freedom Leisure on behalf of the Council. Any child 16 and

under can register on the scheme by picking up an application form at their local swimming pool or by visiting the council's website.

Free swimming is available to all children aged 11 and under seven days a week during public swimming times and all 12-16 year olds in Brighton & Hove every Saturday and Sunday after 2.00pm during public swimming times.

**The Active for Life project:** A sport and physical activity project providing support to people living in targeted communities, wishing to lead more active lifestyles. The Active for Life team provide information on when and where activities are happening and works with targeted communities and under-represented groups to provide affordable, accessible activities within local communities.

**Table 11: Active for Life Project Programmes 2012/2013**

Project	Description
<b>Fit and Fun Families</b>	Sessions that cater for children, young people and their parent/carers.
<b>Girls Get Active</b>	Sessions for girls aged 12 + (Secondary Year 7 – 11 + FE Year 12 & 13)
<b>Women Get Active</b>	Sessions for women aged 18+
<b>Men Get Active</b>	Sessions for men aged 18+
<b>Active Forever</b>	Sessions for 50 + / 60+
<b>Street Games</b>	Formal or informal sports sessions for young people aged 7 – 19
<b>Dance AFL</b>	Formal or informal dance sessions for young people and adults
<b>Active for Life Club</b>	Summer Holiday club for KS1 / KS2
<b>In Shape for life</b>	Adult weight management activity sessions
<b>Childhood Weight Management Clinic</b>	Providing the physical activity element to the clinic
<b>Active for Life Running Challenge</b>	10 week course for young people not engaged with Athletics clubs to give them coaching followed by entry in the Beacon Half Marathon and Mini Mile races
<b>Saturday Active Club</b>	Monthly physical activity club for young people with moderate learning / physical disabilities & their parent /carers
<b>Community Events / courses</b>	These range from activities such as pilates or yoga to assisting with community events such as the Turner Park community day

All of the above activities vary in each of the different communities where they are based to compliment the needs of each of these neighbourhoods. Sessions are developed and designed through consultation with the community at community sessions, Local Action Team meetings and other community 'health/well being' meetings.

**TAKEPART:** The annual two week festival is organised by Brighton & Hove City Councils Sports Development Team and NHS Brighton & Hove in collaboration with local clubs, groups and organisations. TAKEPART launches at Preston Park where 100 clubs and groups showcase activities and offer free taster sessions for people of all ages and abilities. TAKEPART local, an Older Peoples activity day and hundreds of club and community taster sessions are delivered across the city giving people the chance to get involved and active.

**'Albion in the Community':** Albion in the Community (AITC) is Brighton & Hove Albion Football

Club's independent charity. AITC use the power of football and the reach of Brighton & Hove Albion to deliver projects in the areas of health, education, disability and social inclusion all underpinned by these core themes – increasing participation, creating opportunities, tackling inequalities and improving health. In 2011 alone, AITC directly benefited 47,821 people through their work.

**Table 12: Physical activity for health programmes delivered by 'Albion in the Community'**

Name of project	Target audience	Venue
Moulsecoomb Multi Sports Club	Young People 5-11	Moulsecoomb Primary School
St John the Baptist Multi Sports Club	Young People 5-11	St John the Baptist
BACA Bike Club	Young People 11-16	BACA
Queens Park Multi Sports Club	Young People 5-11	Queens Park
Middle Street Multi sports	Young people 5- 7	Middle Street
Moulsecoomb Mums Physical Activity	Female - Adults	Moulsecoomb Primary School
Mend Graduation Club	Families	Amex Community Stadium, Falmer
Put Your Heart In it	Men over the Age of 40 with BMI of 30 +	Amex Community Stadium, Falmer
Fit as a Fiddle	Men over the age of 40	Amex Community Stadium, Falmer
Standing Tall – Extra Time	Older People	Amex Community Stadium, Falmer, Hangleton community centre, and patching Lodge

**Freedom Leisure:** Freedom Leisure work in partnership with the City Council to operate six leisure centres in Brighton & Hove, including Withdean Sports Centre Complex and King Alfred Leisure Centre. Since the partnership began in April 2011 Freedom Leisure have been providing community leisure for the people of Brighton & Hove and their not for profit status means that they are able to invest any surpluses made in the facilities and service. They are also Gold Tier Partners with Active Sussex and fully support the need to encourage participation in sport and activity across all ages and right across the city.

**Table 13: Activities provided by Freedom Leisure**

King Alfred Centre	
Junior Badminton	Badminton coaching for 8-14 year olds
Cheerleading	Session for 5-14 year olds
Back to Badminton	6 week coaching session for adults
No Strings Badminton	Weekly drop-in badminton sessions for adults
Over 50's tennis	A coached tennis session for the over 50's age group
Girls Get Active	Designed to offer girls between 12-14 years new activities and sporting opportunities weekly
Moulsecoomb	
Mini Mites	Weekly soft play session for under 5's
Football Tots	Coached football and multi skill session for 2-5 year olds. Weekly session
Community Badminton	Weekly coached badminton drop in session for adults on Monday's and Wednesdays
Saturday Active Club	A monthly multi sport club for children with disabilities
Stanley Deason	
Community Badminton	Weekly coached badminton drop in session for adults



Stanley Soccer School	Coached football session for children 5-8years weekly
<b>Withdean</b>	
Back to Netball	A weekly coached session for adults 16+
Cardio Tennis	A tennis specific session designed to get the heart rate up and build fitness 2-3 times a week
Turbo Tennis	Sessions designed for teenagers. Sessions run 2-3 times a week
Mini red, yellow, orange	Different levels of programmes for children from toddlers -11years old
50+ social tennis	Drop in sessions for 50+years
16+ social tennis session	Drop in social session
18+ beginners tennis	Coached session for beginners
Deaf tennis	A coached session with those identified as deaf or hard of hearing
Withdean Athletics Academy	Two sessions back to back 5-8years and 9-12years covering all aspects of athletics and multi skills
<b>General fitness classes for members and non members</b>	
Indoor cycling, body pump, abs blast, zumba, circuit classes, buggy power, yoga, boxercise, body combat, aquarobics, body attack, freedom interval training, deep water workout, aqua natal, tai chi, water dance, pilates, water circuit	

## 12. Funding

**Physical inactivity** in England is estimated to cost £8.2 billion a year. This includes both the direct costs of treating major, lifestyle-related diseases and the indirect costs of sickness absence.<sup>53</sup> The estimated annual cost to the NHS alone is estimated to be £0.9 billion. This would be much higher if taking into account indirect costs to the health service.<sup>4</sup> Research in the UK supports this, suggesting the cost of inactivity to the national economy, when measured in terms of expenditure on health care and loss to the wider economy to be £10.7 billion pounds per year.<sup>54</sup>

In 2009 the Department of Health produced estimates of the primary and secondary health care costs attributable to physical inactivity related to five diseases; defined by the World Health Organisation as having some relation to physical inactivity, for Primary Care Trusts across England.<sup>5</sup> Table 14 gives the results for NHS Brighton and Hove.

**Table 14: Estimates of the primary and secondary care costs attributable to physical inactivity for various conditions in Brighton and Hove**

Disease category	Cost of physical inactivity/ 100,000 raw popn £	Cost of physical inactivity total popn £
Lower Gastrointestinal cancer	31,590	82,720
Cancer breast	58,938	154,330
Diabetes	290,778	761,400
Coronary Heart Disease	654,472	1,713,730
Cardio Vascular Disease	139,454	365,160
<b>Total cost pa</b>	<b>£1,175,235</b>	<b>£3,077,340</b>

Source: Department of Health

**Obesity:** Overweight and obesity also result in financial costs. There are no specific estimates for childhood overweight/obesity so costs for all ages are considered here. The Foresight project modelled current and future annual costs to the NHS of diseases related to overweight and obesity as well as costs to the wider economy including dependence on benefits and loss of earnings. By 2050, they estimate that the cost to the NHS could rise to £9.7billion, from £4.2billion in 2007 with wider costs said to increase from £15.8billion in 2007 to £49.9billion in 2050 if the current trends continue. The estimated annual costs to the NHS in Brighton and Hove alone was £78.1 million in 2010 rising to by 2015.<sup>55</sup>

**Cost effectiveness of physical activity interventions:** Recent reviews have found that interventions for increasing physical activity in adults are a cost effective approach and can provide value for money when compared with other preventative interventions.<sup>56,57</sup> A study of the long-term impacts of physical activity on patients with Type 2 diabetes found physical activity to be both effectual and a cost-effective intervention.<sup>58</sup>

A systematic review of the economic benefits of cycling interventions, including economic benefits of health impacts from more physical activity, found a median benefit-cost ratio of 5:1.<sup>59</sup>

**Economic Value of Sport in England:** Growth in the sport sector has outstripped the English economy as a whole over the past two decades.<sup>60</sup> The sport economy's annual contribution reached £16.7 billion - up 140% in real terms between 1985 and 2008.

- Growth between 2005 and 2008 was “driven by investment directed towards the London Olympics and a long-term Sport England policy to increase sport participation”. The report argues that sport's resilience reflects the growing number of people who “consider sports participation as being more a basic need than a luxury”.

Other key findings include:

- Consumer spend on sport in England was £17.4 billion in 2008 – up 138% since 1985.
- The number of people with sport-related jobs has also grown, reaching 441,000 – that's 1.8% of all employment in England
- Over three-quarters of these jobs are in the commercial sector, with 13% working in the public sector

**Local economic impact in Brighton and Hove:**

- Sports businesses represented 0.61% of local stock in 2009
- Growth of new business in sport between 2007 and 2009 was higher than the local average across all stock, and higher than the national average.<sup>61</sup>
- Employment in sports activities dropped in Brighton & Hove between 2006 and 2008
- In 2008 employment in sports activities represented 0.4% of employment in Brighton &

Hove <sup>62</sup>

### 13. Recommendations for further needs assessment

- There is a need to audit and map current service provision. This should take a life course approach and be broken down into the following categories and settings:
  - Healthy weight prevention
  - Early years
  - Schools and colleges
  - Sport
  - Active travel
  - Physical activity support for priority groups
  - Use of green and open spaces
  - Later years
- Include segmentation and social marketing insights to complement existing demographic information and build a comprehensive picture of need
- Undertake further analysis of the inequalities in young people's physical activity participation in order to understand their needs
- Consult with children, young people and families to better understand the motivators and barriers to participating in physical activity inside and outside of school

### 14. Key contacts

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### 15. Key supporting documents

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[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_128210.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf)

NHS Information Centre 'Statistics on obesity, physical activity and diet: England 2012'

<https://catalogue.ic.nhs.uk/publications/public-health/obesity/obes-phys-acti-diet-eng-2012/obes-phys-acti-diet-eng-2012-rep.pdf>

Department for Culture Media and Sport 2012 'Creating a sporting habit for life: A new youth sport strategy' <http://www.culture.gov.uk/publications/8761.aspx>

Department of Health 2011 'Healthy Lives, Healthy People: a call to action on obesity in England' <http://www.dh.gov.uk/health/2011/10/call-to-action/>

Department of Health 'Improving outcomes and supporting transparency Part 1: A public health outcomes framework for England, 2013-2016'

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