



**AN ACTIVE WELLBEING SERVICE
A MOVEMENT
FOR CHANGE**

**Invest, Devolve, Transform. The CSR and Devolution
February 2025**

This paper has been prepared by members of the Active Wellbeing Leadership Network. The network brings together a wide range of organisations within the sport and physical activity system.

In summer 2024, the network published [**"An Active Wellbeing Service: A Movement For Change"**](#)

The report advocated the transformation of the leisure service into an active wellbeing service, equipped to address social determinants of health and health inequalities, based on evidence, insight, and case studies.

The purpose of this paper is to explore the options for navigating the current policy agenda from an active wellbeing perspective. Specifically, the paper seeks to address the challenges and opportunities presented by four areas: the ten-year health plan; the comprehensive spending review; devolution; and local government reorganisation.

Comprehensive Spending Review: Investing in Health Creation through Active Wellbeing

The Government has commissioned a comprehensive spending review, to set policy and spending priorities for the current Parliament. The review will build on themes emerging across the policy spectrum, including: the shift to a preventative model of public service delivery; the sustainability of public services; devolution to communities.

These themes are amplified through the government's missions and the ten-year health plan currently under development, which identifies a shift to prevention as one of three key shifts that define the plan.

Local government finance, and funding for leisure, culture and arts services has significantly reduced over the last decade or more, in response to austerity and increased service demand in critical statutory service areas such as Children's and Adults Services.

The traditional leisure service has begun a journey of transformation, as an active wellbeing service, designed to promote health creation (physical and mental) as a preventative model of service delivery. The approach embraces the inactive, and the evidence which demonstrates the very significant positive changes in the health of those amongst the inactive who take the first steps into an active lifestyle.

This is already happening 'ground up' in communities as diverse as Manchester, Stockport, Oxfordshire, North Kesteven, West Suffolk and Birmingham.

The case studies and evidence summarised in 'The Active Wellbeing: Movement For Change' report are compelling. Research commissioned from University of East Anglia demonstrates that a cohort of just over a million people, weighted towards lower socio-economic groups, could achieve the following:

- The avoidance of 45,000 diseases
- A direct saving to the NHS of £314 million for the cost of treatment of those diseases
- 70,000 Quality Adjusted Life Years (QALY) gained (a year of life in perfect health is equal to one QALY)
- This QALY gain has a health value of £1 billion and economic value of £4.2 billion
- A 3.7-year reduction in the healthy life expectancy gap

The CSR should drive investment into active wellbeing, as the basis to build a preventative model of service delivery, improving and creating health, reducing demand and reducing costs within the health and care system. There is a broad system from 'intervention' to 'prevention', and local strategies need to embrace the whole system from cardiac, pulmonary and cancer prehab and rehab at the intervention end of the system, through to a life stage approach to prevention from pre-school to third age, creating and sustaining a culture of active lifestyles.

The cornerstones of investment should be to create local system, placed based interventions based on population health data and insight locally, building a universal offer for active lifestyles, with resources allocated proportionate to need.

'The Active Wellbeing: Movement For Change' document explores these themes, and how services can pivot from sport and leisure to health and wellbeing, identifying the cornerstones of an approach based on active wellbeing as follows:

1. Place-based working
2. System change and system leadership
3. Proportionate universalism
4. Pivot to wellbeing

To accelerate the transition to active wellbeing, the CSR should focus on the following:

- **Healthy Places:** investment to create healthy places by investing capital to protect and upgrade infrastructure particularly serving the most deprived communities, ensuring the transformation of local assets for active wellbeing, and in the process Improving energy efficiency, accessibility and sustainability. This requires an asset-based approach, community by community, embracing both the built and natural environment, active travel and active living: parks, cultural venues, local community spaces, and the rights of way network...always thinking and applying it 'hyper-locally', where activity does and can take place. This could also include a focus on swimming pools not supported in previous support programmes, to ensure the wide-ranging benefits of swimming are not lost, such as every child having the opportunity to learn to swim.
- **Capacity Building:** investment to improve the capacity and capability in locally trusted organisations supporting inactive individuals and communities with or at risk of multiple health conditions and children and young people from the least affluent families. This involves expanding the Sport England place expansion programme, associated system leadership development and workforce development. This could be enhanced by the creation of a sector owned and operated development agency to deliver skills and leadership development, consistent measurement and evaluation, and improved learning.
- **Wellbeing Hubs:** investment in local wellbeing hubs in neighbourhood assets including leisure facilities alongside associated outreach programmes to develop skills and IT infrastructure to deal with patient management and records. Priority given to communities placing greatest pressure on the NHS.
- **Resourcing Prevention:** introduction of a prevention threshold for ICB budgets, requiring ICBs to allocate initially 1% to prevention, through commissioning strategies overseen by Integrated Care Partnerships. This could rise through this Parliament to 5%.
- **Prevention Precept:** create a 'prevention precept' enabling all local authorities to generate up to an additional 2% of council tax revenues for service transformation linked to prevention.

(as recommended by the Hewitt Review – The Hewitt Review: an independent review of integrated care systems)

CSR outcomes and investment in these areas would shape the strategic discussion, accelerating transition to an active wellbeing service, designed to support national and local shifts to prevention and health creation. It would also create momentum for local partners to work collaboratively within local systems, through shared strategies for prevention. Furthermore, any investment in skills and infrastructure will boost economic growth in localities.

Devolution: Enabling Communities to Flourish

The English Devolution White Paper, published in December 2024, called for the establishment of Mayoral Strategic Authorities across England. The government also announced a number of pilots, for an integrated local government finance settlement, distributed via Mayoral Strategic Authorities to local authorities in the strategic authority area, with the aim of extending the model across England.

Some of the discussion, since the white paper, has focused on the opportunity for a mayoral strategic authority to prioritise prevention in the allocation of finance settlement funds to local government.

It will be important for each mayoral combined authority to ensure that there are comprehensive strategies for prevention and health creation, in partnership with system partners across the health and care system.

Meaningful devolution embraces community: the very local connections, assets, networks and partners who create, shape, and empower communities and neighbourhoods, who champion the agency of local people to lead the journey into wellbeing. Devolution plans must recognise the need to empower people and places to make the difference that each community needs.

Here is one example of a headline prospectus establishing a mission led approach for a mayoral combined authority. The document relates to Greater Lincolnshire, one of the areas scheduled for mayoral elections this May (2025). Such an approach calls for mission led approaches focused on the key local and national priorities that need to be addressed.

[\(Appendix B - A Vision for Greater Lincolnshire\)](#)

There are challenges and opportunities for the DCMS Sector. It will be important to maximise the opportunity for mayoral strategic authorities to embrace preventative models inclusive of active wellbeing, culture and sport. This will require significant change in approaches to delivery of, for example, Uniting the Movement, Sport England's current strategy, by shifting resources from national to regional and local system partners, and through the devolution of funds, to or through mayoral strategic authorities, alongside the local government finance settlement.

Locally, local authorities will need the capacity and resources to deliver a preventative model, convening local systems and empowering community led development, enabling communities to flourish through active wellbeing. The approach needs to go beyond engagement, to empowerment and co-production, enabling strategy and resourcing to be developed by the community for the community.

The DCMS could promote the following:

Strategic Alignment: cross government commitment to ensure that 'prevention', 'health creation' and 'empowered communities' are key themes within the strategic framework for mayoral strategic authorities, aligned to national and local missions.

DCMS Sector Transformation: Explore devolution of DCMS Sector funding programmes via mayoral strategic authorities.

Local Precepts for Prevention: advocate for prevention precepts (with MHCLG), and a 1% allocation of ICB budgets for prevention (with DHSC).

In terms of delivery, the more local the better, embracing subsidiarity and co-production. A key principle should be to create agency for those in need, moving from co-existence to co-ownership.

Local Government Reorganisation: Championing Local, Place and System

The devolution white paper also proposed local government reorganisation, to create unitary local government across England based on a population threshold of 500,000 per council area. County and District Councils in the 21 multi-tier areas of England (plus neighbouring unitary councils) have been invited to submit proposals by 20 March 2025.

There is a significant risk that reorganisation results in further service cuts and increasing marginalisation of services linked to active wellbeing. Leisure remains a non-statutory service, and financial pressures within new unitary councils could see further concentration of resources within adults and children's services.

To mitigate the risks, DCMS could explore the following:

Advocacy: advocate for the critical importance of active wellbeing, culture and sport services to prevention and integrated care system objectives for reducing health inequalities and managing service demand.

Reform: work with DHSC and across government to ensure that social care reform, and adequate resources for local government services are delivered concurrently or ahead of local government restructuring.

Policy: build policy frameworks for national expectations of the outcomes to be delivered through local government reorganisation, linked to prevention and health creation, community and economic development.

Development: the next decade and beyond provide opportunities to transform the landscape, creating an active wellbeing service linked to achievement of system objectives for health creation, social determinants of health and prevention. Times of transformation require leadership, capacity and sector development. The opportunity exists to create a development agency for active wellbeing, supporting system partners with the insight, capacity and tools to lead transformation. The creation of such a development agency should be a priority for DCMS and its agencies.

The Active Wellbeing Network would welcome the opportunity to engage with DCMS and other government departments and agencies to develop the ideas within this brief paper.