Active Wellbeing

Understanding the value of the work being done on the ground

Data, evidence, social value.
The why, what, how and implications for the future

- Active Wellbeing Data group
- Emma Bernstein, Strategic Projects Lead
- Sport England
- Will Watt, State of Life

“If physical activity was a pill - every doctor would be prescribing it” CEO of the NHS England in 2016

BUT.... in 2026 we are prescribing ‘fat pills’!

What works?
A role for The Active Wellbeing Network?

Data group

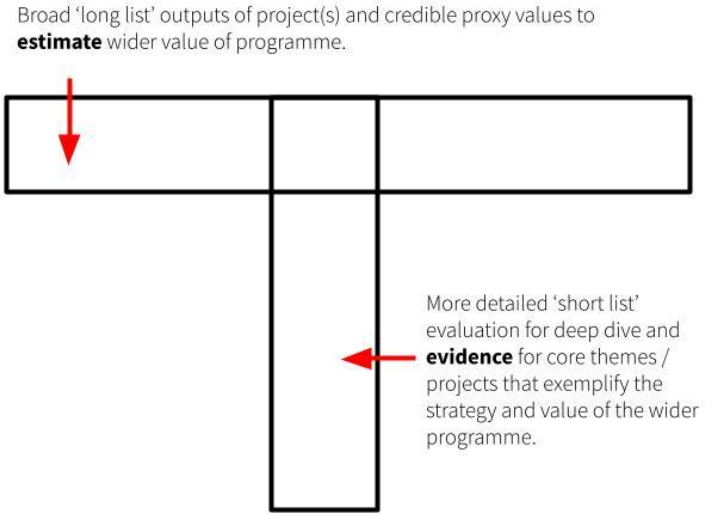
Join the dots between system measurement. Track and interpret the national picture.

6. Data, Insight and benchmarking

- Track & Interpret the national picture.
- Collated evidence-based advice for place(s)
- School swimming measurement –
- Join the dots between system measurement.
- Commissioning good practice.

Estimates and evidence for health and wellbeing applied to physical activity

A possible model: estimates



Estimates: for early assessments & procurement

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- Ready Reckoners: We can multiply these values by the expected impact, to quickly estimate social benefits.
- Scenario Analysis: Since we lack robust impact evaluation, we can use "what if" scenarios to illustrate whether these social benefits are likely to exceed the cost of investment.

Evidence: reliable analysis for significant spend

- Primary Data: we recommend gathering data to measure actual wellbeing impacts for important, new or significant investments
- Robust Evaluation: e.g., to help establish a 'control' group for those who do not receive the intervention. Ideally this accounts for social, demographic and other factors.
- Cost-Benefit Analysis: Conduct more detailed analysis of the social costs and benefits to accurately estimate net values. Requires economists trained in Treasury Green Book methods and an open, honest methodology and write up of methodology, limitations.

Estimates for value of activity are here now!

Opportunity - recognition of the need for consistent data and evidence. Risk - we go backwards to measuring participation and the already active as evidence of impact and value. Two looks at data, evidence are currently underway within The Active Wellbeing Network:

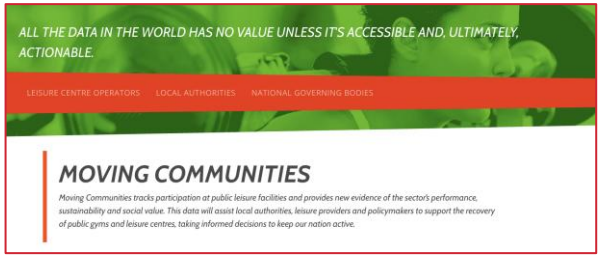
The state of play - output and throughput data on participation and provision

- Participation and facilities data - Moving Communities, Open Active, Active Lives, Sport England work with system partners (NGBs +).

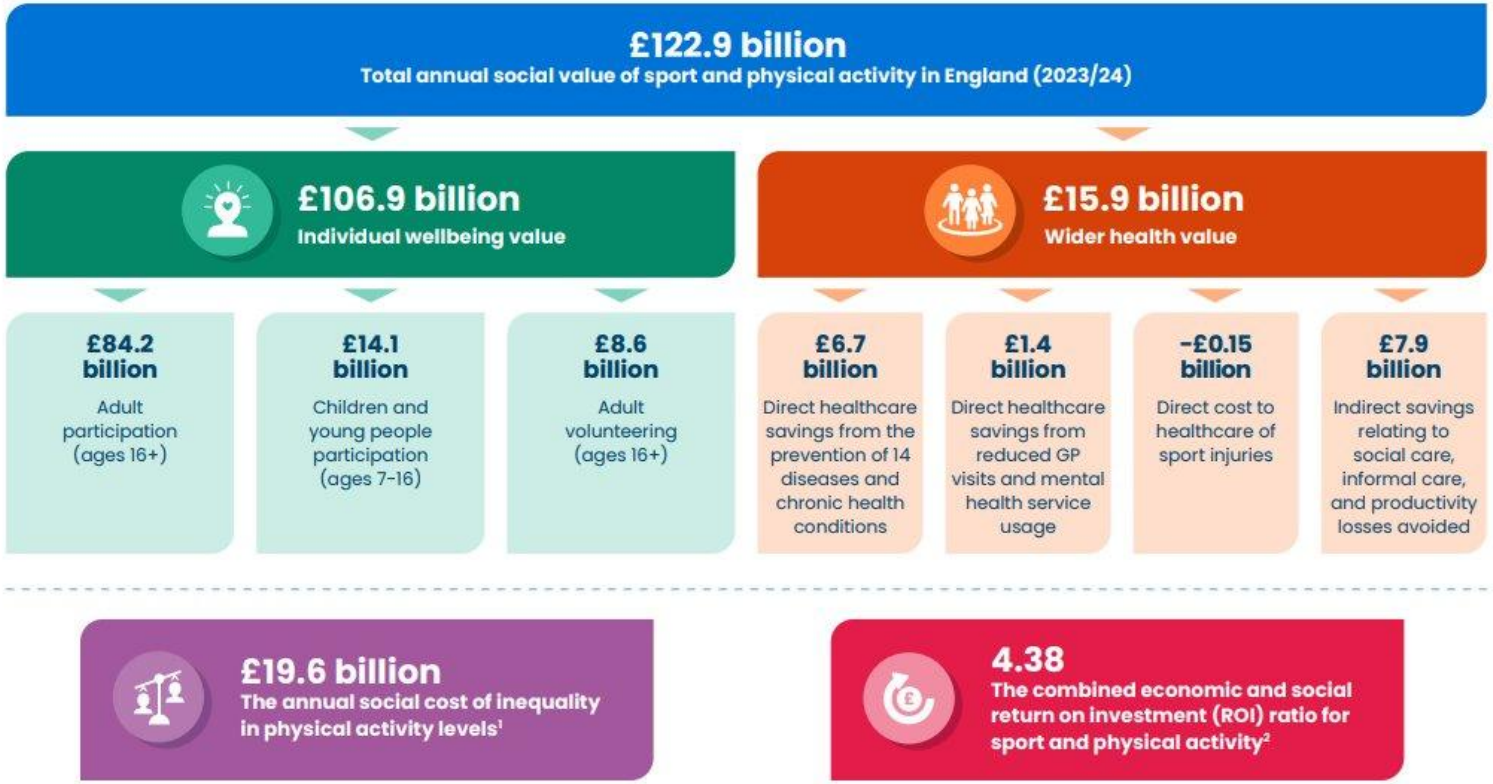
The state of the Nation - inactivity, obesity and the SHIFT to prevention

- We need to advocate with credible, consistent standards of evidence for our use of public money - we must evidence we are helping inactive people be more active.
- This means evidencing how the value of physical activity varies, very significantly, based on the 'distribution effects' of WHO you are investing in.

THE SECOND IS THE GAP AND POTENTIAL ROLE FOR EVERYONE IN THE ROOM



The social value of sport and physical activity in England



1 This estimate uses wellbeing and wider health values for adults (16+) but only includes wellbeing values for children and young people (aged 11-16) due to limited evidence for wider health values in younger audiences.
2 This calculation is based on the total economic and social value generated by sport and physical activity divided by the total investment it receives.

Social value calculator

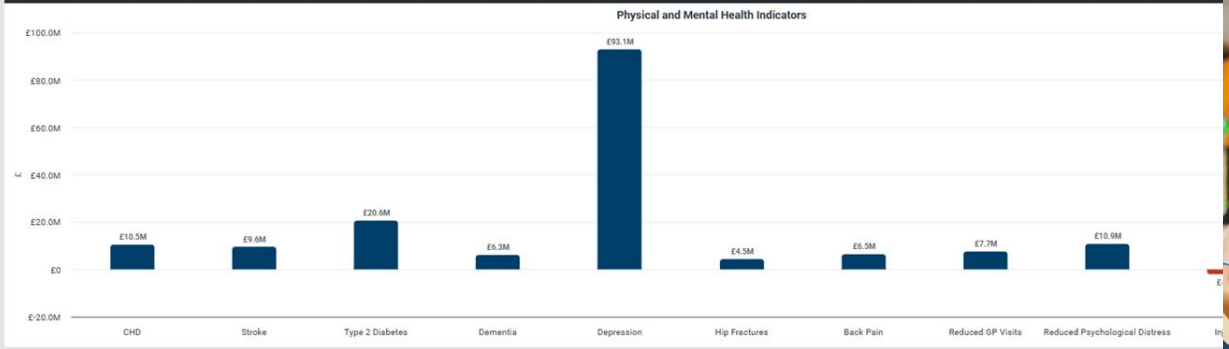
Moving Communities

ACTIVE FILTERS

ENGLAND | ENGLAND | 1,355 SITES (1,186 WITH DATA)

ATTRIBUTABLE SOCIAL VALUE		TOTAL SOCIAL VALUE PARTICIPANTS		PRIMARY VALUE: INDIVIDUAL WELLBEING	SECONDARY VALUE: HEALTH (DIRECT / INDIRECT)	
£992.8M	£966.7M	3.4M	3.3M	£821.7M	£85.6M	£85.5M
Jul 2025 – May 2026	Jul 2024 – May 2025	Jul 2025 – May 2026	Jul 2024 – May 2025	Jul 2025 – May 2026	Direct Health	Indirect Health

SOCIAL VALUE: PHYSICAL AND MENTAL HEALTH INDICATORS



SPORT ENGLAND | STATE OF LIFE | Sheffield Hallam University Sport Industry Research Centre | Manchester Metropolitan University | 4GLOBAL The future is active

National reporting and evidence

Moving Communities

Department for Digital, Culture Media & Sport

Local evidence

Warsop Health Hub

Warsop, Mansfield

Status: Completed April 2024
Client: Mansfield District Council
Operator: Serco supported by Vibrant Warsop
Value: £8.7 million

SPORT ENGLAND

Moving Communities

Overview

In 2019 Mansfield District Council commissioned a detailed insight led research project looking into the leisure and community provision in Warsop and its links to the health and wellbeing outcomes of local people.

The research process was supported by Warsop Parish Council, Active Notts and Vibrant Warsop which included an extensive programme of engagement, consultation events and meetings with a large number of key stakeholders including council services; local clubs and community groups within Warsop; service providers; and members of the local community. To conclude the research, a further community-wide survey was also produced and distributed to help understand the views of local residents.

The outcome of this process was to identify the need for improved leisure and community facilities to support health and wellbeing activities and the co-location of local services.

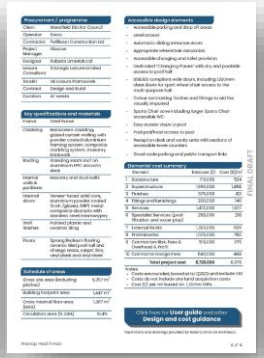
Health Hub
Facility Case Study

Think of the environment. Please avoid printing this A4 document unnecessarily. sportengland.org

The project provides the opportunity for local residents to improve their health, and well-being through social interaction and increasing participation in activity.

Design

FINAL DRAFT



Procurement / programme

Accessible design elements

Key specifications and materials

Schedule of areas

Click here to **User guide** and other Design and cost guidance

FINAL DRAFT

Environmental sustainability

General accommodation / elements

"This demanded an innovative community building in the right location, with the right facility mix and operating arrangement and not a standard leisure solution. Set within a park, the hub enhances existing facilities creating a wider community resource that helps to bring formal and informal activity together. It provides the opportunity for connectivity within the community. A place for people to be active together and benefit their physical and mental wellbeing."

David Evans
Mansfield District Council
Assistant Director - Health & Communities

FINAL DRAFT

Key operational indicators from Moving Communities

These indicators showcase the first 12 months of operation of the new facility (June 2024 - May 2025).

Social value per person is higher than the national average social value per person of £230.

Higher % of female participants than national and local population

Significant impact on local community participation in first 12 months of operations

Higher % of IMD 1-3 participants than national and is reflective of the local population

Social value

Generated by physical activity at Warsop Health Hub

Last 12 months: £636,383
Average per person: £260

Participants

Total unique individuals meeting the minimum threshold to generate social value over last 12 months

2,448

Primary Value:
Improved Individual Wellbeing
£561,560

Secondary Value:
Health - physical and mental healthcare cost savings (including conditions such as Type 2 diabetes, dementia and a range of cancers)
£74,823

Participants

June 24 - May 25

Warsop: 3,312

National: 9,042,368

Demographics

Females Jun 24 - May 25 — Mansfield

Warsop: 60% — 50%

National: 54%

Over 55s Jun 24 - May 25 — Mansfield

Warsop: 20% — 33%

National: 18%

IMD 1-3 Jun 24 - May 25 — Mansfield

Warsop: 55% — 53%

National: 25%

Throughput

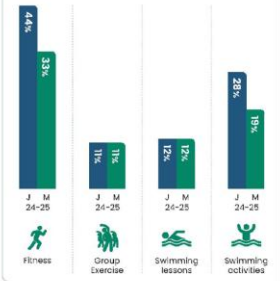
Jun 24 - May 25

Warsop: 70,002

National: 115,012

Throughput by activity

Jun 24 - May 25 — Warsop — National



Local evidence

Moving Communities

Local Government Association

About | Political | Our support | Case studies | Parliament | Topics | Publications | Events

Home > Case studies

Parkwood Leisure – The key to solving council challenges? Data-driven action

With budgets shrinking and health gaps growing, councils need data-driven leisure strategies. Moving Communities helps nearly 40 councils unlock £75M in social value, £13.26M healthcare savings, and 2M visits from deprived areas - turning leisure services into strategic assets that boost health and cut costs.

Culture, tourism, leisure and sport | 22 May 2025

Exercise on Referral Scheme (ERS)

Moving Communities

Referred
629 patients

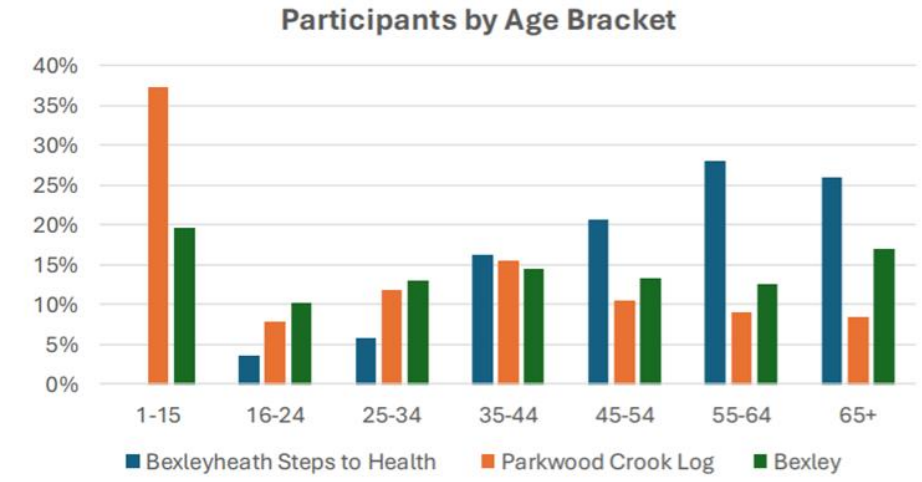
Intends to Participate
868 patients

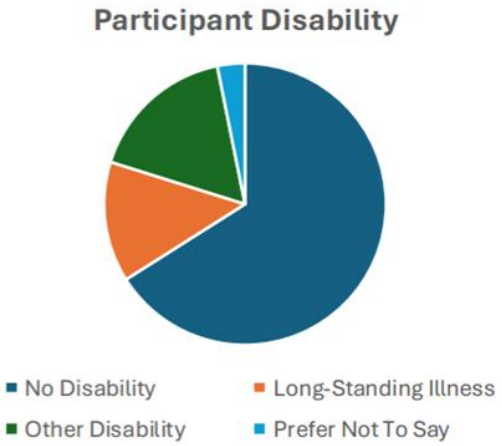
Registered - Not Yet Participating
931 patients

Participating
550 patients

Left Early
23 patients

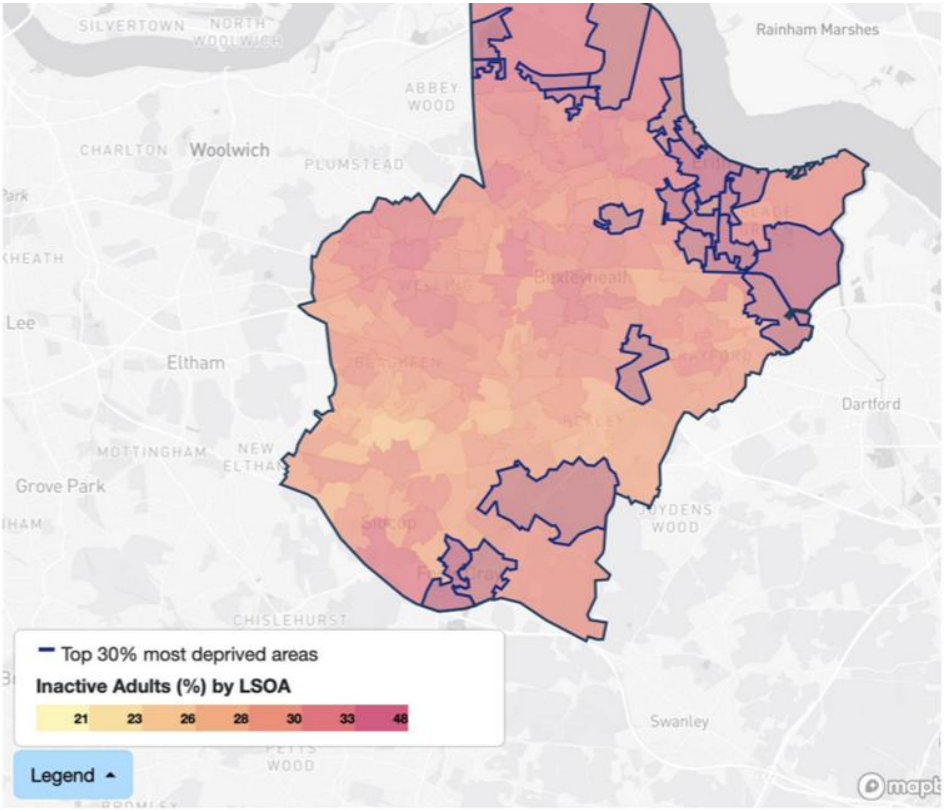
Completed
695 patients





Local evidence

- The Moving Communities platform can be used to help understand the local population; the alongside map showing that **29% proportion of the adult population is inactive,** higher than the national average of 26%.
- The **high percentage inactivity**, particularly to the north of the borough, is roughly **aligned to the pattern seen in deprivation**.
- While the Steps to Health data has not yet collected minority group information comprehensively, there is a **clear opportunity to serve those in need through the programme**.



Quest **Active Wellbeing**

The Quest Active Wellbeing Assessment is a structured, evidence-based review designed to help organisations deliver inclusive, impactful and community-focused physical activity and wellbeing services.

Ideal for teams in leisure facilities, community development, wellbeing hubs, or outreach services, this assessment:

- Demonstrates the value of your work
- Identifies opportunities for improvement
- Showcases your contribution to wider system priorities like health, equity, and social impact.

By focusing on data, community voice, partnerships, and sustainability, the assessment strengthens your team's effectiveness, accountability, and ability to attract investment or support

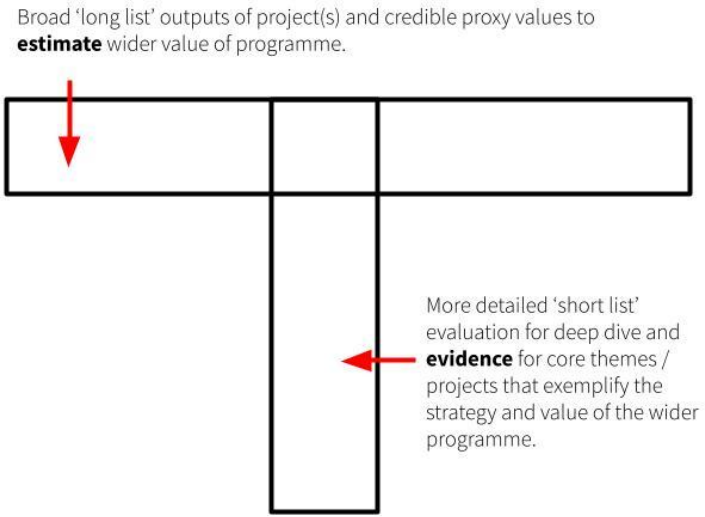
The assessment is delivered face-to-face in one day.

You can complete the assessment across your entire local authority area, not just a single site.

Measure What Matters

We measure the already active but it is the inactive where the strategy direct us and where the value is greatest.

A possible model: evidence



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Evidence based re-engineering of investment in sport

1. **Stop giving money to rich / already active people** - 65% of people are already active - fund with loans.

1. **Do the Health Service out of business** - for the 25% inactive - invest based on consistent evidence for health benefits and return on investment

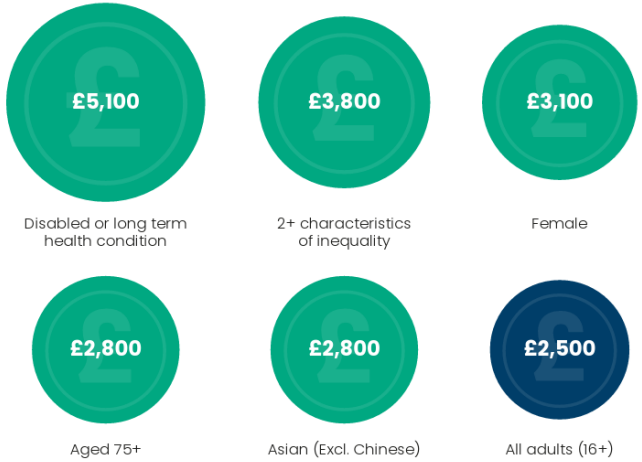
Sporting Assets x STATE OF LIFE

Evidence based re-engineering of sport and physical activity funding
Sporting Assets x State of Life

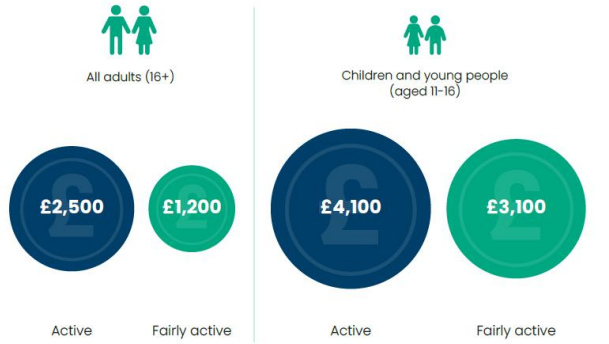
Evidence shows it is WHO that matters.

Distributional effects of physical activity. It is perhaps not where but WHO you work with?

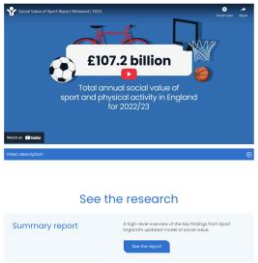
Average wellbeing values among selected groups for being 'active' (per adult, per year)



Average wellbeing values (per person, per year)



The return on investment varies massively



Big number - £100bn of value? Where does it come from? Who benefits the most and why?

WELLBY value of someone already active is £0 - £300

X 2 value if inactive

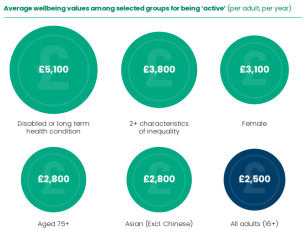
£2,500 to shift adult from inactive to active

X 5 if kids

£5,000 for children

X 4 for inequality

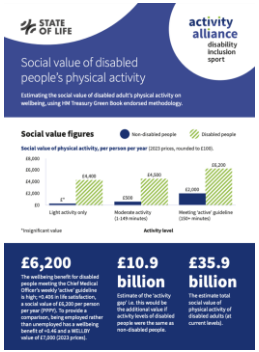
£3,800 if two indicators of inequality.



X 12 GP referrals

£22,000 for adults referred from the GP to leisure centres at risk of long term health conditions - tested across 8 Boroughs of Manchester.

Better value than Ozempic with no side effects and ¼ of the cost.



X 6 for disability

£6,200 of value for adult with a disability.

X 10 for adults in social care

£18,000 of value for adults with severe learning disabilities.

GM Active and East Lancashire: **consistent evidence in complex, place based system change.**

- 8 Boroughs of Manchester measuring GP Referrals to leisure centres for physical activity.
- Over 3,000 responses and over 1,000 from a control group.
- Reduced loneliness, use of NHS and increased trust, belonging, confidence and **an increase in paid memberships.**
- Using the EQ5D questions for the QALY and ONS4 for the WELLBY.
- £23,000 WELLBY value and £5,600 in QALY and well under the NHS cost threshold from NICE.

What works

The **NHS has NICE** - National Institute for health and Care Excellence for consistent evidence, standards and economic measures (the QALY).

We need PACE

Physical Activity Centre for Evidence and innovation. Using consistent data, standards of evidence to measure the social and economic value of physical activity using the WELLBY and the QALY.

Building capacity with training

Training clients and UK Govt. to build and apply open evaluation frameworks - Girlguiding, Active Essex, Duke of Edinburgh Awards and training for Govt. Economic services.

Ruth Marvel, CEO of Duke of Edinburgh, explains the benefits of this approach.

Third Sector Podcast: An impact measurement overhaul at DofE

22 August 2025

Lucinda and Andy find out how and why changes were made to how the charity measures and reports on its impact

Talk is cheap...
The challenges to getting this DONE!

Who?

Who do we target and prioritise in our work in physical activity?

Do we really care enough?

It’s tough, more expensive to engage the ‘hard to reach’ rather than compete in the market to target the already active members / switchers and new members?

Do we really want to do it?

How?

How do we do this work? What does it mean for the workforce in terms of training, roles, disciplines.

Comfortable with comparison?

Consistent evidence means we can report as a sector to funders...as one.

But it also means we can compare to one another...

STATE OF LIFE

The end