ACTIVE WELLBEING LEADERSHIP NETWORK

An ‘Active Wellbeing Service’

A Movement For Change

Executive Summary

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Context

In September 2022, Sport England published a report entitled ‘The Future of Public Sector Leisure’.

Its context was an evaluation of the role and purpose of public leisure services as it sought to recover from the effects of the pandemic and as it toiled to meet the ‘headwind’ challenges of the energy and cost of living crises.

The ‘trigger’ for such a fundamental examination of this ‘non-statutory service’ was the heightened appreciation of the value of good health created by the global events of 2020.

However, in truth, transformation was well overdue as local government finances grappled with the challenge of meeting ever-increasing demands in statutory services.

Moreover, there was a need to make better sense of and better ‘join up’ many different initiatives that had emerged such as new models of public sector provision, the expansion of place working, the concept of systems leadership and system change, and notably the implementation of Integrated Care Systems.

Anticipating a new political landscape and the inevitable ongoing financial pressures, a new and coherent narrative was needed. One that a new government could be persuaded to recognise as a contributor to improved population health, that had prevention at its heart and could be delivered locally.

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Challenge

If a fundamental purpose of government is to ‘champion the wellbeing of the people’, then urgent action is needed by the next Parliament.

The NHS and local government services are in crisis, exacerbated by an ageing population and increasing demands on health, care, and public health services. Children's physical and mental health needs are stretching resources thin. This crisis is driven by lack of vision, disjointed policy, funding cuts, the pandemic, and poor future planning, leading to severe burdens on primary care and widening health inequalities.

We now have a new government who have made health improvement one of their five missions and six initial priorities. These priorities are our priorities. The ambition and steps set out in this document will support the government’s commitments to:

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

The Academy of Medical Royal Colleges highlights exercise as a critical preventive measure against conditions such as dementia, type 2 diabetes, cancers, depression, and heart disease.

They advocate for an Active Wellbeing Service, which would significantly improve health outcomes and reduce pressure on acute health and social care services. Such a service is a strategic, sustainable, and financially smart intervention in public health policy.

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Key Evidence from Local Initiatives

Preventative approaches that are having demonstrable impact already exist in pockets across the UK. A number are described in the report and include:

- North Kesteven: The wellbeing program led to weight loss, reduced BMI and body fat, increased hydration, and reduced diabetes and depression medication.
- Essex: The Preventive Enablement Model saved £365.23 per participant annually, with significant monetary benefits from improved life satisfaction.
- Stockport: The Life Leisure activity program generated a social value of £14,000 per participant and mental wellbeing benefits worth £17,500 per person, totaling nearly £14 million for 2022/23.
- Greater Manchester: The Prehab for Cancer program reduced critical care and hospital stays, improved survival rates, and released significant healthcare resources and savings.
- West Suffolk and Babergh: Participants saw increased physical activity, reduced sitting time, improved balance and strength, and better mental wellbeing scores.
- Tameside: Active Tameside have helped reduce pressure on non-clinical interventions, use of medication, the demand and cost of neighbourhood health and social care services and supported young people gain skills, qualifications and employment.
- Barnsley and Sheffield: The Beat the Streets program increased physical activity and active travel among adults and children, to meet Chief Medical Officer guidelines.
- Birmingham: The Active Wellbeing Society's initiatives, focused on deprived communities, returned £23.01 for every £1 invested, largely by reducing preventable diseases and improving workplace productivity.
- Oxfordshire: A collaborative approach to tackling health inequality and preventing ill health through physical activity, with significant investment and in-kind contributions from partners.

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Four Cornerstones of Transformation

Four features have been identified as essential foundation blocks for an Active Well - being Service:

1.Place - based Working – there should be a person-centred, bottom-up approach used to meet the unique needs of people in one given location by working collaboratively to ensure that solutions are relevant, meaningful and self-determined.

2.System Change and System Leadership – there is an appreciation that physical inactivity is complex and that its challenges are better approached through connecting with colleagues in health, housing, education, social care, planning and others, and working interdependently to change the system, whilst adopting a leadership approach that is selfless and driven by common purpose.

3.Proportionate Universalism – it is irrefutable that the biggest impact can be achieved by creating the conditions for those who are inactive to do something and that short-term targeted approaches fail as soon as those interventions are withdrawn. An Active Well-being service provides a universal proposition and expends the greatest resources towards those who would benefit the most.

4.Pivot to Well - being – the Active Well-being service sees facility assets as Hubs that can accommodate co-located services; works in the community and with the community with those who are traditionally under-served and in a non-judgmental way, meeting their needs in a place and a way that is right for them; and works with health and social care partners to make available physical activity as a prescribed intervention, ostensibly for those who are inactive and those with long-term health conditions.

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In Summary

Transformation to an Active Well-being service is compelling. It places community and preventative health as prime purpose and driver. It leans on the analysis of Sir Michael Marmot and his work at the Institute of Health Equity and it appreciates the opportunity to work across a system to enable communities to thrive.

It is a vision that is able still to embrace the traditional sport and recreation opportunities that prevail, but also and more capably engages with a wider range of services that creates improved conditions for those who have been previously excluded and who would most benefit from being more active. It is a community-centric and system-level approach that will improve population health and seek to address health inequalities.

To read the full report visit: **https://activewellbeingnetwork.org/insights/**

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