Support for Community Sport

NHS Health Scotland

**Background**

The health and business case for increased levels of physical activity is unequivocal. There are nearly 2,500 deaths in Scotland and a cost to the NHS of around £91m each year as a consequence of inactivity. Very recent reports now make physical inactivity 2nd joint biggest killer with smoking and responsible for 9% of premature global deaths. Now is the time following the Christie Commission and a strengthening of the preventative spend agenda to take advantage of the momentum and do more to increase levels of activity across our most vulnerable and indeed general population. The significance of the contribution that increased physical activity can make is now more widely recognised and featured strongly in the NHS Scotland Conference 2012.

There is no doubt about the case for encouraging an increase in physical activity. Revised UK Guidelines on how much across each life stage are now in place. The task is now to ensure they are both understood and applied.

**NHS Health Scotland view**

Our national target is for 80% of children and 50% of adults to have met the UK wide physical activity recommendations by 2022. In 2010, 72% of all children and 39% of all adults (aged 16 years and over) were meeting these (Scottish Health Survey). To reach our 2022 target significant lifestyle changes and the circumstance to allow these changes to happen are required. We know that no single intervention will support the level of shift needed. Prioritising of resources across partnerships is essential to make that shift. Only through stronger collaborative leadership can we create the set of circumstances to generate a more active nation. Competing priorities both nationally and locally are recognized but the case for increased physical activity has never been stronger.

We know what is required to deliver on this target. Our national strategy, Let's Make Scotland More Active: A strategy for physical activity was produced in 2003 and reviewed in 2008. Its strategic priorities remain valid in 2012. It set out a range of actions that if delivered effectively will witness positive shifts. Advancing the number of Community Sports Hubs is just one example of significant progress. To maximize these efforts and get to the next set of strategic actions we are working closely with Scottish Government and wider partners on a single national delivery plan. Based on the internationally renowned “Toronto Charter for Physical Activity”, our delivery priorities will have implications for built & natural environments, education, transport and planning, workplace and recreation & sport.
NHS Health Scotland (NHS HS) as the national agency for reducing health inequalities and health improvement will make an effective and positive contribution in taking this task forward.

We will help lead its design, planning and on-going co-ordination. Our role will build on our significant contribution to the physical activity agenda to date (ranging from our work in the review of the national strategy LMSMA to current influence over funded voluntary organisations). We will draw upon our experience and resources in working collaboratively with international, national and local partners, expertise in evaluation & scientific evidence, delivery and performance management of health improvement projects and the design and provision of learning programmes that increase workforce capacity across Scotland.

Sport and recreation will be a critical part of the delivery plan. Our response deals with all 7 areas of the inquiry but emphasises preventative health. This underlines our view that to promote health in a population and prevent and/or manage disease through physical activity (and in this case community sport) there is a requirement to not only support individuals via services but to also enable healthy lifestyle choices through supportive social, economic, cultural and physical environments. Community sport is one of many options to support increased levels of physical activity but given the pivotal role of volunteering and use of established local resources we recognise that it delivers this in a manner that fully embraces an asset based approach to delivery with locally expressed need and capacity very often shaping what is on offer to local communities.

**Volunteering – Barriers & Support**

Reported barriers remain consistent across all forms of volunteering. These include lack of time to volunteer effectively due to work, access to affordable (this generates less volunteers from more deprived areas) and well provisioned facilities and the administrative demands of volunteering. In community sport the barrier to successful volunteering is further compounded by the perceived and actual barriers faced by individuals to engage in the physical activity on offer. This is despite the reported understanding by those who are not active of both the enjoyment and benefits of participation. Not only does this impact on participant numbers but also future volunteer numbers as we know that many who do participate eventually take on volunteering roles. The biggest barrier to physical activity is time (two thirds) as a consequence of family demands and work. Age related poor health is the second factor which unfortunately presents itself when time barriers reduce. Other reported barriers include motivation, accessibility, affordability and quality of facilities.

To help overcome these barriers NHS HS work has three primary areas of focus. Firstly the development of health improvement knowledge, skills and awareness of staff and volunteers through the availability of physical activity and wider lifestyle publications. These include e-learning training resources, access to
national expertise e.g. Physical Activity Health Alliance (PAHA www.paha.org.uk). Secondly the “marketing” of local community sport opportunities via the Active Scotland website (www.activescotland.org.uk). Community Sport clubs can register their details with NHS HS and through a postcode search facility members of the public and services can learn how to access or signpost individuals to local physical activity opportunities. Currently the contact details of over 2,700 organisations are on this site. Thirdly is that of signposting from NHS services to local community sport opportunities. We are developing a physical activity brief interventions in primary care programme that will ensure that signposting from GP practices will include local community sport options. For many GP practices signposting will include the option to access to Community Sports Hubs. This provides additional benefits as it provides the opportunity to raise awareness of and engagement in other health promoting activities as well increasing levels of activity.

**Preventative Health, Community Sports & Communities**

The World Health Organisation defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure and is an overarching term which includes activities such as active living, recreational activity, exercise, play, dance and sport.

UK wide physical activity guidelines, endorsed by each of the UK Chief Medical Officers have recently been developed for under fives, children and adolescents, adults and older adults based on the most up to date evidence. This is the first time UK physical activity guidelines have included guidelines for early years and older people. Scotland needs to use them better. The recommended levels are (1) at least 180 minutes per day for pre-school age children who can walk unaided, (2) at least 60 minutes everyday including 3 days of muscle and bone strengthening activities for 5 to 18 years (3) at least 150 minutes (e.g. 30 minutes on at least 5 days) a week for adults (up to 64) which should also include some vigorous activity and strength training and (4) older adults (65 plus) should also aim to achieve 150 minutes a week where possible and also include strength and balance sessions.

45% of men and 33% of women (39% of all adults) aged 16 years and over were achieving the physical activity recommendation in 2010. Men are more likely than women, and younger adults more likely than older adults, to do so. The proportion of women who live in deprived areas meeting the recommendation is lower than in less deprived areas but there is no clear pattern for men. The proportion of children meeting the recommendations is higher than that for adults, but decreases with age. More boys than girls achieve the total each week. In 2010, 72% (75% of boys and 70% of girls) met the physical activity recommendations including school based activity and 65% (68% for boys and 62% for girls) when we exclude school based activity.
Our national targets (Let’s Make Scotland More Active, 2003) are for 50% of all adults and 80% of children meeting the recommendations by 2022. While the results for adults show a positive upward trend in adult activity levels since 2003, a national review of progress in 2008 highlighted the need for an on-going prioritisation of interventions for older adults, women generally and the increased proportion of girls not meeting the recommendations.

Being physically active has huge health benefits for everyone. It prevents and can manage over 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Sport therefore, whether recreational, community or formal can as part of an individual's daily physical activity routine help prevent many of the above conditions. Data from the 2010 Scottish Health Survey showed that when asked how much sport/exercise participants had participated in during the last 4 weeks, 47% of men and 42% of women said they had done “some”. The most common sports/exercise included swimming, cycling, gym and exercise classes.

In terms of other benefits national and international evidence highlights wider health and social benefits of community sport and its role in developing supportive and safe communities, empowering individuals and communities and increasing social cohesion and social capital. Studies also highlight a contribution to decreased health care costs, increased contribution to the economy through employment opportunities and local spend and reduced unsocial behavior. There are always some risks to be managed in encouraging the physically inactive to get active however if managed well these risks can be kept to a minimum.

How will we know its going to make any difference? We quantify community sport’s impact on the preventative health agenda through evidence and logical acceptance. Given that any engagement in physical activity is positive, increased numbers of people across all populations participating in sport will in effect contribute to improvements in population health. This is good start but NHS HS would advocate that given health outcomes are longer term in nature there is still a need to focus on supporting people to make permanent and positive behaviour changes (particularly populations less likely to engage) and measurements need to go beyond participation alone. Including health and other physical activity outcome measures in our new delivery plan may require changes to any monitoring arrangements and given limited time and financial resource this would present a considerable challenge for community sport clubs and volunteers. However with continuing advances in self-recording of lifestyle behaviours through personal desktop and mobile technology there is significant opportunity to investigate cost effective monitoring options that do not negatively impact on the core business of clubs and organisations. Such shifts would therefore create a shared ambition for community sport to not only increase participation but to evidence its contribution and in many ways untapped potential to improve population health and with that an opportunity to fully articulate its key role in the
preventative health agenda for the whole population and those who require support most.

Finally on the subject of cost effectiveness we are very much aware that community sport is not nor needs to be a high spend activity with an ability to only deliver if accessing high tech modern facilities. The variety of relatively low cost activities delivered across a range of built venues and natural locations emphasises the efforts made by organisations and volunteers to ensure best value remains central to delivery and is achieved through effective collaboration. These partnerships stretching from policy to grass roots delivery can also help ensure that the focus of investment targets populations where needs are greatest and known barriers to participation are addressed. One example of joint funding between public bodies and clubs that also delivers on health outcomes is the Scottish Government funded “Fit Fans in Training” project which allows men generally disengaged in other forms of physical activity to train with their favourite football club. A second Scottish Government funded programme is Paths for All (PFA) and through collaboration with partners has 133 active community and 30 workplace walking projects supported or connected to the programme. Today walks start from 390 different locations across Scotland and PFA figures for 2011/12 estimate that over 200,000 attendances had taken place for their community health walks alone.

Conclusion
Our evidence highlights the important role of community sport in generating positive physical and broader health outcomes and the need for its presence within communities as an easily accessible form of active leisure and sport. In addition to this we ought not to ignore the benefits either of uncoordinated, unmeasured recreational sport and play using local facilities and open space. With tens of thousands volunteers in sport and PA activity the significant contribution of community sport to Scotland’s health is unquestionable. Its success requires the combined efforts of partners and the current development of a national framework and implementation plan for physical activity that will place community sport as a key function not only reflects its importance but highlights the need to ensure volunteering continues to thrive through a range of enabling support mechanisms. The impact of volunteering cannot be underestimated and as celebrated at the London Olympics and soon to be at Glasgow’s Commonwealth Games in 2014 we see an opportunity to not only create a legacy for increased physical activity and health but one that sees the Games volunteering opportunities act as a catalyst for a new stream of motivated, skilled and highly dedicated individuals in the field of community sport.

However we have also stressed that given the significant impact of inactivity and the need to increase our current physical activity levels particularly among target groups the responsibility for change extends well beyond the successful provision of community sporting and volunteering opportunities. Instead it requires the combined efforts of all partners who shape how active we are
through our physical environments, transport systems, education and care services, workplace or even mass media.

We know what must be delivered and as our population grows older with the potential risk of record levels of ill-health and increased investment in care services the time to deliver on this knowledge is now.

**NHS Health Scotland**

**17 August 2012**