Tackling Inactivity

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OUR VISION

We want everyone in England regardless of age, background or level of ability to feel able to engage in sport and physical activity. Some will be young fit and talented, but most will not. We need a sport sector that welcomes everyone – meets their needs, treats them as individuals and values them as customers.
‘the biggest gains and the best value for public investment is found in addressing the people who are least active’
What is inactivity?

• “those individuals doing less than 30 equivalent minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more”
Where we want to be by 2020

1. Reduced the prevalence of inactivity in the places we have invested and supported
2. Further strengthened the evidence base that supports how best to reduce inactivity.
3. Gained a sense of how we tackle inactivity at scale in order to mainstream our future thinking
4. Become recognised as an expert delivery partner in tackling inactivity.

HOW?
Customer – THE INACTIVE

Our role
- Advice
- Insight
- Broker
- Investor
- Deliver
- Influence

WHERE?

WORKING WITH THE PARTNERS THAT CAN DELIVER AGAINST OUTCOMES

HOW?

INDIVIDUAL POPULATION

Opportunity to scale/ Input into system change

WHAT have we learnt?
TACKLING INACTIVITY

ONE OF THE MOST IMPORTANT FEATURES OF THIS STRATEGY IS A MUCH STRONGER FOCUS ON TACKLING INACTIVITY

WE WILL...

Create a new, dedicated fund of £120 million to tackle inactivity over the next four years, building on the insight we gained from our Get Healthy Get Active pilots.

Ensure that at least 25 per cent (£265 million) of our total investment over the next four years directly benefits inactive people, including a proportion of our funding for local delivery, children and young people, and facilities.

Work with Public Health England to develop clear messages on the Chief Medical Officer’s guidelines on physical activity and deliver a national sport and physical activity training programme to primary healthcare professionals.

Develop a collaborative programme of work with leading health charities. The aim will be to get more people at risk of, or living with long-term, conditions taking part in sport and physical activity.
Investment in inactivity

£265M OVER 4 YEARS

- Inactivity: 45%
- Local delivery: 13%
- Facilities: 3%
- Children and families: 14%
- Coaching and workforce: 21%
- System costs: 4%

Sport England: Towards an Active Nation 2016-21
What have we learnt?
I jiggle, therefore I am.
Get Healthy Get Active – The story so far
£13.5m into 33 pilots

171,703 Engaged

Of which 81,332 (almost 50%) were inactive

Of which 35,837 took part

57% transition rate

Of which 20,427 were 1x30 3 months on
Well-targeted and delivered sports projects are able to increase wider physical activity levels in previously inactive people.

Average increases of 214-1195 MET minutes of activity per week were observed at 3 months (IPAQ) and up to 778 MET minutes of activity at six months across the projects.

This could have significant implications for health given that every 1 MET increase in aerobic capacity is associated with a 13% and 15% reduction in all-cause mortality and cardiovascular events respectively.
What have we learnt? Design principles:

1. Understand the complex nature of inactivity

2. Understand the role of behaviour change theories

3. Undertake and utilise community insight

4. Reframe the messages (sport and activity by another name)

5. Work in partnership (strength in numbers)

6. Make sport and activity the norm

7. Design the offer to suit inactive people

8. Make sure people are well supported to change their behaviour

9. Measure the behavioural change
Design the offer to suit inactive people
Next steps

- Release inactivity insight pack
- Design new round of funding
- Develop collaborative programme of work with the Richmond charities focusing on:
  - Enabling local networks
  - Enabling national touch points
  - Using fundraising events to stimulate physical activity habit
- Develop relationship and work plan with Public Health England to include:
  - 3 year health professional training programme
  - Message development and campaigns
Discussion points

• What do you think of our plans?
• Do you recognise our learning? What are your lessons from your own experience (successes and challenges)?
• How do we support a greater focus on inactivity locally? What are the barriers and opportunities?
• How do we help you embed this in a place?