

## **Summary of Responsibility Deal Inclusion Workshop**

**Wednesday Afternoon - 7<sup>th</sup> March 2012. Department of Health. London**

The workshop was kicked off by Paul Stonebrook from DH who reminded us of the scale of the challenge faced by physical inactivity, i.e. this being one of the top 4 killers in the developed world and the various barriers linked to matters such as gender, ethnicity, disability and deprivation. The Responsibility Deal has just celebrated its first anniversary; over 350 organisations have signed up to the Deal with almost 200 organisations signed up to at least one of the physical activity collective pledges. Secretary of State for Health Andrew Lansley announced a new National Ambition for Physical Activity with a commitment to achieve a year on year increase in those meeting CMO physical activity recommendations, but also a year on year decrease in those undertaking less than 30 minutes PA per week.

The Physical Activity Network Secretariat now wants to deepen RD members' commitment to actions, hence the model of "task groups" focused on one broad theme, perhaps with specific targets and supported by a business plan. Task groups should bring together third sector expertise with the public and private sectors providing resources such as staff time, publicity and finance. The overarching aim is to work collaboratively to maximise reach and impact. The Children and Young People's task force has recently been established, and today's workshop will launch the Diversity and Inclusion Taskforce. Each needs to start by reviewing the evidence for "what works" and build on this, hence the structure the afternoon workshop.

After Paul, there was a 'round robin' where a number of delegates described activity their organisation is undertaking to engage particular groups in becoming more physically active. These included (not a complete list):

- Nordic walking successfully engaging large numbers of people both in walking and training, delivered in ways that are sustainable and can help build local economies especially in rural areas.
- Engaging with people suffering long term health conditions, using PA not just as a preventative measure but also as an effective treatment, mobilising ordinary people to become ambassadors in their community. Working with GPS and making it local.
- Businesses offering employees voluntary screening along with individualised feedback on preventative health. Also offering practical and fun opportunities for physical activity. Initiatives included staff members becoming "Wellbeing Champions" using Facebook and other medial to keep it live and fresh.
- Linking physical activity (walking) to charitable fundraising challenges over a 6 week period. Making it fun and sociable with continual feedback to participants was key to sustaining input and motivation, especially when the charity fundraising is personally significant.

- Working with targeted groups to provide an intensive but supportive programme of support and mentoring to inform changes to dietary and physical activity behaviours. Targeting communities and families facing obesity challenges. Work includes helping participants to understand the content of commonly eaten foods and reflecting on their shopping habits.
- Youth Sports Trust working with cohorts of young people who all struggle to do sufficient exercise. Approach works well because all young people in the group are ‘in the same boat’ so lots of inter-group mutual support. Also targeting girls through “Fit for Girls”, addressing the drop off in PA from age 12 to 14.

Dr Zafar Iqbal presented information on obesity, causal issues, its health implications, UK trends and forward projections. The UK is at the top of the European league for obesity and levels are increasing such that, without significant changes, by 2050 the majority could be obese. Some proposals that others have advocated (e.g. health warnings and helpline numbers in oversized clothing) were described. Tackling obesity and inactivity needs to be everybody’s business, including GPs who could do more to support their patients in adopting healthier lifestyles.

The following five presentations then each looked at an approach for engaging particular groups of people in becoming more active that have either been successful (e.g. Fit as a Fiddle, working with older people) or that represent an underexploited opportunity (e.g. a new campaign working with a range of ethnic media). In summary the 5 presentations were:

1. Shaheen Bi. Sporting Equals. Promoting active lifestyles to older people from BME communities using a cascade trainer model. This was an effective way of reaching older people from ethnic communities, especially when working within local centres with a large BME footfall, e.g. places of worship.
2. Dr Zafar Iqbal. Liverpool Football Club. Working with local schools, providing support and information to teachers plus bringing in a high profile and admired health ambassador (Premier League footballer) to amplify the messages. This approach had a radical impact on children’s understanding of CMO guidelines and substantially increased the amount of physical activity undertaken.
3. Clare Howard. Association of Colleges. Capitalising on the very large numbers of mainly young adults passing through higher education establishments. Many colleges have high representation from particular BME communities so approach is especially effective in engaging people from these groups. Because of the large numbers, unit costs are low and represent good value for money.
4. Mark Abberley. Amateur Boxing Association England. Engaging young people in boxing has been particularly effective within more

deprived communities, where young people are at particular risk of leading unhealthy lifestyles. Several examples of lives turned around were presented. Popularity amongst girls and young women is especially strong and the forthcoming Olympics (with first time female events) is a fantastic opportunity for growing participation.

5. David Mbaziira. Sporting Equals. A review of a broad range of UK ethnic media (e.g. cable and satellite TV, radio, newspapers) reveals that sports coverage is extremely limited and that links between lifestyles and health are rarely reported. Given the real business opportunities for the ethnic media, more comprehensive coverage of sporting and physical activity can be a big win-win opportunity. An ethnic media campaign was therefore launched at Sport England on 29 February and Sporting Equals intends to work with others in building coverage to engage BME communities.

The workshop concluded with a discussion on the next steps, although time was very limited. The key messages that emerged from this discussion were:

- 1 Work must quickly move on to achieving positive action, i.e. more than a vehicle for exchanging information and good practice (important as this is!).
- 2 We still need to build consensus on where the greatest impact can be achieved. There is no need to 'reinvent the wheel' as much excellent work is going on already, but how might this good practice be widened?
- 3 We need to agree how the taskforce can best support all partners who have signed up to the inclusion pledge, helping them to deliver their commitments through the sharing of evidenced and good practice.
- 4 In designing actions, it is important that end users / beneficiaries are fully involved in the process to ensure appropriateness and relevance.
- 5 Given that time was constrained, there is an open invitation to delegates to respond with further ideas and comments. We are still evolving!

Sporting Equals and Dept of Health agreed to reflect further on the workshop and discussions and respond to all participants with proposals for the way forward.