HOUSE OF COMMONS

Health and Social Care Committee

Oral evidence: Prevention in health and social care, HC 965

Tuesday 11 July 2023

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Watch the meeting

Members present: Steve Brine (Chair); Paul Bristow; Chris Green; Mrs Paulette Hamilton; Dr Caroline Johnson; Rachael Maskell; James Morris.

Questions 159 - 199

Witnesses

I: Chris Boardman MBE, National Active Travel Commissioner, Active Travel England; Tim Hollingsworth OBE, Chief Executive Officer, Sport England; and Mark Lawrie, Chief Executive, StreetGames.

Examination of witnesses

Witnesses: Chris Boardman MBE, Tim Hollingsworth OBE and Mark Lawrie.

Q159 **Chair:** Good morning. This is the Health and Social Care Committee, live from the Palace of Westminster in London. Today we are continuing our prevention inquiry. For those who have not followed it intimately, we are doing a major inquiry into prevention in health and social care. We have 10 different workstreams in that. We have had huge public stakeholder and service interest in this inquiry, and we decided to theme our work into 10 different workstreams. We have already done vaccination, which, next to clean water, is the biggest public health intervention that we can make—not my words; many cleverer than I have said that, and it is also true.

The next workstream that we are doing is what we call healthy places. This is the first of three planned evidence sessions for that particular workstream, around physical activity, sport, play, leisure and active travel. In this workstream we are also going to be talking about housing, indoor air quality and all of those determinants of ill health.

We are joined today by some great guests. Thank you for coming and we are sorry for keeping you waiting. We have Tim Hollingsworth OBE, who is chief executive of Sport England. Thank you for coming. We have Mark Lawrie, chief executive of StreetGames. Thanks for coming, and it is nice to see you. We have a bit of a hero of mine, Chris Boardman MBE, who is the national active travel commissioner of Active Travel England. He is somebody I have cycled alongside, but he wasn't trying. We were on the parliamentary cycle ride at the time. If he was trying, I wouldn't have seen him for dust. It is very nice to see you, Chris. Thank you for giving up your time as well.

As I said, this workstream is about healthy places. What we are interested in, as a Committee, is the prevention of ill health. We are interested in how places are healthy places, where we live and how we build good public health into the places where we live. Tim, what impact does where somebody lives, their physical activity and their participation—not just the determinants of inequality and health disparity—have on their health?

Tim Hollingsworth: Good morning, Chair. Thank you very much for inviting me. I think it has a significant and very measurable impact. One of the things that we have seen over many years, not least in the evidence that we can provide in our active life survey, which is the biggest determinant of activity in this country and perhaps the biggest survey in the world of its type, is that there are regularly some pretty stubborn inequalities in sport and physical activity. While we are generally an active nation—about two thirds of people do the chief medical officer's defined level of activity of 150 minutes a week—there is a proportion of about 25% of the population who are classed as inactive within that and do less than half an hour a week.

There is a very significant divide between those who are active in their daily lives and those who are not. It is very noticeable how that maps against a number of factors. We can come on to some of them. They can relate to people with long-term health conditions and disabilities, for example. Gender is still an issue. Race and ethnicity is still an issue. The biggest determinant is social and economic circumstance: where people live; the circumstances that they face; their opportunity to access sport and physical activity; and, more important than anything else, for it to make sense in their everyday life. The evidence is in the data from the active life survey, as well as in what we know about what drives people to be active as well.

Q160 **Chair:** That is a great starting point. Moving on to StreetGames, your Doorstep Sport programme is really interesting. It provides "accessible and affordable opportunities for young people to take part in informal sport within their local community". Could you tell us a bit more about that in the context of the question I asked Tim?

Mark Lawrie: Certainly, Chair. Thank you again for having me along. The whole premise of Doorstep Sport is that young people who live in deprived areas and who come from low-income families have a number of barriers to accessing sport in the places where they live. One of the biggest is that there are not the opportunities. It is very rare that you find sports clubs. It is very rare that you find open access leisure facilities that they can afford.

Doorstep Sport offers sport at the right time, when teenagers or young people are available, and in the right place, which is literally round the corner. Generally, the young people we work with travel no more than a mile, because they do not have access to cars, and they possibly do not have the money for the bus. It is provided in the right style, so it is led by local coaches and leaders who understand the needs of the young people and provide sport in a way that works for them. It is also provided at the right cost, which is very often free. That is based on the fact that when you look at the data, low-income families may have less than £2.65 a week that they are able to spend on sport and active leisure, which is less than the price of a swim. Our network of around 1,500 organisations—there are thousands around the country—offer sport to young people, and to the wider community, on the doorstep, where they can get to it.

Q161 **Chair:** Interesting. Can you talk about your housing estate in Newcastle? How do you measure it? Obviously, what we are interested in is making solid recommendations to the Government, where we can move the bar relatively quickly and build them in. Tell us about that example and how you measure its success.

Mark Lawrie: You are probably referring to Play in Newcastle, which is one of the programmes that was part of the Chiles Webster Batson Commission. That is a local organisation in the heart of an estate. We help them to use things like the ONS wellbeing questions. They take the

marker questions on mental and physical wellbeing, and they actually measure young people very carefully when they first come in, and then six months into their being active, so that we can see the journey that a young person has taken from not being active to increasing their physical activity levels.

It also picks up on the indicators relating to mental health because, as you will be aware, Chair, the incidence of poor mental health somewhere like that estate in Newcastle is three times higher than in the general population. Just equipping these organisations, which are fantastic at providing the sport, with the wherewithal to use nationally recognised measures, is what our organisation does. We help them to interpret things that would otherwise be miles out of their reach. We provide them with the tools to measure their impact at local level.

Q162 **Chair:** That's great; thank you.

Chris Boardman, Active Travel England's main objective is for 50% of trips in England's towns and cities to be walked, wheeled or cycled by 2030, but the NAO says that the Government are likely to miss that. Could you talk about that ambition and how alive you think it is at the moment?

Chris Boardman: I hope it is very alive. That is the reason that I took the job. It is a long-term one, but it is one we have to make. To give some context, so that people know, I work alongside Tim at Sport England. This is almost a subset of Sport England's work, to a degree. It focuses on the glue that puts it all together and intends to make health easy, essentially to give every child in England transport independence. That is what we intend to achieve.

If we realised that 50% ambition for all journeys in towns and cities to be cycled or walked, it would realise about £36 billion in benefits over the term of the investment, which is obviously significant. The beauty of tackling health in this way is that you deal with a lot of other issues as well, such as decarbonisation and, as Mark has just touched on, cost. It is the cheapest form of transport. We are currently driving 1.5 billion miles every year for journeys of less than a mile. With those two things, if you address one, you also deal with a lot of other issues as well. It gives a great return. That is the reason for the mission.

A lot is to do with upskilling councils, which we are in the process of doing now. We are working very closely with local authorities. We have only existed for a year, but that is a big part of it. We are matching resources to capabilities. We have rated every authority in the country for capability and matched not just the finances but the help we give them with their current capability. It may be just a package of crossings in the right place and pedestrian priority. Small things can make a big difference at a very local level. When you have low support or not many officers employed, that is the best thing to do, whereas some of our highest performers, like Greater Manchester, Nottingham and West

Midlands, are well on; they have good staff and we can give them the cash to spend on high-quality routes. It is basically getting the whole country up to speed. The benefits are manifold.

Q163 **Chair:** How can we measure those benefits? We are in the business of preventing ill health in the first place and to stem that demand, which is outstripping supply, in the NHS. Obviously, we do not know what we do not know, so how does the active travel agenda measure the preventive health benefits of what you are trying to do?

Chris Boardman: The benefits that Active Travel England will realise will be in health. If we take obesity just as one aspect—it is only one—obesity levels in Denmark or Holland, where they typically cycle 10 times more, are almost half what they are here. We have very localised examples in the UK. At Kesgrave School, just outside Ipswich, 900 kids ride to school every day because they inherited a 1930s bike lane and built up the estates around it rather than over it. It is not particularly pretty, but it has made it the easiest way to get to school. The whole school has a lower than average and healthier body weight. As a side effect, they attend more after-school clubs and sports because the kids have transport independence. It has even had an impact on bullying because bullying tends not to happen at school, but after school. When you have independence, you can come and go as you please. It is one incredible example to go and see.

Q164 **Chair:** There is a much wider wellbeing agenda which you are passionate about. To repeat what I said to Mark, we are in the business of making tangible recommendations. Chris, what is your top three in the wish list that you want to see Ministers get?

Chris Boardman: I have identified eight Government Departments that will directly benefit if more people get around under their own steam. I think co-ordination is the opportunity to bring together all of those agendas and get them tackled all at once. I think transport, as I said at the start, is the glue that holds it together. For the majority of our journeys, 25% are less than a mile and two thirds are less than five miles, which is a leisurely half an hour ride, but while it takes bravery to cross a street or to ride to school, that transition cannot happen.

The examples are there, as I have pointed out, around this country and obviously in others. We also have to remember that in covid, for a variety of different reasons—be it the buses were switched off, "I'm bored," "I've got bored kids," "I need some headspace," or whatever—cycling in particular went up 300% in some areas. When we gave people safe space, they used it.

Chair: That is fascinating. We are going to broaden it out now and talk about social prescribing, which is a really interesting agenda, and Paulette is going to ask you some questions. She is passionate about that.

Q165 **Mrs Hamilton:** I am. My question around social prescribing is

particularly to Mark. I don't know if I should declare an interest, but I was the cabinet member for adult social care and health back on the council. We led on social prescribing and I absolutely believe in what social prescribing stands for. How do you believe social prescribing helps disadvantaged communities?

Mark Lawrie: Our experience, which comes from the work we have done around the social prescribing youth network nationally, is that it provides a friendly face of the health system. The crucial role in the communities that we are talking about is the link workers, who are able to communicate with local community members at a level that they understand and in a way that is not too technical. They also build trust which, in the communities we are talking about, is probably the most crucial thing to have in place.

It is having people who are approachable and that local people recognise and trust, who then create the networks out to the opportunities for social prescribing, be they organised community groups that might be running, walking or offering fitness or gym-style activities for those who are interested in that, or to open up the possibilities of what is in their local area. A lot of young people in particular do not go very far in their community. They may not realise the green space that is available to them to be active, in many cases less than a mile away. That trust relationship is absolutely at the heart of it with social prescribing. It is more about an approach. You have the professionals who make the referrals. The link worker often hosts a community organisation, and the network of opportunities for people to be active that sits beyond that.

Q166 **Mrs Hamilton:** Chris, I will bring you in at this stage. I believe that sometimes this work is not joined up enough with the work that you do with StreetGames. How do you believe, with what people are doing in social prescribing and what you are doing in StreetGames, that we could have more of a joined-up approach? If someone else feels it is better that they answer it, please do. I absolutely feel that at the moment people seem to still be working in siloed ways. There is a lot of work going on with young people, and sometimes with older people, but you are not getting the cross-fertilisation.

Chris Boardman: I will answer it before I pass on to Tim, who has some very poignant things on this topic. I have a crossover with both my hats on down in Essex, where both Active Travel England and Sport England work with Active Essex. With Government funding we have created a six-and-a-half mile path between Jaywick and Clacton-on-Sea, a very deprived area.

Sport England invested in Active Essex, and Jason Fergus, who is one of our board members at Sport England, drives that agenda. They have some amazing volunteers. They are providing 5,000 free bikes to use in the community. Car use for the people who are participating in the scheme has gone down 30% because they have a more affordable way to get around. The health impacts are already being felt. That is joined-up

activity; we have created a safe space and then activated it. That is the kind of thing we would really like to expand.

Tim Hollingsworth: May I come in for a moment?

Mrs Hamilton: Yes, of course.

Tim Hollingsworth: The Chair asked for things to recommend and to point out. What you have hit on is a really important potential opportunity for momentum, particularly in engaging inactive people and therefore finding ways to improve their health and wellbeing, and the benefits that can accrue. Social prescribing relies on three things. Mark has highlighted the link worker, who is the middle person who understands the local community and can make that connection. Chris has highlighted the end product: where can people then go to be safely active and find a way of making sense of their life?

The other bit is actually the prescriber in the first place, at primary healthcare level with GPs. One of the things that we should all recognise is that we do not necessarily set up our GPs to understand the benefit of physical activity and to feel confident in prescribing it. We know from data that around two thirds of people, particularly those with a long-term health condition which they are looking to manage, are looking for health and support from their GP as to how they can manage it through activity, but GPs are very wary of prescribing and about three quarters have admitted that they do not feel confident.

We have sought in part to address this at Sport England. We have had a very good partnership, over a number of years, called Moving Healthcare Professionals. We worked first with Public Health England in the days when they existed, and now with OHID. We are moving it on now into a partnership with NHS Horizons. What we seek to do is to create the materials and the tools to enable GPs and primary healthcare professionals to understand the benefit and to have the confidence in prescribing a social outcome and, particularly in our case, a sporting or physical activity outcome, rather than relying on the clinical diagnosis and prescription that is more traditionally felt.

That is a huge moment of potential for us to recognise. It is not the case that GPs will automatically go to that place. To get social prescribing to work we need all three of those things to be in sequence. Chris has mentioned brilliantly the connection between the various aspects, whether it is the provision of active environments for people to be able to move more, or the link workers and the ability we can have as a nation to provide a connection to local organisations, but we must not lose the connection to primary healthcare and GPs.

Q167 **Mrs Hamilton:** We have three really esteemed people in this room. There are two things I am going to ask you. Going forward, with the work that you are all doing, where do you feel there are gaps at the moment that we need to fill as a group? Secondly, where do you feel your

organisations need to be placed? At the moment perhaps you are not in that place, and you feel you need to be in that place. We have to be quite quick, or the Chair will look at me funnily. Those are my two questions, and then I am done.

Mark Lawrie: To be brief, one of the significant gaps is around the commissioning of community organisations to support the social prescribing pathway. Lots of community organisations are at capacity, particularly post covid. One of the things that does not exist in the social prescribing pathway at the moment is resource to help them provide what their community needs. I think that is the significant gap. Perhaps the opportunity is to connect it with the National Academy for Social Prescribing, particularly for young people. Social prescribing obviously has its roots in adults, but there is a huge opportunity with young people, and it has not yet made its way up the priority list in the national academy. If there was a slight shift, the preventive work with children and young people could perhaps be slightly higher up the agenda.

Q168 **Mrs Hamilton:** Anything from you, Chris?

Chris Boardman: To bridge that question and the previous one, Active Travel England has just invested £13.9 million in 11 local authorities to pilot social prescribing so that we can do more of the activation work that we have just talked about, such as bike libraries and free bikes to give away, as well as hubs and Bikeability training. We can also focus those activities on where safe space is being built so that we can properly maximise the opportunities.

Going back to a point I made previously, I think that co-ordination as the opportunity and health as the major beneficiary are the ones that, in my opinion, need a much louder voice in other areas of Government, particularly in transport.

Q169 **Mrs Hamilton:** Tim, can I ask you to just concentrate on people who are living with additional needs? They are always forgotten, for whatever reason.

Tim Hollingsworth: We know that if you have a long-term health condition or disability you are twice as likely to be inactive than if you do not. That increases the more of those long-term health conditions people have. You are absolutely right that that is where the major disproportionate focus should be.

My view is that I completely agree that joining up the strategies that exist at national level—the major conditions strategy that the Government are looking to put forward and the sport strategy that is in the final stages of consideration—is really important. Actually, everything happens in a place. If we are to really tackle those opportunities for people, particularly people with long-term health conditions and generally helping people to be more active, we have to join up locally, and integrate sport and physical activity opportunities into integrated care systems as they start to develop. We have to think very strategically with

local authorities about how they see their facilities and leisure stock, and reinventing that around wellbeing. It is starting to happen in a number of local authorities. Where that happens, where a local authority has built its leisure stock around its public health provision and you have an active wellbeing hub, it makes demonstrable differences in people's ability to be active.

There is a great example, not in your patch actually, although I have been in Birmingham a lot over the last year or 18 months, given the games. Up in Warrington, the Great Sankey leisure centre was rebuilt and repurposed around the provision of a GP surgery and other primary healthcare facilities. It is a complete repurposing of what leisure is in a local authority. Instead of seeing it as a discretionary additional opportunity that, as we have seen, and many of you will know as MPs from your constituencies, has been under pressure, particularly as a result of the pandemic, we have an opportunity to think differently about how a local authority provides sport and leisure, and to see it through the lens of public health, and whether ultimately it can become part of that statutory responsibility rather than the very discretionary spend it has at the moment. That is where I would start.

Mrs Hamilton: Brilliant; thank you.

Q170 **Chair:** They built it in.

Tim Hollingsworth: Yes. It is an integrated hub basically. There are good examples of that starting to emerge across the country. Part of our responsibility is around the facilities and networking, in partnership with local authorities, about strategic facilities. We are trying to build in that agenda.

Q171 **Dr Johnson:** I have a couple of questions. Tim, you talked about the social prescribing of exercise. What do you mean by that? Are you talking about GPs saying to somebody, "You need to be more active"? I think most people probably recognise that. Are you talking about more specific things? That could mean anything from watching a Joe Wicks video about how to exercise your own body weight in your own living room to providing gym membership or a personal trainer for so many hours a week, the cost of which would be very high. What do you actually mean by the social prescribing of exercise?

Tim Hollingsworth: At heart, I mean a GP taking the opportunity to consider a prescription of a social activity of sport or physical activity rather than a clinical prescription. We have strong evidence from our partnership with Public Health England. It is why we developed Moving Healthcare Professionals. I am hesitant because I am not by any means a doctor, and I am guessing you are, but there is evidence overall that GPs have been trained through a clinical process to not have the same confidence. There is a potential concern about secondary conditions. There is a potential concern about the impact on someone's health and wellbeing by being more physically active.

Q172 **Dr Johnson:** My question is not whether it is better to be physically active or improving GPs' confidence. The question is, what do you mean by it? Are you suggesting that a GP gives a sheet of paper with a list of exercises that are suitable for that patient's needs or are you suggesting that the NHS provides personal training?

Tim Hollingsworth: I think it builds into the social prescribing model, in the way that it was described well through Mark. What a GP surgery can do effectively is to have connections to local link workers and those who understand the opportunities. Social prescribing can work very well outside our sector as well. You see a lot of people being subscribed to social groups or to arts and crafts sessions. The most important thing for a GP to have confidence in is that there is a route if they want somebody to try to be more physically active.

Q173 **Dr Johnson:** I am not a GP. I am a paediatrician. Say I wanted to prescribe you some exercise. What would I be doing? What would the NHS be paying for? I guess that is what I am asking.

Tim Hollingsworth: Potentially, in time, and I know NHS Horizons has been looking at this, the NHS could be more responsible for the investment in the link worker network. They are the people who understand the connections in their local communities, to groups and organisations where people can go. In the first instance, I would argue that the real need is for GPs and primary healthcare professionals to be equipped with the tools and the resource both to have the confidence to prescribe exercise in the first instance, and then to know where they can go in their local community to offer that.

Q174 **Dr Johnson:** So I would prescribe an appointment with a link worker, who would then tell the patient what might be available to them either free or at cost.

Tim Hollingsworth: Yes.

Q175 **Dr Johnson:** I understand now; thank you. I have some questions about women and getting women to do more exercise. We know that that can be challenging because women do not necessarily feel safe when exercising, and they may also have caring responsibilities. When I had my first child, I could take her to the gym in her baby carry thing when she was asleep. I would get her to sleep, put her on the corner near the treadmill, get on the treadmill machine and leave her in the corner. It has now been decided that that is unsafe and you cannot do it any more. Likewise, the public gym used to have a nursery-type affair, where you could take a toddler in and just pay for the hours you were at the gym. You cannot do that any more. What do you think can be done to make it easier for women in particular? I appreciate that men have caring responsibilities too, but they predominantly fall on women in society at the moment. What can be done to help women exercise more?

Tim Hollingsworth: I am conscious that I am doing a bit of talking, but I am happy to pick that one up because it flows from the point I made

about the wellbeing hubs that we are starting to see emerge. Local authority provision, and the sorts of things that you would be looking for people to use, building in more things like creches, and opportunities for young people to be kept engaged and active while the adult is partaking in sport or activity in that facility, is definitely something that can be greater than it currently is. It requires the local authority to think about its leisure stock differently and to create that opportunity.

The major intervention that we can make as a sector is in offering the opportunity for confidence. I do not underestimate that. Behaviour change is a hugely powerful tool in thinking about getting more inactive people to be more active. Hopefully, you will be familiar with the campaign, This Girl Can, which Sport England has run for many years. As that campaign has developed, we have increasingly sought to think about where the barriers are for women to being active. Very often, it is for pregnant women or women recently returning from childbirth who lack the confidence or the opportunity. We have focused quite a lot of our campaigning around This Girl Can in recent years to target women, particularly returning from childbirth, to be more active.

Q176 **Dr Johnson:** Can I turn to you, Mark?

Mark Lawrie: We developed something with Sport England's support a few years ago called Us Girls, which was very much about understanding not the sporting barriers but all of the practical barriers that you have just alluded to. Very often, we do not think enough about the journey that women in particular take to be active.

Some of the things that we looked at included the design of games areas for young women who might want to be active and play football, where the entrance was laid out in a way that they could access them safely. You gave the description of needing childcare. A lot of the community organisations that we worked with on Us Girls actually developed their offer around fitness, dance and other sports but with wraparound support for childcare in the same location. For me, it is very much about understanding the things that sit around the sporting experience. This Girl Can is such a powerful campaign and has huge penetration. It is then about how you make that happen practically on the ground. It is about the sports organisations understanding what they need to do practically, other than just providing the sporting offer.

Chris Boardman: In terms of transport, in Holland a slightly higher percentage of women than men ride around every day. I paused at the start because I was thinking about whether this is gender or environment. I had a conversation with my wife and ended up writing an op ed about it in *The Guardian* last year—quite in depth because we live in a very rural area. She would not walk in a place where I would be quite comfortable walking at night. That is a perspective I didn't have.

Active Travel England will not fund canal towpaths. Very exceptionally, it will not fund places where you would not want your children to go after

dark or women would not feel comfortable after dark—places people want to be well lit. When you get a volume of people, you have natural security. That is happening in pockets over the UK, but it is very much the case that transport is the enabler.

The standard we used in Greater Manchester was the 12-year-old test. We knew that if we built for a 12-year-old, it must be usable, they must want to use it and their parents would let them. That means it has to go where they want to go and it has to be easy, or they are not interested, and you have to deal with all the junctions. By enabling them, the old, the frail or the parent with children can also use the same facility. The walking test, which we are essentially applying nationally now, is that it must be usable and want to be used by a parent with a double buggy. By extension, you have dealt with a lot of disability users. You have made sure that you have dropped kerbs everywhere and cleared the pavements of cars. All of those things need to be done for that to work. The outcome is that everybody, particularly women, feels safe and able to use that space.

Q177 **Dr Johnson:** That was very helpful. My final question is about the countryside, and you led on to that nicely with your discussion of your rural home. I represent a very rural constituency. Many children do not have a few hundred yards to go to school but a couple of miles. If they are going to senior school, often eight or 10 miles is not an unusual amount of travel—or even more. It is not really practical for children to walk that far every morning and every night, is it? Many of the roads do not have kerbs or pavements. There is quite fast traffic going along them. It is not quite so easy as riding along a cycle lane in the centre of town. What is being done to help my rural constituents?

Chris Boardman: We are probably moving out of our area. This is where we have to integrate with other services. My work in Greater Manchester was as transport commissioner, stitching together scooters, bikes, trams, trains and buses, and creating a service where you could just tap on any one to make it the easiest thing to do. Eventually, it would be capped at a set price for the end of the day, so you did not have to worry about that part, to make it easier to join those things up.

Rurally, you need the same things as you need in a town. You need to feel safe from start to finish of a journey or it does not happen. The difficulty is, of course, that because of the volume of people it gets a lot more expensive. To deliver the 50% target would cost in the region of £10 billion. If we did that equitably, for everybody in the country, regardless of the population density where they live, it would cost £20 billion. That is a decision way above my pay grade. But for people to feel safe, they need the same thing; they need protected space, or to believe and trust that car speeds are down to a degree that is not intimidating. Twenty-mile-an-hour zones have had a huge effect in other parts of the world and parts of the UK.

Q178 **Dr Johnson:** Twenty-mile-an-hour zones are not terribly practical

outside villages.

Chris Boardman: That is a political choice. If we want a given area where we want more people to travel actively, and we are not going to put any provision in place, and we are not going to slow down the traffic, it is not going to happen. That is just the simple choice we make: who we are prioritising in an area.

Chair: We had better move on. Questions are beckoning.

Q179 **James Morris:** Tim, you referenced the recent Commonwealth games in Birmingham, quite close to my constituency in the Black Country. What do you think is the relationship between elite sporting events and trying to achieve some of the physical health objectives, and, if there is a link, is it helpful or unhelpful?

Tim Hollingsworth: Thank you. Great question. Can I say great question?

James Morris: Yes, you may.

Tim Hollingsworth: A lot of people have thought about this from London. Most notably, thinking about Birmingham and the west midlands through the games last year, we invested very differently as Sport England, as the primary investor in sporting legacy, than we would have done perhaps 10 years ago, as a result of some of what we learned coming out of the London games.

There is a powerful link but not the one that people think it is. It is not the inspirational link; it is not, "I've just watched this incredible athlete and now I'm going to go out and be that athlete." The evidence from London suggests that the reverse is true. While it was incredibly inspirational to watch Jess Ennis, many woman found it quite off-putting because Jess Ennis has an extraordinary physique and they could not relate to it. There are always examples of the traditional model of elite success driving inspiration. You will always hear of someone who said, "I watched so-and-so and I went and tried it out and now I'm county champion," but by and large the model for elite games is not an inspiration-led model.

Where it works is as a catalyst. If you look at the focus that was given to Birmingham and the west midlands in and around the games, and the thought about provision of facilities, the Sandwell Aquatic Centre, for example, which you know well, is a brilliant example of where the games stimulated not just the opportunity for a world-class facility for the games, but was built with the local community in mind, particularly the Muslim community that is very prevalent around there. When it was put together, it had separate entrances and separate changing rooms to accommodate Muslim women particularly. That is a massively different approach to games legacy.

More important is the way it stimulated investment in local community groups and organisations. Where we have tried to work in building a legacy on the back of the Birmingham games is in thinking about the local population and the challenges they face, and working with community groups and organisations. There is a great one called the Saheli Hub, if you ever get the chance to meet them. They have engaged women, but not exclusively, in ways to be active on the back of the games, using the canals and the towpaths in and around Birmingham and the west midlands. What that shows is that you can use the games to focus people's attention, energy and resources on being more active, as opposed to thinking it is watching the games or the fact of the sport that is driving it.

Q180 **James Morris:** We were disappointed that a velodrome wasn't built. Chris might be interested.

Tim Hollingsworth: I am very aware of that disappointment in Wolverhampton. Exactly.

Q181 **James Morris:** Chris, you referenced earlier work you had been doing in Greater Manchester and the west midlands. You cited them as examples of good practice. What are the ingredients of good practice in the area you are looking at for Active Travel? What has been good in the west midlands, for example?

Chris Boardman: Andy Street has led some amazing work there. They have been doing it for several years and are investing in giving more people transport choice. That is what this is about. It is not about stopping people driving cars; it is giving them viable alternatives for short journeys. That is really important. Andy Street, I believe, doesn't drive; he uses buses all the time. He gets around by public transport pretty much every day. He understands those connections and has started to build a system that gives people choices. That means employing officers, and doing some hard stuff to make the space. It means seeing the connections and joining them up. His is one of about four authorities in the country that are really on this journey, and it is starting to make a difference. The ingredients are the commitment to give that choice and, when you have to change the streetscape to provide it, pushing through to make sure that it is delivered. Probably the most fundamental of all is to have a network plan to deliver it, not just a bit here and a bit there, because if it doesn't join up you are wasting public money.

Q182 **James Morris:** Regarding delivery, we have a directly elected Mayor in the west midlands and we have a directly elected Mayor in Greater Manchester. Do the directly elected Mayors play a vital role in the joined-up piece you have been talking about?

Chris Boardman: When you have multiple boroughs, a co-ordinating force is always a useful thing, to have somebody who has a bigger plan, to pull people together and to help them create that. Importantly—excuse me for going back to Greater Manchester; it was five years of my life, so

I know it well—we figuratively and literally gave the pen to local people and said, "Where do you want to go?" "Why wouldn't you do that walking or, particularly, on a bike because of what's at the end of the road?" "What would you need?" "Okay, draw that." We took them through a process where they produced a 1,000-mile draft plan for the region. We put it online for everybody to see and let them say whatever they wanted, which was quite nerve-racking. The biggest complaint was, "Where's ours?" That went from a 1,000 mile plan to a 1,800-mile plan with community buy-in. They held the pen at all stages.

That kind of approach works really well because it belongs to the region and they have something to be proud of that is special. That ownership is absolutely essential. The choice to do nothing is important, but you have to own the consequences of that choice as well. Choice is very important.

Q183 **James Morris:** Mark, you referenced earlier some of the initiatives you have taken to improve mental health in local communities—local population, young people, women, whatever it might be.

Mark Lawrie: Yes.

Q184 **James Morris:** Last week, I went on a 4k run with the CEO of Parkrun, to celebrate the 75th anniversary of the NHS, and we were talking about it. What are the tangible mental health benefits that come from being involved in your activities? What evidence do we have that it actually contributes to improved mental health?

Mark Lawrie: I mentioned the ONS questions earlier. Those refer to things like happiness and sense of overall wellbeing. You can measure the difference, as I said, in engaging in sport and physical activity. You can also look at things, particularly with young people, like self-esteem and self-confidence. Those things can come through. We used outcome stars to measure how young people feel after they have been involved in sport and physical activity for a number of months.

To be honest, the most powerful thing is just being there, because you can see the difference in the demeanour of young people. To allude to Birmingham, we took 500 young people to a camp—volunteers—who then all went to the games. They were involved in leading physical activity and you can physically see the change in the way they feel about themselves and the way they interact with others, all of which plays a role in the wider determinants of health, as you know.

Chair: Very good. Thank you very much, James. A 4k run.

James Morris: Yes, I managed to survive.

Chair: I like the leading from the front there from James Morris. Excellent news.

Q185 **Rachael Maskell:** Thank you ever so much to our witnesses and thanks for coming in today. I should declare that I am a former physiotherapist,

and Active Travel England is in my constituency.

Mark, I am very conscious of the time that people have, particularly young people. The school day is crammed with academic activity. How do we get a better balance with physical engagement? We have alluded to mental wellbeing. We also know that for many young people physical activity improves learning and addresses issues like obesity, particularly around the health and equality piece.

Mark Lawrie: Absolutely. As a former primary school teacher, I would absolutely say we have to get it right, in school and out. The right access to PE and the right kind of PE and physical activity in schools is really important, especially in secondary schools where, maybe historically, there has been a focus on competitive sport. The need to have a range of physical activity that incorporates all young people feels really important.

The bit that I am more interested in is the extracurricular. There is an interesting programme we are involved in called Opening School Facilities, which is all about looking at how schools can provide spaces where they can lead sport and physical activity—teachers might do it or other classroom assistants might do it—and bring in community organisations that might be better at engaging some of the young people you are referring to. If they are not so keen on PE formally, we have to get the informal offer after school and in the community right.

Some really interesting data from the Sutton Trust talks about the most disadvantaged pupils being almost four times less likely to participate in extracurricular activity because of barriers like cost, or perhaps their parents have not done it before. There is a huge amount to be done within the school curriculum protecting PE and physical activity, as well as getting it right for young people beyond the school timetable.

Q186 **Rachael Maskell:** Tim, can I ask you a similar question, perhaps more alluding to adults? Busy lives mean that there is little time available to engage in sport. What are the motivations and how do we do that?

Tim Hollingsworth: Motivation is a key factor, and recognising that people often need to feel they have a purpose. They need to have somewhere they can go that makes sense for them in their busy life. Just as in schools, I absolutely agree that it is about finding ways to make activity part of the school day, rather than seeing it as a discrete element of the day. So, in people's adult lives, we have been very clear in a strategy with Sport England that moves it well beyond the traditional model for competitive and organised sport. Uniting the Movement is just what it says. We believe that people should move more and the continuum should start from that very basis. It is the overlap with Chris that he mentioned earlier. It is just walking more actively, getting more active in your life and finding ways to be active through leisure time, as well as thinking about ways in which we can provide for safer, more inclusive and more enjoyable facilities and clubs in our communities.

There is a huge role for the local authority sector in the provision of those facilities. We have talked a lot about that already. I genuinely think that pivoting the traditional model of discretionary leisure into public health is a key win, potentially, for the future. Getting people active in their lives is all about understanding the barriers, working with them to understand those as opposed to assuming that the top-down solutions that they have previously been offered are going to be more attractive.

Q187 **Rachael Maskell:** Chris, can I turn to you and talk about skills? If we are looking at local authorities delivering this with a number of partners, we need to make sure that we have the right skills in place. What do we have to do to get those skills into the right places, as well as the funding issues for developing the infrastructure that is needed to get a shift in gear around active travel?

Chris Boardman: Thank you. If I might be indulged for a second I will double back to the previous one, to underscore a point. I am quite passionate about this, which is why I am here. The fundamental is that, for health, we have to make it easy. There are lots of other words—"accessible" and "affordable"—but we have to make it easy. The reason I am in both jobs is that transport is the link; it is the time-efficient way to get exercise where you do not have to do it. It is access, regardless of your income, to after-school clubs and other activities. It is independence. It is important that this is an action that we take that can help join all of those things together equitably for society.

In how we do that, moving on to your actual question, the skills are something we lack. One of the big functions of Active Travel England, although we were set up as an inspectorate, is to train. We have some of the best people, who have come from local authorities, to share best practice. Often, those examples—Tim has alluded to a couple that other parts of the country are not aware of—share best practice, and train and give the guidance that we encourage them to embed in their planning policy and in their transport strategies. An area has to commit to it. I have spoken to pretty much every metro Mayor now. They are, by and large, very keen on this agenda because it deals with so many of the massive problems they have.

It is an unpalatable truth, but we have to drive nearly 30% less; there is no study I have seen regionally, nationally or internationally that says otherwise, and we have to electrify everything else. The only way you do that fairly and equitably is to give people another choice. Forward-thinking authorities have said, "We have to do this. What is the cheapest, quickest way to do it?" and invested in officers. Active Travel England is here to help train those officers, to give them that capability.

Funding, I am afraid, is above my pay grade—another one of those—but consistent funding is, I can tell you, something I am consistently asked for. That is what they need: continuity to build the pipeline, to build it into their future transport plans and make sure it is integrated. That is the ask that comes to me but it is not within my gift to give them.

Q188 **Chris Green:** Mr Boardman, what is the point of a cycle lane with cars parked all over it?

Chris Boardman: Not a lot. Not a lot. Again, that is outside my area of responsibility. We can influence, I think, and we are trying to do that. But parking is a massive issue. We now have 12 billion more miles being driven on our local roads around our homes than we did just 10 years ago. We have taken this wonderful tool and overused it, so our streets are now saturated and it is a very difficult thing to start unpicking. Parking is a huge part of that, particularly for the disabled or people with a double buggy to navigate the streets. It then pushes people to make those one-mile journeys by car instead. Enforcement is a huge thing. It is absolutely needed because there is no point in a bike lane that is being used as a car park.

Q189 **Chris Green:** Are there sufficient mechanisms for enforcement of clearing the cycle lanes? Does more need to be done in that area?

Chris Boardman: Is it affordable?

Q190 **Chris Green:** No. Are the powers there to clear the cycle lanes?

Chris Boardman: On a regional level, you will often get into a conversation with the police saying it is the council and the council is saying it is a police issue. The powers are there but it needs tackling in a co-ordinated way. It is one area where we will be working very hard with local authorities to make sure that building it is one thing, but maintaining it and making sure it is clear is the next step.

Q191 **Chris Green:** I am a Greater Manchester MP, where you have the Mayor, who is responsible for the Bee Network, who has championed the cause of cycling and everything else, who also happens to be the police and crime commissioner, with that responsibility, with that authority over the police. Oughtn't Andy Burnham, as the police and crime commissioner of Greater Manchester, be doing more to make sure those cycle lanes are freed up?

Chris Boardman: I would go so far as to say that, in future funding conversations, if cycle lanes are being built and are not usable, we would have to question whether continued investment in the area was a good idea. That is absolutely a conversation I would have, regardless of where it is in the country.

Q192 **Chris Green:** That does not resolve existing problems.

Chris Boardman: Excuse me?

Q193 **Chris Green:** That does not resolve existing problems.

Chris Boardman: I can only go so far in my position. The threat to future funding always gives you quite a strong voice in the conversation.

Q194 **Chris Green:** Yes, I understand the Bee Network has had, for a five-year plan, £1 billion from central Government directed towards it. There are

very substantial amounts of money coming from central Government to it. Is it your suggestion that perhaps that funding should be reduced or paused for a while?

Chris Boardman: I think that was your suggestion.

Q195 **Chris Green:** I asked about whether they are delivering cycle lanes that work as cycle lanes. I thought your suggestion was that then more money can come. If the infrastructure is not being used or is unusable, perhaps that should lead to a restriction in funding.

Chris Boardman: In the round, that is a reasonable assumption. The estimate was £1.5 billion to build the entire network and there was an estimate of 10 years to deliver it. It won't make the 10-year timescale. It is well under way on delivery. One of the things that has to be part of that, for all areas of the country, including Greater Manchester, is dealing with parking. It is exactly the same as not doing a junction and making fantastic links; you have just wasted money on links if you are not doing the junction. Parking is something we will be looking at very seriously in the very near future.

Q196 **Chris Green:** Can I press the point about the responsibility of the Mayor of Greater Manchester, who champions the cause of active travel so much, and him also being police and crime commissioner? You have not said that he should use his powers as the police and crime commissioner to ensure that the police are working more effectively, whether with local authorities or other bodies, to make sure that the cycle lanes are clear. What action do you think the Mayor of Greater Manchester should take?

Chris Boardman: Any authority, including Greater Manchester, if they are going to invest in cycle lanes, should ensure that they are clear. In terms of future funding, the limit of my remit is that we would seriously consider not funding areas that are habitually not keeping those lanes clear for use by people who want to ride.

Q197 **Chair:** To close, thinking about these very short, sharp workstreams within a big inquiry, what is the one thing that you want to leave us with as a recommendation to those in power?

Tim Hollingsworth: It was in 2019 that the chief medical officer said physical activity would be a miracle cure if it were a drug, yet we do not seem to have it embedded in the health sector in a way that can make that difference. The big thing for me is the local, place-based engagement that is happening, pushing for the local authority provision of leisure being far more thoughtful around health and wellbeing, and making it part of that statutory responsibility, and, in doing so, connecting much better to the ICSs and the way things are progressing to create partnership.

Q198 **Chair:** Thank you. Mark.

Mark Lawrie: I would echo that, and say that prevention and early intervention is a health priority. It is also a priority in the community

safety world and in the education world. The organisations we work with are preventive. Joining up the streams of resource for prevention in the health system, the education system and the criminal justice system, so that those organisations locally that are able to make this happen have an easier access to support, is the No. 1 priority from our perspective.

Q199 **Chair:** You are the apple of our eye. Chris.

Chris Boardman: You said at the start, or you started to, that the biggest single health intervention any Government can make is enabling people to get around under their own steam. It was a sentiment that the chief medical officer would agree with, and it is why he is an adviser to me and to Active Travel England. I would encourage us all to back the most effective things—the things we have with the most reach and that give the best return on investment. I would like to hear the voice of health, if I can generalise, in more conversations across more Departments, particularly the Department for Transport, to help co-ordinate that work.

Chair: That is brilliant; thank you very much. Tim Hollingsworth, the chief executive of Sport England, Mark Lawrie, chief executive of StreetGames, and Chris Boardman, national active travel commissioner at Active Travel England, sorry to have kept you waiting, but we have packed in a lot in 60 minutes, and we are really grateful for your time. Thank you so much.