Martyn Allison and Tim Garfield – Supplementary written evidence (NPS0169)

House of Lords Select Committee on a National Plan for Sport and Recreation.

Thank you for inviting me to participate in your discussions. Clearly the committee needed to cover a lot of ground on the day I attended with a clear focus on the National Governing Bodies of Sport. As a result I felt I was not able to share with the committee more of my personal observations and views so I thought I would share them more formally in writing.

Nothing has really changed

My central point is that in terms of tackling inequalities in sport and recreation over the 40 years I have worked in the sector nothing has really changed. Since I moved into sport and leisure on the back of the Sport for All campaign in the early 1980s inequality has remained broadly static despite numerous different government policies and plans, numerous Sport England strategies where solving this problem has been the common aim, billions spent by national and local government, a home Olympics, national performance indicators, Audit Commission inspection, Quest, NBS and more leadership organisation than you can count on two hands.

In effect the system continues as it always has to let down the people that would benefit most. Although we are working with complexity ultimately we are talking about system failure and therefore our future is dependent on whole system change. If we always do what we have always done we will always get what we have always got.

The pandemic has really done us a huge favour in that it has exposed more clearly than ever our weaknesses and presented us with the biggest opportunity we have ever had to change how we work and deliver something that is better and fairer. The question is are we able take this opportunity?

I believe there are three interrelated factors that lie behind our failure, tribalism, a lack of empathy and a leadership deficit which conspire together to limit our ability to influence those that make the policy and funding decisions nationally and locally and limit and restrict our own ability to change fast enough. As a result we have created for ourselves a conundrum that we must now solve.

The sport or activity conundrum

Tim Garfield in our session with you expressed the view that sport cannot do all the heavy lifting for health without significant investment but can play its part if properly funded for what it does best. Tim and I have worked together for years on this conundrum and it's worth explaining the problem as we see it because it lies at the heart of our recovery.

The history of public sport provision has always been premised on the health and wellbeing benefits of exercising and being active together and over time the case

has been evidenced to a point where it is now embedded in public health guidance. What has changed over time is the greater and greater alignment between sport and health policy driven by the declining financial position and the need to justify sport and recreation in broader and "more politically valuable" policy terms.

Nationally sport has always been one of the quieter voices and struggles to position itself in cross government policy and funding agendas. Hopes were raised in the pandemic when exercise got high political billing but in reality this was all about being active rather than sport and fitness and many in the sector remain deeply frustrated that our messaging has not really cut through into ongoing and specific financial support for the sector despite all the campaigning. We are now resting our hopes on the new Office for Health Promotion but whilst this may strengthen cross government policy and help shape the policy framework for the new local Integrated Care Systems it will not solve the current funding crisis in the sector but it will help if we respond in the right way.

Locally valuing sport for its own sake has always had limited and declining traction in councils as demands on the public purse have increased. In response sport has increasingly had to align itself closer and closer to health in order to strengthen and justify its value and case for funding. However, the problem is that it is 'activity' that our health colleagues value not necessarily 'sport' and 'fitness' and because health policy is needs lead the health value comes mainly from supporting those with the greatest health needs or potential health risks.

So whilst Directors of Public Health are prepared to accept that sport is "good for you" it is also viewed as elitist and only supporting the already active, so any health funding tends to relate to interventions that either address ill health through things such as GP commissioning and social prescribing or address inactivity in the population. Given it is generally in the most deprived communities where the inactivity is the highest, funding for traditional sport perceived as serving mainly white, male, able and middle class already active communities is not likely to be seen as a high priority for the NHS or Public Health. Although there are now significant examples of public health funding going to projects and programmes that work with inactive communities these tend to be limited and short term in nature.

Health inequalities were first identified by Sir Michael Marmot over a decade ago when he highlighted the differences in life expectancy and disability free life expectancy between the richest and the poorest in society and set out system wide policies to narrow this gap. Recently he has shown that little has changed in a decade due to austerity and also shown how health inequalities are expected to widen even further as a result of the pandemic. Activity let alone sport is only indirectly referred to in Marmots report so sport and activity will continue to find it hard to be welcomed as a valuable partner let alone access funding in the new Integrated Care Systems unless it addresses these perceptions and is seen to be addressing health inequality. But the pandemic has also created some new and creative relationships between councils and voluntary and community organisations to address a range of social and health related community needs which are already in some places being seen as more sustainable ways of working post pandemic.

In response to this shift we have already seen the national policy and funding from Sport England shift more towards inactivity and away from traditional sport structures to community and other organisation considered to be better at engaging with inactive groups and individuals. This ongoing and increasing focus on inactivity and inclusion has inevitably driven sport to continuously adapt their product and expand their client base to simply maintain funding sometimes creating tensions with its more traditional role, it's membership, its governance and with the significant number of committed community volunteers who are critical to its sustainability.

This is not to say equity cannot be seen as important in traditional sport but there is a risk that in the shift to inactivity you also marginalise what could be described as mainstream sport, (Professional clubs, asset owning sports clubs, the myriad of teams, leagues and competitions) that are the bedrock of adult participation in sport. Why does that matter? Because without it you lose possibly 20% of genuinely sustainable regular participation within the adult and junior population. You also lose a key vehicle that actually encourages inter community activity and breaks down barriers within segregated communities, creating 'safe 'spaces be that Sunday morning football, park runs or organised leagues in a myriad of team sports so damaging their health and limiting other social benefits such as community cohesion.

There is therefore a balance to be maintained between funding more inclusive traditional sport and tackling inactivity where the health needs are greatest. Sir Michael Marmot recommends such an approach himself in his report on addressing health inequality under the concept of proportionate universalism. He argues that we will not reduce the gradient of life expectancy and narrow the gap by targeting only the most deprived in fact he argues such targeting is counterproductive. He calls for an approach that is universal in that we improve everyone's health but we put more effort and resources into supporting those whose needs are greatest. He would argue that what we have been doing by targeting the most deprived and excluded by short term interventions is simply enabling the system to avoid change.

The same challenges can be found in the facilities setting. Whilst it was CCT that first created the shift towards greater commercialisation the shift towards health really took hold under the Best Value regime when public services were required to demonstrate measurable impact on agreed outcomes. For sport the natural relationship was once again with health because of the available evidence and this ultimately lead to the National Performance Indicators to measure increasing sport participation to deliver better health outcomes. Although these had marginal impact they did solidify the health relationship nationally and locally but also facilitated the further shift to activity. The drive towards greater commercialisation and the continued focus on activity has continued through the years of austerity but it has created many of the challenges that the pandemic has now exposed.

As the evidence about the health benefits of activity has grown so we have built the case that facilities can have a positive impact on health improvement whilst at the same time financial pressures on councils has stimulated increased commercialisation to reduce subsidies. The modernisation of the facility stock coupled with more competitive procurement, the growth in gym activity and the

use of membership schemes driven by direct debits have all significantly improved efficiency but also gradually weakened our effectiveness in terms of access by under represented groups particularly the less well off. The 2019 Sport England National Benchmarking Service annual report showed significant improvement in efficiency but a deterioration in access particularly among SEC 6&7. The report showed the median for cost recovery stood at 107% an increase from 91% in 2014 and although there were still variances between the type of management and the nature of facilities, this average shift of 16 percentage points has transformed the industry from requiring subsidy to making a profit. 62% of facilities were no longer subsidised and the median return to councils was £85,804. But at the same time the level of representative use by NS-SEC 6&7 groups had fallen from 62% in 2014 to 39% in 2019 whilst representative usage by NS-SEC 1&2 groups had risen from 55% to 62% in the same period. There is evidence that facilities despite contributing to improving some people's health have also been contributing to actually making health inequalities worse. So in both traditional sport and public facilities we need to change the system so it offers a more universal and inclusive offer that achieves a fairer distribution of opportunity.

But it is this same shift in the facilities setting to greater efficiency that has also affected the traditional sport sector many of whom rely on these facilities. Swimming in particular is dependent to a considerable degree on councils for pools and the tensions between programming and pricing are often seen in the relationships between public swimming, club use and swimming lessons now a key income stream for operators and these tensions are likely to increase in the future post pandemic. We have already seen sports halls utilised for fitness under social distancing rules because of the need to maintain membership and income levels and pricing will undoubtedly be a problem in the future. This shows very clearly the complexities in the existing system between sport, activity and funding which will only get worse as councils wrestle with their budgets. Without further financial support councils will have to make some hard decisions about their facilities and their future.

System change through behaviour change

Given the complexity there is no simple answer to the problem of unequal participation but any solution does not rest in more plans and the same approaches. To change the system we must first change our own behaviour on three fronts.

1. Tribalism
We are not one sector, we function in four very different but interdependent settings. Traditional sport clubs, community organisations, schools and further education and public facilities. The people working in each setting are motivated by different things and can be quite' tribal 'in behavioural terms resulting in competition at worse and limp partnerships at best rather than real collaboration based on a shared 'common purpose'.

2. Empathy.
Over the last forty years all the normal drivers have been used to improve inequality, national and local policy, significant national and local funding including the National Lottery, training and development, external scrutiny and

challenge and more leadership organisations than you can count on two hands, but we have not yet created the shift in participation we have wanted to see. I have recently concluded therefore that it may simply be that those working in the sector lack sufficient empathy for those outside the system and outside their own passion and motivations which means behaviours and processes are not as inclusive as they need to be.

Yes racism, sexism, homophobia and barriers to disability still remain as in most other sectors and like other sectors we lack a representative workforce and governance. There is undoubtedly a white male bias particularly outside community settings which tends to define our culture but it is also an issue of awareness, training, accountability and above all leadership.

But there is a further dimension to our lack of empathy which stems from our professional and managerial culture which has created an inherent reluctance to let go, trust and support communities to address there own needs. With greater empathy the sector could redirect funding from under performing providers in order to build greater capacity in communities themselves to either address their own inactivity or engage in co-production.

3. Leadership.

I would not claim there is a unwillingness to change in the sector in fact in many ways innovation is quite strong but there certainly is a reluctance which means change tends to be incremental and slow. As Steven Covey points out managers tend to work in the system to maintain it whilst leaders work on the system to change it. We have increasingly trained managers to maintain the system rather than the leadership capacity to change it by influencing those who make policy and funding decisions nationally and locally but more importantantly by driving our own behaviour change fast enough and far enough. We tend to find real collaboration hard and whilst we are naturally positive and optimistic we are also arrogant about our abilities so find acknowledging and addressing weakness difficult. Every financial downsizing of the sector has meant we loose valuable experienced leaders but we do not invest anywhere enough in leadership development to replace them.

In the end it all comes down to money

All these factors have directly influenced the main problem which is funding. Over 40 years resource levels have fluctuated but the trend is downwards. The National Lottery has helped funding immensely but it has also gradually become a replacement for exchequer funding. Locally councils have always been the biggest funders of sport and recreation but funding has always been restricted and over the last decade austerity has really reduced the public investment levels as some councils have seen up to 50% reductions in their grant.

You asked if being statutory would make a difference. Local government is not just a delivery arm of central government and must be empowered to define its own local priorities and be allowed to raise the funds it needs for those priorities. Councils are very unlikely to support more statutory requirements being placed on their depleted budgets but ask social care and librarians if being statutory has

really protected their funding during austerity. Many councils have in the main tried to protect sport and leisure as far as they can in difficult circumstances but the fact that some have done more than others is down to local political choice because they value it and the ability of our leadership to influence that choice. Where the political and managerial leadership is strong and is focused on the same agenda the sector locally has been successful. Where it is weak and divergent the service offered is generally poor. If we do believe sport and leisure is about public health the existing public health legislation already provides a statutory basis for upper and single tier councils investing in improving the health of their population an obligation that will now be shared with district councils as part of Integrated Care Systems but the issue is whether they are convinced sport and leisure contributes in the right way with the right communities.

In response to the downward trend in the facilities setting our main response to this has tended to be greater "commercialisation". This started with CCT, became more balanced with social benefit through Best Value and then gained apace with austerity. But whilst innovation, new capital investment and different management models has driven up efficiency in facilities it has not improved our effectiveness and has actually had a negative impact on accessibility for our more deprived communities. These trends of more commercial managerialism has also extended to traditional sport setting and even community settings with both positive and negative effects including a reluctance to involve the community itself in the co-production of responses but instead relying on the employment of fewer and fewer paid professional development staff. Covid has now exposed all these weaknesses in these business models creating a significant financial crisis that will be hard to address without more public investment nationally and locally. But additional funding will be limited which will drive us to make choices between doing less the same way or do more but differently?

In terms of national and local funding we are now at a cross roads. The importance of health and health inequality is growing and this will be a priority for government and councils and it does offer opportunities for the sector to contribute to the new place based health policy as part of Integrated Care Systems. But for traditional sport this will mean continued pressure to deal more with inactivity and inequality in order to maintain their funding but if we fail to get the balance right there is an increasing risk to their traditional offer for members and competitive and elite sport. In the council facility setting without additional investment we face a further drift towards greater commercialism and a risk of further exclusion for communities with the biggest health needs.

This is now the fundamental challenge and opportunity facing the sport and activity system. How do we enable the system to work better at a local place level so that more people can benefit but in a fairer way, and how do we fund it? Collaborative working, shared budgets and greater capacity building in communities is the only way we have of squaring this circle.

Your review is asking if there is a need for a national plan for sport. If you are viewing the current position through the lens of traditional sport and you are concerned about the risk of "sport" being marginalised further in the drift towards activity then you will no doubt conclude that another plan is what is

required. However there are real dangers that such a move without significant resources, capacity and leadership to underpin the plan risks creating more tribalism, less collaboration and more marginalisation.

The Sport England strategy in my opinion presents a very different and potentially exciting way forward in that whilst the policy aims are consistent with previous strategies it now calls for fundamental change in the way the system works to achieve a common purpose, a focus on local place based action and a desire to address the structural inequalities. It calls for behaviour change not in those not participating but in those providing the opportunities and so seeks to replace tribalism with collaboration, encourage greater empathy and stimulate better leadership. It sets a more realistic 10 year perspective for delivery with no more policy swings every four years. Yes there are risks traditional sport could be marginalised but only if it cannot embrace the change needed and tackle once and for all the inequalities in its offers. But by applying Michael Marmots concept of proportionate universalism at a place level by all providers working together across the system to deliver a universal offer proportionate to need we can contribute to narrowing health inequalities and finally address the inequality in participation.

But we can only do this through better leadership.

14 July 2021