A Health Impact Assessment of potential leisure centre closures in Gateshead

1. Introduction

What is the purpose of a Health Impact Assessment (HIA)?

The health and well-being of people is determined by a wide range of economic, social and environmental influences. Activities in many sectors beyond the health sector influence these determinants of health.

Health Impact Assessment is a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, or project on the health of a population and the distribution of those effects within the population. It provides recommendations to help mitigate negative impacts and enhance positive benefits.[1]

Aim of the Health Impact Assessment

To identify health impacts of proposed leisure centre closures in Gateshead with a special focus on vulnerable groups, setting out the process, findings and recommendations, for consideration by decision makers.

Rationale for closures

The COVID-19 pandemic has had a devastating effect on the leisure sector across the UK. The cost-of-living crisis, and the unprecedented rises in energy prices and cost of supplies, is also greatly impacting the industry. Due to their size, condition and age, some of Gateshead's leisure centre buildings are not energy efficient and require major investment to undertake essential maintenance in the medium term.

The use of Gateshead's leisure centres and the income they make, has never returned to the levels seen before the pandemic. Since re-opening after the pandemic, Leisure Services have been badly affected by COVID-19 related staff shortages due to sickness and self-isolation and national shortages in the recruitment of staff such as lifeguards and swimming teachers. The service continues to be under extreme pressure.

The Council's aim over the past few years has been for Leisure Services to become self-funding and, despite its best efforts, this has not been possible. An extensive review of the Leisure Services provided by the Council has been undertaken. A detailed review of the condition of our leisure sites, the forthcoming significant building maintenance costs and their performance data has been undertaken. In the context of that and spiralling running costs for Leisure Services, including an overspend of more than £2m in the current financial year, and sustained budgetary cuts to the Council over the last 12 years (totalling £179m, with a further £55m to identify over the next three years), the Review has found that the number of leisure centres owned and operated by the Council is no longer sustainable and there is no longer the budget available to continue to subsidise our leisure centres.

Proposal

In October 2022, Cabinet agreed to begin a comprehensive consultation to understand the impact that some leisure centre closures would have. This information will inform decisions on which leisure centres should close and which should remain open.

2. Screening Phase

A screening exercise was undertaken by Public Health Officers, to identify the potential impacts of closure following a standard HIA checklist. The screening checklist is attached at Appendix 2. It was found that although the timeframe available to complete a HIA was limited, since the closure of leisure centres was likely to have impacts on health, and there was opportunity to consider the public consultation being undertaken, a rapid desktop HIA may add value to the decision-making process.

3. Scoping Phase

Following further research, it was agreed that:

- The majority of health impacts would apply irrespective of which leisure centre(s) were closed. Analysis should focus on four broad areas:
    - Impact on levels of physical activity
    - Impact on social participation, community and identity
    - Impact on health and social care services
    - Socio-economic impact (impact on equity).

It was agreed (as far as the availability of data permitted) that the needs of the following groups of people would be considered as part of the HIA:

- Gateshead current and future residents
- Users of leisure centres in Gateshead
- Leisure centre users who are disabled or have long-term health conditions
- Groups who evidence suggests have lower levels of physical activity
- People on low incomes
- Different groups by age; children, young people, and older people.

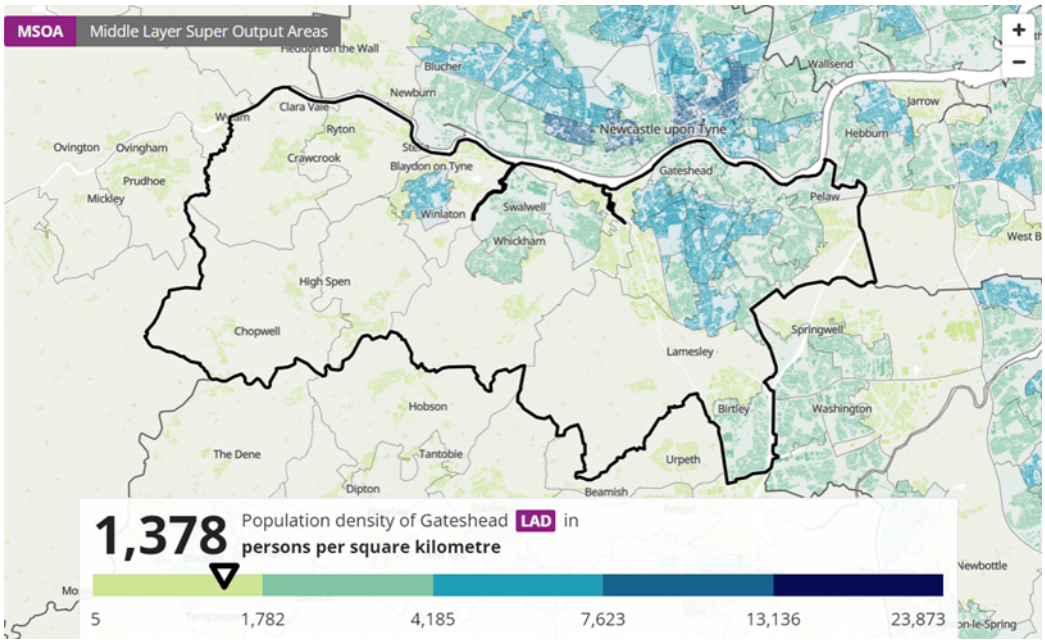
4. Health Impact Assessment Phase

(i) Demographic overview

Gateshead is a borough of contrasts. It has a large urban hub centred around the main town centre area in Bridges ward and has several smaller urban centres and busy employment areas such as Blaydon, Whickham, Felling and Birtley. However,

around two thirds of the borough is rural with numerous small settlements such as Kibblesworth, Sunniside, Chopwell and High Spen.

Gateshead Population density by MSOA (ONS 2022)



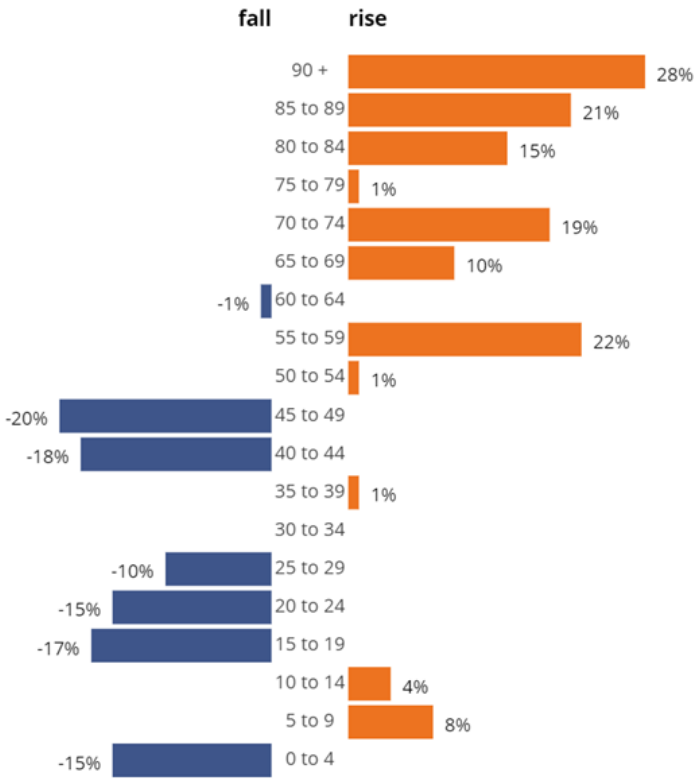
Population projections

Gateshead has a population of around 196,100 people, living in 88,999 households.[2] In the last decade the population reduced by around 2.1%.

Despite this, there has been growth for some middle and older age groups with a 22% increase in 55-59 year olds and a 19% increase in those aged 70-74. In 2021, 20.3% of the population was aged over 65 years. In contrast, there were reductions in younger age groups and those aged 15-19 decreased by 17% over the decade.[3] Those aged 15 and under, make up 17.3% of the population in Gateshead.[4] The median age for Gateshead residents is 42 years.

Population projections from the Office for National Statistics (ONS) predict that this ageing population trend will continue into the future, becoming more pronounced if life expectancy continues to increase.

Gateshead Population Change (%) by age group 2011-2021 (ONS 2022)



Life Expectancy

At 77.4 years for men, and 81.6 years for women, life expectancy is lower than the England averages of 79.4 and 83.1 respectively.[5] Increases in life expectancy slowed over the last decade, and due to the pandemic, there was little change in life expectancy for females, and a reduction in life expectancy for males (ONS 2018-2020).[6] Healthy life expectancy in Gateshead is 57.9 for males and 58.5 for females, compared to 63.1 for males and 63.9 for females in England.

Around 22% of people in Gateshead reported that their health limits day to day activities compared to around 18% nationally, but only 8% are in bad health (Census 2011). Compared to England, people in Gateshead are more likely to die before the age of 75 from conditions considered preventable, particularly circulatory disease and cancer. Utilisation of outdoor space for exercise and health reasons in Gateshead is lower at 14.5% of the population, than in the North East (17.3%) and England (17.9%).[7]

(ii) Lessons from the literature, consultations and data

The literature was reviewed to identify the evidence base for the impact of leisure centres in the UK on physical activity, social cohesion and capital, health and social care services and the socio-economic impact.

Physical activity as a determinant of health

There is a wealth of evidence that indicates regular physical activity is good for our physical and mental health and wellbeing and reduces the risk of long-term health conditions such as heart and lung diseases, Type 2 diabetes, cancers and obesity.

There is moderate or strong evidence for a range of health benefits across all stages of life including:[8]

- **Children and Young People:** Bone health, cognitive function, cardiovascular fitness, muscle fitness, weight status, depression
- **Adults:** All- cause mortality, stroke and heart disease, hypertension, Type 2 lung, and stomach), depression, cognitive function, dementia, quality of life, sleep, anxiety/depression, weight status
- **Older Adults**: Falls,[9] frailty, physical function

Long term conditions (LTC): People with LTCs are twice as likely to be amongst the least physically active. However, evidence shows that regular physical activity can help prevent or manage many common conditions, help keep symptoms under control, prevent additional conditions from developing and reduce inequalities.[10]

Developing/acquiring skills: Learning to swim is recommended by the World Health Organisation as part of drowning prevention.[11] In the UK, the research indicating that learning to swim reduces drowning accidents is weak.[12] However, the view that it is important for children to learn swimming as a life skill is widely held.[13] [14]

Social community/participation, community, and identity

Physical activity and sport can build stronger communities by bringing people from different background together via participating, volunteering and spectating. Bringing communities together through shared interests and activities enhances social cohesion within the community.[15] Social cohesion is positively associated with an increase in physical activity, which can further develop a sense of belonging and feeling connected within the community, build social trust, and a reduction in antisocial behaviour, high-risk behaviours and crime.[16] [17] Sports and physical activity can support a reduction in social isolation and loneliness by increasing social connection, which in turn has a positive impact on anxiety, stress and depression.[18] [19] The evidence base here is emerging and current research is largely outside of the UK and not specifically focused on sport within leisure centres. Therefore, this impacts the generalisability of findings.

Responses to the November/December 2022 Leisure Services Review Consultation, through the survey, drop-ins and focus groups, have reflected themes related to the impact on people's ability to engage in social activities, including loss of access to a safe space to socialise, building confidence and participation in sports, the role leisure centres have as a community hub the wider impact on the community and local area if the facility were to close.[20] The consultation received a large number of responses demonstrating strength of feeling among participants. A potential

limitation of any self-selecting survey is that respondents choose to take part rather than being randomly selected, meaning that the feelings of those more engaged are captured, whereas the experiences of those not currently using the services may be more likely to be missed.

Health and social care services impacts

It is recognised that the provision of prehabilitation and rehabilitation services for a range of conditions can take place in leisure centres. Gateshead leisure services work in partnership with the NHS to provide pulmonary rehabilitation, cardiac rehabilitation and strength and balance (falls prevention) interventions. Informal pathways are in place for cancer services, Parkinson's clinic and stroke services. Local social prescribing also includes referrals and support to access leisure services. Services are offered from community facilities and leisure centres.

A review of leisure centres in Spain indicated that exercise through leisure centres was found to be 'helping to reduce health care spending, increasing subjective wellbeing, and increasing years without disability'.[21] However, as the study is on Spanish leisure centres, the findings may not be generalisable.

Several studies estimate the social return on investment of community sport and physical activity. One study calculates a social value for England – including physical and mental health, wellbeing, individual and community development – in the region of £72 billion, provided via routes such as a healthier population, consumer expenditure, greater work productivity, improved education attainment, reduced crime and stronger communities. Physical activity is seen as playing an important role in preventing a number of serious physical and mental health conditions, with the research showing this provided the economy with £9.5 billion in value including £5.2 billion in healthcare savings and 1.7 billion in social care savings in England.[22] [23]

Socio-economic impact

There is a social gradient in health – the lower a person's social position, the worse his or her health.[24] Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England, and nearly 62,600 (31%) live in the 20% most deprived areas.[25] Gateshead is shown as being more deprived than the English average on a range of deprivation indicators:

- Child Poverty,
- Income Deprivation Affecting Children (%),
- Older People in poverty,
- Income deprivation affecting older people (%),
- Proportion of households in poverty (%).

Gateshead Council's Strategic Approach is to 'Make Gateshead a place where everyone thrives'. The Health and Wellbeing Strategy sets out our methodology to 'deliver the most positive outcomes for everyone, but we will focus our resources to benefit those in the most need – this will mean doing different things in different places.'

Less affluent people are more likely to be inactive than those who are better off and are less likely to be active.[26] In 2019 (pre pandemic), the proportion of GO Members from each deprivation decile was broadly similar to the proportion of people living in each deprivation decile in Gateshead. However, those living in more deprived areas made up a slightly smaller proportion of the membership than expected if the proportions mirrored the population, and there was a slightly larger proportion from the least deprived areas. This may reflect the financial cost of this service, and potential barriers to access for those most in need.

18% of GO Access Cards are held by those living in the 10% most deprived areas. The 2017/2018 Health Equity Audit found that members receiving benefits and therefore holding a GO Access Card are far more likely to come from one of the more deprived deciles most deprived areas. However, when looking at membership, only 8% of GO members were those living in the 10% most deprived areas, whilst 12% of the population lives there. In contrast, 9% of GO members were from the 10% least deprived areas, whilst only 6% of the population lives in these areas. This indicates the Gateshead Leisure centre offer currently does not effectively engage those most in need.

Research projects nationally have explored whether cost prevents lower income groups using leisure centres by reducing or removing charges. These have shown mixed results with some studies demonstrating successful impact by removing charges[27] [28] [29] and some identifying additional barriers other than cost. [30] [31] [32] Other barriers include proximity, weather conditions, embarrassment and feeling unwelcome. This indicates that the factors related to physical activity, participation and deprivation are complex and may require a multi-faceted approach.

There are national research studies that indicate the health and social benefits of community exercise groups such as walking or 'parkrun'.[33] A randomised controlled trial identified walking groups as a cost-effective alternative to leisure centre exercise, with similar health benefits gleaned between the groups.[34]

Analysis undertaken by the Council shows that currently 57% of households in Gateshead live within one mile of the current council operated leisure centres. A reduction in the number of leisure centres will result in increasing costs to individuals and families who could need to travel further to participate in leisure centre-based activities. Schools may also face difficulties in meeting increased travel costs to swimming lessons as many parents may not be able to contribute to travel costs.

Impact Assessment

Table 1 shows a more detailed assessment of the potential health impacts of leisure centre closures; possible actions to mitigate negative impacts; and opportunities to increase health gain.

Table 1

Assessment of Health Impacts of Leisure Centre Closure

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
Impact on levels of Physical Activity and Physical and Mental Health and Wellbeing	Current Leisure Centre users	The evidence about the benefits of impact of physical activity are clear, any activity is better than none, and more is better still.[35] There are many factors that influence how and why we might be physically active ranging from social and economic influences to health and wellbeing choices. It is difficult to identify the contribution that leisure facilities make to the total population's physical activity levels as physical activity is very diverse and only a small proportion of the population access leisure centres. Some leisure centre users will not switch to an alternative leisure centre if their preferred site is closed due to various reasons including cost pressures, time constraints, travel problems, social aspects and perception of a different place.	A Physical Activity Needs Assessment for Gateshead was completed in 2021. The way that service user data is collected in the Gateshead Leisure information system means that it is difficult to get a completely accurate picture on the use of facilities. This is because we have limited information about the specific type of activity the individual engages in within the centres. Analysis of Go Membership provides us with a profile of those individuals who have taken a membership or who use a discount card. Data on protected characteristics such as disability is not collected. The analysis available is based on age, gender and postcode.	Fully implement the Gateshead Physical Activity Strategy objectives placing an emphasis on community-based activity and creating active environments. Set out a delivery plan for action and build on the evidence-based principles set out in the strategy including working together with communities and groups, balancing provision against need, and

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
		This may mean that some current leisure centre users become less active or that they will have to find alternative ways to exercise. Health impacts on regular leisure centre users who experience reductions in physical activity could include: • Weight gain, • Impacts on mental health • Reduced physical strength • Reduced access to swimming for therapeutic reasons.	Analysis of the Go membership of Gateshead Leisure services in 2019 (pre-pandemic) showed that only 14.5% of Gateshead residents are registered members of leisure services, at a ward level this ranges from 9% in Crawcrook to 19% in Low Fell. This shows that the impact of any closures will be differently felt by local residents and will vary according to variety of factors such as income, health status, place of residence, age, ability to travel etc. Looking at broad types of physical activity adults have taken part in (at least twice) in the last 28 days, collected by the Active Lives Survey, we know that walking (makes the biggest contribution to physical activity. Nearly 58% of Gateshead adults over 16 took part in walking. This is more than double those who participated in either sporting activities or fitness activities. Sporting activities and fitness activities both take place in locations other than leisure centres as well as within leisure centres.	exploring creative and innovative solutions. There will also be opportunities for local small businesses to benefit from the opportunity of offering alternative activities in the community.

<table>
<tr><th>Type of Impact</th><th>Group affected</th><th>Potential impact</th><th>Local implications</th><th>Mitigation needed/potential for health gain</th></tr>
<tr>
<td></td>
<td>Gateshead residents who currently swim at public pools in the borough or who may want to in the future</td>
<td>The Council is the only provider of public swimming pools in the Borough. Reduced swimming capacity means that different types of swimming activities would need to be prioritised. Current pool use includes:

• school swimming lessons
• private lessons
• swimming club bookings
• public swimming (including male/female only sessions)
• aquafit
• private hire

Any reduction in pool capacity will reduce the number of hours available for swimming.

The Active Lives Survey (Sport England) indicates that pre-pandemic (Nov 18-19) 16.8% of the Gateshead adult population had swum indoors in the last year (compared to 25.1% for England).

The Active Lives Children & Young People Survey shows substantially more children and Young People in Gateshead had participated in a swimming activity in the last week than for England as a whole. In the academic year 19/20, 44.90% children and young people in Gateshead had said</td>
<td>Swimming is the only sport to be included within the national curriculum physical education programme of study. All primary schools must provide swimming and water safety lessons in either Key Stage 1 or 2.

Each pupil is required to be able to do the following:
• Perform safe self-rescue in different water based situations
• Swim competently, confidently and proficiently over a distance of at least 25 metres
• Use a range of strokes effectively, for example, front crawl, backstroke and breaststroke.

Swim England research shows that only half of pupils nationally meet the required standards.

Average numbers of pupil swimming lesson bookings in Gateshead Borough are as follows:

<table>
<tr><th>Academic year</th><th>2019-20</th><th>2021-22</th><th>2022-23</th></tr>
<tr><td>Blaydon</td><td>609</td><td>722</td><td>722</td></tr>
</table>
</td>
<td>Develop a plan to enable an equitable approach to access to the leisure centres, working with schools and any future service provider.

The new service model will offer fully staffed facilities with longer opening hours if there is demand for those services. This will improve early and late access to swimming.

Access for swimming clubs will be facilitated and lessons and private hire opportunities will continue within</td>
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<table>
<tr><th>Type of Impact</th><th>Group affected</th><th>Potential impact</th><th>Local implications</th><th>Mitigation needed/potential for health gain</th></tr>
<tr><td></td><td></td><td>that they had participated in a swimming activity in the last week, compared to 23.10% for England).

In 2019/20 Go Gateshead membership was highest in the younger age groups, 45% are under 20 years old, this is due to the fact that a number of young people are signed up to children’s swimming classes, where a Go Gateshead card enables access to swimming classes at a reduced rate. Children who are in swimming lessons can also come swimming for free during public swimming sessions when accompanied by an adult.

Family swimming

Reduced swimming pool availability in the borough may impact the number of children swimming as a family.

Swimming Lessons

Gateshead run paid for swimming lessons for children and adults. The availability may be reduced if pool numbers and access times change.

Families, children and young people who are unable to travel elsewhere may be</td><td><table>
<tr><td>Dunston</td><td>514</td><td>649</td><td>649</td></tr>
<tr><td>Gateshead</td><td>562</td><td>814</td><td>754</td></tr>
<tr><td>Heworth</td><td>586</td><td>739</td><td>739</td></tr>
<tr><td>Birtley</td><td>454</td><td>478</td><td>358</td></tr>
<tr><td>Total</td><td>2725</td><td>3402</td><td>3222</td></tr>
</table>
Source: on course swimming data system

Concerns and views expressed in relation to school swimming lessons indicate that they are highly valued.

The November/December 2022 Leisure Service Consultation survey found that residents may want general public swimming, learn to swim lessons (adults and children) and school swimming lessons to be prioritised above some other types of swimming access.

Some local schools may face increased costs for transporting children to swimming sessions. There may also be pressures on school staffing levels to accommodate changed arrangements.</td><td>the new business plan.</td></tr>
</table>

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
		unable to swim/develop their ability/skills further. **School swimming** Current swimming pool capacity allows some schools to provide more lessons to a wider age range than the national curriculum requires. Reduced swimming pool capacity may mean this is no longer possible. Modelling shows that the offer of school swimming at the nationally required level will still be possible to support. There may also be financial implications if the price per swim increases in a future model.		
	Older people	Regular physical activity contributes to the key determinants of healthy ageing: good physical and mental function; opportunities for social interaction; a sense of control over, and responsibility for one's own health and well-being; and managing or coping with disease symptoms and functional limitations.[36]	Gateshead Go Membership data 2019/20 indicated that older people are under-represented with less than 10% of members being 60+. Leisure centres offer a range of low impact classes and activities that are often attended by older people. Offers include; swimming, 'Light circuits' and	There are various community based physical activity offers targeting over 50's, including strength and balance classes, Otago, Tai Chi etc.

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
		Levels of activity in people aged 65 and over are lower in Gateshead than nationally. Levels of physical activity decrease as people get older. Access to health and fitness facilities can improve the overall quality of life for older people, helping to improve mobility and prevent falls, and stop feelings of isolation. Nationally, older people are under-represented in leisure centre membership.[37] Leisure centre closures will mean that those wishing to access a site may have to travel further with associated costs and mobility issues. This is a potential barrier to participation in older people. Some older people will be less likely to be motivated to go out and they may feel the loss of social interaction at a local centre.	Move easy classes. These classes will continue but in fewer venues.	Some of these offers are leisure centre based but the majority already take place in community venues to make them accessible to local people. The reduction access to rooms in the Leisure centres will mean that more classes move into community settings.
	Children and young people	'Children and young people should engage in moderate-to-vigorous physical activity (MVPA) for an average of at least 60 minutes per day across the week. Children and young people should engage in a variety of types and intensities of physical	Gateshead Go Membership data 2019/20 indicated that Go Membership is highest in the younger age groups, 45% are under 20 years old, this is due to the fact that a number of young people are signed up to children's	Work with young people, and the services and organisations that support them, to gain a better

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		activity across the week to develop movement skills, muscular fitness, and bone strength.' [38] Children's obesity levels are higher in Gateshead than the English average and any reduction in individual activity can result in weight gain, lower self-esteem, and poor mental health. Physical activity improves cognitive skills, nurtures ability and promotes teamwork. Some leisure centre activities are specifically targeted at children including swimming, junior gym, soft play and school holiday activities. The engagement of children and young people in physical activity can be seen as a way to divert them from antisocial behaviour. The closure of facilities may reduce the range and number of activities available for young people to access. It is not easy to quantify this impact.[39] [40]	swimming classes, where a Go Gateshead card enables access to swimming classes at a reduced rate. Gateshead Sports Partnership (SSP) offers a programme across Gateshead for competitive and participatory sports in order to provide opportunities for children that may not otherwise have it. The format and delivery of this service will be impacted by facilities changes.	understanding of barriers to activity and the opportunities they seek. Ensure new place-based opportunities and environments to be active will be co-created with children and young people. Work with schools to adopt a whole school approach to physical activity. Work with the SSP and schools to establish alternative delivery models in the community.
	People who use local leisure	Only 4 in 10 disabled people feel they can be as active as they want, in contrast to non-disabled people who are now more	In Gateshead, there are group activities specifically for users with disabilities and	Work with local groups, services and organisations

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
	facilities to manage long term health conditions and disabilities	likely to say they can be as active as they want (62% to 69%). 78% of disabled people say their impairment or condition stops them being active, often related to low awareness of suitable activities and fears about safety and risk.[41] Gateshead leisure facilities are equipped to support people with disabilities but there will be fewer sites available. Leisure centre closures will mean that those wishing to access a site may have to travel further with associated costs and mobility issues. This is a potential barrier to participation. Some people with Long Term Conditions (LTC) and disabilities people will be less likely to be motivated to go out and they may feel the loss of social interaction at a local centre.	medical needs running across the leisure centres. These include: • Sports sessions for adults with additional needs • Pulmonary rehab run in partnership between NHS and Local Authority Physical Activity Specialists • Phase 4 cardiac rehab which is at the end of a treatment pathway • There are informal pathways with Cancer Services, Stroke Services and Parkinson's clinic to support suitable patients to access Move Easy classes • Community Strength and Balance Service targeting over 65's who are mild to moderately frail and have had or at risk of falling • General Practice Link Workers across Gateshead signpost and support individuals to access suitable activity opportunities including Move Easy classes. The venues for some of these activities may change. Adult Social Care ABC offer the Phoenix service which provides people with additional needs. Inspired Support, a provider of support for people with	to grow a strong and sustainable network of organised activity providers, working collaboratively to reduce inactivity. Work with clubs and groups to access funding, training and development to reach and engage those who are less active, including those with long-term conditions and disabilities. Working with local groups and organisations, ensure effective communications and information are targeted towards members

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
			autism and/or learning disabilities, also use leisure facilities. The venues for these services may need to change.	affected to enable access to alternative activities or facilities at other centres, that support physical activity and reduce isolation, such as those available through OurGateshead - Gateshead's community website.
	Children with additional needs	The benefits of physical activity for disabled children and disabled young people are meeting new people, confidence and concentration, sense of achievement, mental health, calmer, less stressed, balance and coordination, muscles and motor skills.[42] There are group activities specifically for children with disabilities and medical needs running across the leisure centres. These include special school bookings, SEND swimming sessions for children and young people and their families and play service organised sessions for children with	Specialist sessions for young people aged 3 to 19 years with varying degrees of additional educational, physical, and emotional needs may need to be offered at different sites than those currently used.	Working with local groups and organisations, ensure effective communications and information are targeted towards members affected to enable access to alternative activities or facilities at other centres, that support physical

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		disabilities. A swimming club for children with SEND linked to a special school also book the pool. Gateshead Leisure facilities are equipped to support people with disabilities but there will be fewer sites available. Leisure centre closures will mean that those wishing to access a site may have to travel further with associated costs and mobility issues. This is a potential barrier to participation.		activity and reduce isolation.
	People from low-income households	Less affluent people are more likely to be inactive than those who are better off as well as less likely to be active. Active Lives survey data shows the proportion of adults reaching recommended activity levels decreasing as population deciles become more deprived. Nationally, leisure centre membership has remained largely unchanged over the last three financial years. 25% of members come from the least deprived 20% of areas.18% members come from the 20% most deprived areas.[43]	Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England. Extending that range further, nearly 62,600 (31%) live in the 20% most deprived areas. [45] Analysis of Go Membership data 2019/20 shows that proportionately, members from more deprived areas are under-represented, compared to those in the least deprived areas.	The new service model will recognise that cost barriers exist and develop a fees and charges structure which enables those on low income or benefits to access services. Any actions to reduce the cost of activities for low-income residents

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<tr><td></td><td></td><td>One barrier to physical activity for low-income household is cost. In addition to cost, other barriers to physical activity, particularly for low income households can include:
Travel and transport and affordability
Embarrassment and being self-conscious
Feeling that facilities are not welcoming
Lack of childcare.[44]</td><td>Whilst leisure centre closures may have a major impact on those who regularly use them, the numbers benefitting from the leisure offer from Gateshead's most deprived groups is relatively small.</td><td>may need to be accompanied by outreach and marketing to be effective as cost is not the only barrier to participation

Physical activity opportunities in community settings may encourage engagement and reduce individual costs.</td></tr>
<tr><td></td><td>Jewish community</td><td>Gateshead has the third largest orthodox Jewish community in the UK (as of 2010). 21% of the Jewish community in Gateshead self-reported being overweight.[46]

Low levels of exercise were noted in a health needs assessment of the Jewish community in Salford.[47]

Religious requirements for single gender sessions for exercise can impact on</td><td>In 2022, Gateshead leisure centre ran gender-specific swim classes with the following attendance levels.

<table><tr><th>Gender-specific swim</th><th>Average weekly attendance (users)</th></tr><tr><td>Female</td><td>60.16</td></tr><tr><td>Male</td><td>40.58</td></tr></table>
It is important to note these sessions are not specific to the Jewish community</td><td>Work with the The Jewish Community Council of Gateshead (JCCG) and relevant stakeholders to identify ongoing needs.</td></tr>
</table>

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
		accessing swimming and other physical exercise.	and will therefore also be used by other leisure users. Two swim sessions per week are booked at Gateshead Leisure Centre by the Beth Jacob Youth Club, and a further session once a week is booked by Talmudical College for male swimming. These sessions are specifically used by the Jewish community through these groups, but there is no data on actual attendance available.	
	Carers	Being a carer can have a significant impact on health and wellbeing. 60% of carers have a long-term condition or disability in comparison to 50% of non-carers.[48] Around 29% of carers also describe feeling lonely 'often or always'.[49] There are additional costs associated with caring that can have a significant financial impact. 44% of working-age adults who care for 35 hours or more per week are in poverty.[50] Leisure centre closures may mean some carers will need to travel further with	There are 48 young carers passes issued across Gateshead. These can be used across GO sites.	Working with local groups and organisations, ensure effective communications and information are targeted towards members affected to enable access to alternative activities or facilities at other centres, that support physical activity and

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
		associated costs and mobility issues for both the carer and who they are caring for.		reduce isolation, such as those available through OurGateshead - Gateshead's community website.
Impact on social community/participation, community, and identity	Current leisure centre users and those living within proximity to centres	Sport and physical activity can develop confidence and self-worth, and help create more resilient, inclusive and connected neighbourhoods.[51] Consultation responses, through the survey, drop-ins and focus groups have reflected themes related to the impact on people's ability to engage in social activities, including loss of access to a safe space to socialise, building confidence and participation in sports, the role leisure centres have as a community hub the wider impact on the community and local area if the facility were to close, and the loss of the 'heart of their community'. There may be potential impacts on the local community a leisure centre closes within, related to mental wellbeing, employment opportunity, and perceptions of community identity.	Leisure facilities are used as meeting places for those participating in both individual and team sports. That activity builds feelings of community and enable's individuals to be part of a community of interest. It is likely that some groups will have to find alternative venues for their activities if the specific site they are currently using closes. That will have an impact on them as travel cost, potential changes to available booking time and days may impact on their routines.	Work to ensure that closed sites are redesigned quickly and that local people are involved in the planning of how those spaces will be used. Working with local groups and organisations, ensure effective communications and information are targeted towards members affected to enable access to alternative activities or

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
				facilities at other centres, that support physical activity and reduce isolation, such as those available through OurGateshead - Gateshead's community website.
Impact on health and social care services (Social return on investment (SROI))		Research commissioned by the District Councils Network[52] show that improving physical activity especially among the most deprived, should lead to a reduction in diseases (thereby saving the healthcare system the cost that would have been incurred in treating the diseases), improved quality of life and the associated economic returns as improved health means people can be more productive for longer. It also estimates the potential reduction in NHS expenditure as a result. If individuals become less physically active their health outcomes are poorer, there will be associated costs to longer term healthcare provision.	Health and Social care currently purchase Go Access cards for looked after children and families with children with disabilities. Those cards will continue to be provided but users may have to access different leisure sites. Joint health and physical activity sessions such are cardiac rehabilitation, pulmonary rehabilitation and falls prevention will continue to be supported.	Working with local groups and organisations, ensure effective communications and information are targeted towards members affected to enable access to alternative activities or facilities at other centres, that support physical activity and reduce isolation.

Type of Impact	Group affected	Potential impact	Local implications	Mitigation needed/potential for health gain
Socio-economic impact (impact on equity)	People on low incomes	57% of households in Gateshead live within 1 mile of the current council operated leisure centres. A reduction in the number of leisure centres will result in increasing costs to individuals and families who could need to travel further to participate in leisure centre-based activities.	Changes to the leisure services delivery model will mean that some facilities close and some staff may have to move site. The offer in sites may change and local providers may have opportunities to move into the leisure market Communities may be able to access alternative community based physical activity at a lower cost.	Working with local groups and organisations, ensure effective communications and information are targeted towards members affected to enable access to alternative activities or facilities at other centres, that support physical activity and reduce isolation.

5. Conclusions

Physical activity levels can impact a range of important physical and mental health outcomes. Inequalities persist, and physical activity levels remain lower among those in deprived areas and those with long-term conditions and disabilities. Increasing levels of physical activity can be achieved in a number of ways, as set out in the Physical Activity Strategy for Gateshead.

There are many factors which influence physical activity levels. These can include national and local policy and systems; the physical environment such as access to open and green spaces; organisations and institutions such as GP social prescribing or schools that integrate physical activity initiatives into the school day; the social environment –people are more likely to be active if their friends and peers are also active; and individual choice.

The vast majority of Gateshead residents get exercise through informal means such as walking, cycling and commuting and this shows the importance of a system wide approach to physical activity. Leisure centre use contributes to some people's overall physical activity. Any closure of a leisure facility will have an impact on those people who use that building, and the community in which it is based.

Some users of leisure centres which are closed may switch to alternative venues or forms of physical activity and sustain current physical activity levels. Others may experience increased barriers to making a change such as cost, travel, convenience or access and may experience reduced levels of physical activity as a result. Work to ensure that the impact of changes, on those with low incomes and protected characteristics must be a priority.

The implementation of the new Physical Activity Strategy and the refocussing of service offers into community settings will be critical to mitigate the impacts of closures. Maintaining positive relationships with existing clubs, stakeholders and partners is essential.

The development of the new leisure facilities model will take time to implement and during that time work to develop community-based activities must move forward at speed and in parallel with other Council initiatives like placed-based working, family hubs and promoting active travel.

It is essential that a communications plan is developed to ensure that all stakeholders and members of the public are aware of the changes and that they know how and where to access services in the future.

6. Recommended actions

The following recommendations look to mitigate the health impact identified within the Health Impact Assessment.

- Fully Implement the Gateshead Physical Activity Strategy objectives.
- Set out a delivery plan for action and build on the evidence-based principles set out in the strategy including working together with communities and groups, balancing provision against need, and exploring creative and innovative solutions.
- Develop a plan to enable an equitable approach to access to the remaining leisure centres.

- Work with young people, and the services and organisations that support them, to gain a better understanding of barriers to activity and the opportunities they seek.
- Ensure new place-based opportunities and environments to be active will be co-created with children and young people.
- Work with schools and the Schools Sports Partnership to adopt a whole school approach to physical activity.
- Work with local groups, services and organisations to grow a strong and sustainable network of organised activity providers, working collaboratively to reduce inactivity.
- Work with clubs and groups to access funding, training and development to reach and engage those who are less active, including those with long-term conditions and disabilities.
- Working with local groups and organisations, ensure effective communications and information are targeted towards members affected to enable access to alternative activities or facilities at other centres, that support physical activity and reduce isolation, such as those available through ‘OurGateshead’ - Gateshead's community website.
- Any actions to reduce or remove the cost of activities for low-income residents may need to be accompanied by outreach and marketing to be effective as cost is not the only barrier to participation.

Appendix 1

Outline of Health Impact Assessment Process

Screening	Determine whether HIA is appropriate.
Scoping	Set out the parameters of the HIA.
Identification	Develop a community / population profile and collect information to identify potential health impacts
Assessment	Synthesise and critically assess the information in order to prioritise health impacts.
Decision making and recommendations	Make decisions to reach a set of final recommendations for acting on the HIA's findings.
Evaluation and follow-up	Evaluate the processes involved in the HIA and its impact, and follow up the HIA through monitoring and a health impact management plan.

***Source**: Harris, P, Harris-Roxas, B., Harris, E., & Kemp, L. Health Impact Assessment: A Practical Guide, Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health*

Appendix 2: Screening Template

<table>
<tr><td>What is the proposal about?</td><td>Potential closures of some leisure centres in Gateshead.</td></tr>
<tr><td>What is the context outlined for the proposal?</td><td>• Impact of Covid-19 pandemic and failure to regain pre-pandemic use and income levels
• The cost-of-living crisis, particularly the unprecedented rises in energy prices and cost of supplies
• The size, condition and age of some of Gateshead's leisure centre buildings which mean they are not energy efficient and require major investment to undertake essential maintenance in the medium term.
• Failure of Leisure Service to become self-funding.</td></tr>
<tr><td>Does the proposal concern any of the following determinants?</td><td><table>
<tr><td>Lifestyle</td><td>Yes - levels of physical activity.</td></tr>
<tr><td>Physical environment</td><td>No - (Cabinet paper focus on whether to close leisure centres rather than future use of site (in the event of any closures).</td></tr>
<tr><td>Economic environment</td><td>Yes - no longer an opportunity for the Local Authority to generate income, opportunity for other businesses to use the facilities, some groups organisations may lose access with economic impacts. Return on investment for the wider economy.</td></tr>
</table></td></tr>
</table>

	Social environment	**Yes-** reduction in number of facilities as a place for activities and to meet others, exercise in groups, relationships.
	Capacity of the health system to impact on these determinants	**No** - partnership working with health to manage long-term conditions and disabilities, use by groups with additional needs will continue.
	Other	**Yes**- Environmental impacts: transport and use of transport, climate change, air quality, noise, sense of place, community, pride.

What are the assumptions embedded in or underpinning the proposal?	Challenges in local data mean we will also need to look at national and published literature to help inform the assessment.
Why does this proposal have potential to impact on health?	**Potential positive impacts:** In the future there will be more physical activity opportunities available in community settings. This is a change in perception, but it may increase the numbers of people who are physically active as they will be able to access locality based offers targeted to their community. **Potential negative impacts:** • Reduced opportunity for and impact on prehabilitation, rehabilitation and management of long-term health conditions and disability. • Loss of routine for some people with neurodiverse conditions. This may cause increased stress and also impact on carers if applicable. • Loss of sense of place, pride and community linked to civic amenity in locations where there will be closure. • Health impacts, social capital, mental health and wellbeing, inclusion, loss of sense of belonging, resilience in the community, civic participation/ abandonment. • Increased travel to other facilities impacting on transport and congestion, noise, emissions, air quality, health impacts – respiratory, asthma, COPD, cancer, CVD, mental health • Impact on school resources with longer travel times impacting curriculum time and increased costs associated with travel • Potential loss of local council employment opportunities.
Describe any information which identifies the nature and extent of the impacts on health	• Community Consultations • Physical Activity Needs Assessment 2021 • Physical Activity Strategy 2022 • Joint Strategic Needs Assessment (JSNA) and Local Index of Need • Literature review

for this type of proposal	• Leisure service data
List the groups most likely to be impacted by this proposal	• Children and young people • Socio economic status • Jewish community • People with disabilities • Asylum seekers and refugees • Older people • Families • School groups • Sports clubs • Community groups
8. What are some of the potential equity issues?	**Desirable** Finite Council resources being prioritised towards communities with greatest needs **Undesirable** • Increased travel costs may prevent groups with higher needs from accessing formal leisure facilities. • Reduced equitable geographical access • Reduced access for disabled people and those with mental health needs who may be unable to travel.

Based on:
Screening Tool for Health Impact Assessment Queensland Health HIA Framework Draft 20 February 2004
Seahorse HIA Planning & Report Writing Toolkit Salim Vohra et al version 4 October 2003, adapted from a tool developed by Erica Ison.
CHETRE Screening Checklist, HIA Training 2004

Appendix 3: Demographic/Health profiles of Gateshead

Population of Gateshead

	Usual Resident Population			Households		
	2011	2021	Change	2011	2021	Change
Gateshead	200,200	196,100	-4,100	89,200	89,000	-200

Source: *ONS, 2022 cited in https://www.gateshead.gov.uk/article/22447/Census-2021-first-release-summary-briefing*

In terms of the sex of respondents, Census 2021 recorded 96,200 males and 100,000 females in Gateshead. This is a percentage split of 49.0% males to 51.0% females and compares with 48.9% and 51.1% respectively in 2011.

Population by ward

Ward Name	All Ages
Birtley	8,028
Blaydon	9,970
Bridges	11,515
Chopwell and Rowlands Gill	8,937
Chowdene	8,647
Crawcrook and Greenside	8,786
Deckham	9,786
Dunston and Teams	9,359
Dunston Hill and Whickham East	9,005
Felling	9,104
High Fell	9,529
Lamesley	9,901
Lobley Hill and Bensham	10,340
Low Fell	8,409
Pelaw and Heworth	8,619
Ryton, Crookhill and Stella	8,721
Saltwell	11,582
Wardley and Leam Lane	8,202
Whickham North	7,949
Whickham South and Sunniside	8,012
Windy Nook and Whitehills	9,367
Winlaton and High Spen	8,182

Source: *Mid 2020 population estimates, ONS cited in https://www.gateshead.gov.uk/article/2871/Population-estimates-and-projections. (Census 2021 data not available at ward level at time of writing.)*

Gateshead population by age group, %2021

	Gateshead	England
0- 19 years (%)	21.5	23.0
20-44 years (%)	31.2	32.7
45-64 years (%)	26.9	25.8
65+ (%)	20.3	18.3

Source: *Office for National Statistics (ONS) Census 2021 cited in https://www.gateshead.gov.uk/article/17488/Census-2021*

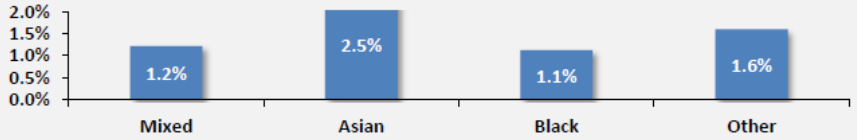
Ethnicity

Ethnicity

	All People	White			Mixed			
		British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed
No.	196,149	177,131	710	5,648	384	547	872	590
%	n/a	90.3	0.4	2.9	0.2	0.3	0.4	0.3

	Asian					Black			Other
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	
No.	1,027	944	379	1,146	1,429	1,852	109	253	3,128
%	0.5	0.5	0.2	0.6	0.7	0.9	0.1	0.1	1.6

(Source : Census 2021, ONS)



Non-White Groups: 12660 (6.5%)

Not White British: 19018 (9.7%)

Source: *Office for National Statistics (ONS) Census 2021 cited in Equalities Profile of Gateshead https://www.gateshead.gov.uk/media/7922/Gateshead-equality-profile/pdf/09_Equalities_Profile_Jan_2023.pdf?m=638089461931630000*

Indices of Deprivation, 2019, Score

	Gateshead	England
Index of Multiple Deprivation (IMD) Score	28.2	21.7

Source: *Ministry of Housing and Local Government 2019, cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Deprivation indicators, %, 2019. Households in poverty, %, 2014.

	Gateshead	England
Income deprivation (%)	16.7	12.9
Child Poverty, Income Deprivation Affecting Children (%)	20.4	17.1
Older People in poverty, Income deprivation affecting older people (%)	19.4	14.2
Proportion of households in poverty (%)	N/A	21.1

Source: *Ministry of Housing and Local Government 2019, Office for National Statistics, (ONS) 2014 cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Employment Indicators, %, 2021 to 2022.

	Gateshead	England
Unemployment (%)	5.8	5.0
Long term unemployment (Crude rate per 1,000)	3.0	1.9

Source: *NOMIS Labour Market Statistics, cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Long-term health conditions and morbidity, %, 2011

	Gateshead	England
Limiting long-term illness or disability (%)	22.2	17.6

Source: *Office for National Statistics (ONS) Census 2011 cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Children's weight indicators, %, 2017 to 2018, to 2019 to 2020

	Gateshead	England
Reception: Prevalence of overweight (including obesity) (%)	24.9	22.6
Reception: Prevalence of obesity (including severe obesity) (%)	11.3	9.7
Year 6: Prevalence of overweight (including obesity) (%)	37.7	34.6
Year 6: Prevalence of obesity (including severe obesity) (%)	24.0	20.4

Source*: National Child Measurement Programme (NCMP), NHS Digital cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

There have been data collection issues related to lockdown between 2019 to 2020 , please see metadata for details.

Emergency Hospital Admissions: Standardised Admission Ratios (SARs), 2015 to 2016, to 2019 to 2020

	Gateshead	England
Emergency hospital admissions for all causes (SAR)	110.6	100.0
Emergency hospital admissions for coronary heart disease (SAR)	98.8	100.0
Emergency hospital admissions for stroke (SAR)	125.6	100.0
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	102.2	100.0
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	170.9	100.0

***Source**: Hospital Episode Statistics (HES) NHS Digital cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Cancer Incidence, 2015 to 2019, standardised incidence ratio (SIR)

	Gateshead	England
Incidence of all cancer (SIR per 100)	108.4	100.0
Incidence of breast cancer (SIR per 100)	92.0	100.0
Incidence of colorectal cancer (SIR per 100)	108.4	100.0
Incidence of lung cancer (SIR per 100)	151.1	100.0

***Source**: English cancer registration data from the NHS Digital Cancer Analysis System (AV2019 CASREF01), National Statistical Postcode Lookup (May 2021) cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Life expectancy, 2018 to 2020, years

	Gateshead	England
Life expectancy at birth (Male, 3 year range)	77.4	79.4
Life expectancy at birth (Female, 3 year range)	81.6	83.1
Healthy life expectancy at birth (Male, 3 year range)	57.9	63.1
Healthy life expectancy at birth (Female, 3 year range)	58.5	63.9

***Source:** Office for Health Improvement and Disparities. Public Health Outcomes Framework - Data - OHID [Internet]. fingertips.phe.org.uk. [cited 2023 Jan 11]. Available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000049/pat/6/ati/402/are/E08000037/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1*

Causes of deaths - premature mortality: 2016 to 2020, Standardised Mortality Ratios (SMR)

	Gateshead	England
Deaths from all causes, under 75 years (Standardised mortality ratio (SMR))	126.4	100.0
Deaths from all cancer, under 75 years (Standardised mortality ratio (SMR))	124.0	100.0
Deaths from circulatory disease, under 75 years (Standardised mortality ratio (SMR))	122.7	100.0
Deaths from causes considered preventable, under 75 years (Standardised mortality ratio (SMR))	137.9	100.0

Source: *Office for Health Improvement and Disparities, produced from Office for National Statistics (ONS) data, Office for Health Improvement and Disparities Annual Mortality Extracts (based on Office for National Statistics source data) cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Causes of deaths - all ages, 2016 to 2020: Standardised Mortality Ratios (SMR)

	Gateshead	England
Deaths from all causes, all ages (Standardised mortality ratio (SMR))	115.3	100.0
Deaths from all cancer, all ages (Standardised mortality ratio (SMR))	118.8	100.0
Deaths from circulatory disease, all ages (Standardised mortality ratio (SMR))	110.1	100.0
Deaths from coronary heart disease, all ages (Standardised mortality ratio (SMR))	112.8	100.0
Deaths from stroke, all ages (Standardised mortality ratio (SMR))	116.8	100.0

Source: *Office for Health Improvement and Disparities, produced from ONS data cited in Office for Health Improvement and Disparities. Local Health - Office for Health Improvement and Disparities [Internet]. www.localhealth.org.uk. [accessed 2023 Jan 12]. Available from: https://www.localhealth.org.uk/*

Appendix 4: Evidence Collation

Impact of Physical Activity on physical health and mental health and wellbeing

Source	Evidence
Department of Health and Social Care. UK Chief Medical Officers' Physical Activity Guidelines [Internet]. gov.uk. 2019 Sep. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf Department of Health & Social Care, Office Health, Office for Health Improvement & Disparities. UK Chief Medical Officers' physical activity guidelines for disabled children and disabled young people: methodology [Internet]. GOV.UK. 2022. Available from: https://www.gov.uk/government/publications/physical-activity-guidelines-for-disabled-children-and-disabled-young-people-methodology/uk-chief-medical-officers-physical-activity-guidelines-for-disabled-children-and-disabled-young-people-methodology	**Type of evidence:** Government guidance **Purpose/Aim:** This report presents an update to the 2011 physical activity guidelines issued by the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland. The UK CMOs draw upon global evidence to present guidelines for different age groups, covering the volume, duration, frequency and type of physical activity required across the life course to achieve health benefits. **Findings:** If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat. **Moderate or strong evidence for health benefit of Physical Activity:** **Children:** Bone health, cognitive function, cardiovascular fitness, muscle fitness, weight status, depression **Adults:** All- cause mortality, stroke and heart disease, hypertension, Type 2 diabetes, 8 cancers (breast, colon, bladder, endometrium, oesophagus, kidney, lung, and stomach), depression, Cognitive function, dementia, quality of life, sleep, anxiety depression/weight status **Older Adults**: Falls, frailty, physical function For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still. For an adult, the UK Chief Medical Officers recommended physical activity levels are at least 150 minutes moderate intensity per week, or at least 75 minutes vigorous intensity per week or a combination of both. There are 3 elements of the physical activity guidelines: 1. strengthening activity 2. cardiovascular activity 3. sedentary time **Strengths/limitations:** Considers the needs of different groups, young people and adults, pregnant women and for women after childbirth. Guidelines for disabled children were added as a separate document in 2022.

Source	Evidence
Public Health England. Health matters: physical activity - prevention and management of long-term conditions [Internet]. GOV.UK. 2020. Available from: https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions	**Type of evidence:** Government guidance **Purpose/Aim:** Focuses on the benefit of physical activity for the prevention and management of long-term conditions in adults. One in 3 adults in England live with a long-term health condition and they are twice as likely to be amongst the least physically active. **Findings**: Regular physical activity provides a range of physical and mental health, and social benefits, including • reducing the risk of many long-term conditions • helping manage existing conditions • ensuring good musculoskeletal health • developing and maintaining physical and mental function and independence • supporting social inclusion • helping maintain a healthy weight • reducing inequalities for people with long-term conditions Physical activity is as good or better than treatment with drugs for many conditions, such as type 2 diabetes and lower back pain, and has a much lower risk of any harm. Physical activity can also benefit those who have musculoskeletal (MSK) conditions. However, many people with MSK conditions often mistakenly believe that physical activity will make their conditions worse. The more conditions you have, the more you need to improve the core aspects of fitness: • strength • stamina • balance
Gateshead Council. GO Gateshead Sport and Leisure Survey. [Internet]. February 2022. Available from https://consultation.gateshead.gov.uk/uploadedfiles/202202Feb GO Gateshead Sport and Leisure Survey 2022.pdf	**Type of evidence:** Gateshead Council consultation undertaken using the Council's online consultation portal and paper copies of the survey in leisure centres and on request. **Purpose/Aim:** As part of the Leisure Services Review, to help Gateshead Council develop options to reshape the future leisure offer and understand who uses the leisure centres, which services and facilities they access and why they choose to use particular sites. People who were using or thinking about using Blaydon, Heworth, Gateshead, Birtley or Dunston Leisure Centres, Birtley Swim Centre or Gateshead International Stadium were invited to give their views. In total, 4,518 people completed parts or all of the survey. **Results:** Findings included: • Respondents were asked about asked how the reduced service offer had affected them and their families during the pandemic. 3,021 respondents commented on this question with a wide range of answers (This was an open question with no prompts). ○ Some comments focused on the impact of the reduced service offer on respondents' health and wellbeing:

Source	Evidence
	○ 179 respondents said that they had undertaken less physical activity/exercise as a result of the reduced services. ○ 511 respondents mentioned the physical impact on their health such as weight gain, reduced fitness levels or an impact on their mobility ○ For some, the pandemic appears to have highlighted the link between mental health/wellbeing and physical activity: ○ 367 respondents felt that there had been an impact on their mental health/wellbeing. ○ 108 mentioned reduced social contact and isolation ○ A number of respondents (93) indicated that the impact of service reductions had been greater on them and family members because of a health condition or disability as undertaking an activity at a leisure centre has a positive effect or wellbeing. • Respondents were asked if the leisure centre they normally used could no longer offer the full range of sessions that they wanted, would they travel to another Gateshead Council leisure centre and if so, which one(s). 51% (4080 respondents answered the question) said they wouldn't use a different leisure centre. • Convenience appears to be the major factor in choice of leisure facility. Of the 2,250 respondents who gave reasons why they would not use another Council leisure facility or would use a non Council facility, 1590 said it would not be convenient, close to their home or work or there would be transport difficulties in getting there. **Strengths/Limitations:** From the literature review, there appears to be little evidence available on the impact of permanent leisure centre closures. The impact of leisure centre closures or service reductions during the Covid-19 pandemic may give some insight into the impact of permanent leisure centre closures. A potential limitation of any self-selecting survey is that respondents choose to take part rather than being randomly selected, meaning that the feelings of those more engaged are captured, whereas the experiences of those not currently using the services may be more likely to be missed.
Gateshead Council. Gateshead Leisure Review Consultation. 2022: Feedback from the questionnaire. November/December 2022	**Type of evidence:** Gateshead Council consultation undertaken using the Council's online consultation portal and paper copies of the survey in leisure centres and on request. **Purpose/Aim:** Feedback from the consultation questionnaire which was part of the public consultation on the Leisure Review: Future Delivery Options. In total 7,419 responses were received. (Not all respondents answered all questions in the survey.) **Findings:** Results included: **C. To what extent do you understand and agree or disagree that the proposal to close some leisure centres will enable us to continue providing a leisure service in Gateshead in the future?** The vast majority of respondents to

Source	Evidence
	this question (70%) understood but disagreed with the proposal to close some leisure centres. A smaller number (16%) did not understand the proposal but disagreed. 13% understood and agreed. 1% had no view. **Q5: If one or more of the centres with a swimming pool closed, how should we prioritise the swimming activities we offer in the remaining swimming pools?** Of the 5,471 responses to this question the top three ranked swimming activities were; General Public swimming, Learn to Swim lessons and School swimming lessons. Each of these activities were very closely ranked with little difference between them. **Impact of Potential Closure of local leisure centres** Respondents were asked to indicate which leisure centres in the service they currently use or plan to use in the next 6 months, with a set of questions for each leisure centre indicated. As part of this respondents were asked to indicate the impact that a potential closure would have on them, their family and their ability to access leisure services or facilities, and any possible measures we could take to reduce any negative impact and make it easier for them to access leisure services and facilities. Open text answers were given and coded into themes, with answers including multiple themes allocated to each relevant response category. Birtley Leisure Centre – 165 Birtley Swimming Centre - 254 Blaydon Leisure Centre - 571 Dunston Leisure Centre - 787 Gateshead Leisure Centre – 1,215 Heworth Leisure Centre – 249 Response themes included: • Should a centre with a swimming pool close, respondents would be particularly concerned about their ability, or the ability of family members to go swimming, and for children and schools to access swimming lessons in order to learn a key skill. • Those respondents that use the leisure centres for non-swimming activities are concerned they will not be able to do the same activities in other locations or use other facilities easily. • The majority of comments made reflect concerns about the impact the closure would have on people's health and wellbeing, including the impact on the wider health system. Others point to the impact closure would have on their or other people's ability to engage in social activities, including loss of access to a safe space to socialise, build confidence and participate in sports. Various respondents point to the role leisure centres have as a community hub or indicate concerns about the wider impact on the community and local area if the facility were to close. • Many respondents indicate that closure of a leisure centre or swimming pool would lead to a reduction in exercise and physical fitness. Specific reasons for this include;

Source	Evidence
	• the cost of travel or the cost of using alternative facilities • The time or distance required to travel to alternative facilities • Concerns that alternative facilities would be less accessible (including for disabled users) or suitable for their needs. • Some respondents stated that they may or would stop undertaking leisure or physical activity if their local leisure centre were to close. **Strengths/Limitations:** The consultation received a large number of responses demonstrating strength of feeling among participants. A potential limitation of any self-selecting survey is that respondents choose to take part rather than being randomly selected, meaning that the feelings of those more engaged are captured, whereas the experiences of those not currently using the services may be more likely to be missed.
Launchpad Research for Gateshead Council. Gateshead Council - Proposed Changes to Leisure Services Summary Report.December 2022.	**Type of evidence:** Launchpad Research was commissioned as an independent partner by Gateshead Council to facilitate drop-in sessions across Gateshead Borough as well as hold focus group sessions with key stakeholder groups as part of the Leisure Services Review consultation. There were seven public drop-in sessions and four focus groups (held with stakeholder groups from swim clubs, organisations and clubs supporting people with additional needs, schools and the Jewish Community. **Purpose/Aim:** To understand more about how the proposed changes to the provision of Gateshead Leisure Services will affect all user groups of the facilities. Feedback included: • Leisure centres were seen as a vital part of the health ecosystem, described as health and wellness centres that primarily facilitate healthy living and fitness rather than 'leisure' facilities • Attendees spoke broadly of the value of leisure centres in helping tackle health issues such as obesity through to their role in post-operative recovery, pain management of age-related illnesses such as osteoporosis and arthritis, social prescribing, and the vital role they play in supporting good mental health • Many members of the public told deeply personal stories of their own use of the leisure centres, and that of family and friends, for positive health benefit reasons (both mental and physical). • Attendees pointed to the contradictory nature of both local and central government messaging that has encouraged the public to take responsibility for their own health by participating in exercise, while leisure services are now at risk of closure. • Drop in session attendees voiced strong concerns about the medium to long term impact of leisure centre closures on the physical and mental wellbeing of Gateshead residents. • Individuals are worried that closures will lead to a deterioration in already poor health levels which will ultimately require additional funding in other areas to address the resulting impact.

Source	Evidence
	• People currently use leisure facilities to self-manage health conditions and they fear that a cut in leisure services will ultimately put extra pressure on the NHS and other ancillary services. • Drop in session attendees also often raised concerns that a cut in leisure services will impact children, younger and older people socially • While many older people were reported as accessing leisure facilities for health reasons, many also referred to a parallel social benefit which staves off loneliness, gives some a reason to get up and leave their homes each morning, and keeps them connected to their community. • Tied to the concerns raised around community deprivation, individuals wondered what would be available for older people to make and maintain social connections when many are limited in terms of mobility and nearby leisure facilities close. **Strengths/Limitations:** These findings may not be representative of the whole population. Attendees at drop-in events are self-selecting and relatively small numbers attended.
Swim England. Value of Swimming [Internet]. Swim England. 2019. Available from: https://www.swimming.org/swimengland/value-of-swimming/	**Type of evidence:** Five large, relevant national datasets are analysed using statistical methods to reveal the health and wellbeing increases observed in swimmers relative to non-swimmers. **Purpose/Aim:** Research commissioned by Swim England to demonstrate the value of swimming to individuals and to society. **Findings:** **Adult (16+ years, Male & Female unless otherwise stated)** • Swimmers report considerably higher levels of wellbeing and health compared to non-swimmers for all wellbeing measures investigated: • All the datasets show swimmers to be more socially connected and engaged in their community. • The positive association between health and swimming increases considerably as people get older • Compared to men, women generally have a stronger association between swimming and wellbeing outcomes, being able to achieve goals, and rely on friends more • More frequent swimming is associated with a higher wellbeing uplift, with swimming once to twice a week having around double the positive wellbeing correlation of swimming once a month • Swimmers from higher Social Economic Groups (SEG) experience stronger associations between swimming and life satisfaction than swimmers from lower SEG. Swimmers from lower SEG have a stronger correlation with volunteering (Table 7A). • Outdoor swimming seems to generate twice the happiness of swimming indoors **Young people (7-16 years)**

Source	Evidence
	• Just like adults, young swimmers have higher wellbeing than non-swimmers and are happier, and healthier. They also show higher levels of self-confidence and self-efficacy. • The data shows young swimmers to be more socially connected and engaged in their community. • They are also more satisfied with their friendships, spend more time with their families and volunteer more. • Girls who swim have considerably higher increases in wellbeing, health and self-confidence compared to boys.
World Health Organisation. Preventing Drowning: an implementation guide. 2017(WHO)	**Type of evidence:** Implementation guide **Purpose/Aim:** Guidance on the prevention of drowning **Findings:** For children over 6 years: • Recommendation that school-aged children (6+) should be taught to swim and water safety as part of a preventative approach to drowning. • However, in high-income countries such as the UK, there is little conclusive evidence of drowning reduction due to swimming. **Strengths/Limitations:** Global coverage, rather than UK specific.
UK parents back swimming skills. Swimming Times. 2008. Vol.85 (6) p4	**Type of evidence:** Qualitative article in 'Swimming Times' **Purpose/Aim:** To identify parental views of children learning to swim **Findings:** • Swimming is considered an important life-skill and a significant form of exercise for children • Thirty percent of parents surveyed considered swimming as one of the best ways to enjoy family time
Merom D. Stanaway F. Handelsman D. Waite L. Seibel M. Swimming and other sporting activities and the rate of falls in older men: Longitudinal findings from the CHAMP. American Journal of Epidemiology. 2014. Vol 180 (8) DOI: 10.1093/aje/kwu199	**Type of evidence:** Longitudinal study **Purpose/aim:** To identify if swimming and other sporting activities reduce falls in older men **Findings:** • Population-based cohort study of 1,667 older Australian men in the Concord Health and Ageing in Men Project (CHAMP) between 2005 and 2011. • Swimmers had significantly better balance than other sports, with balance indicators strong predictors of the incidence of falls suggesting that swimming may contribute to falls prevention in older men. **Strengths:** Cohort study with 1,667 older men included in the study. **Limitations:** Australian study.

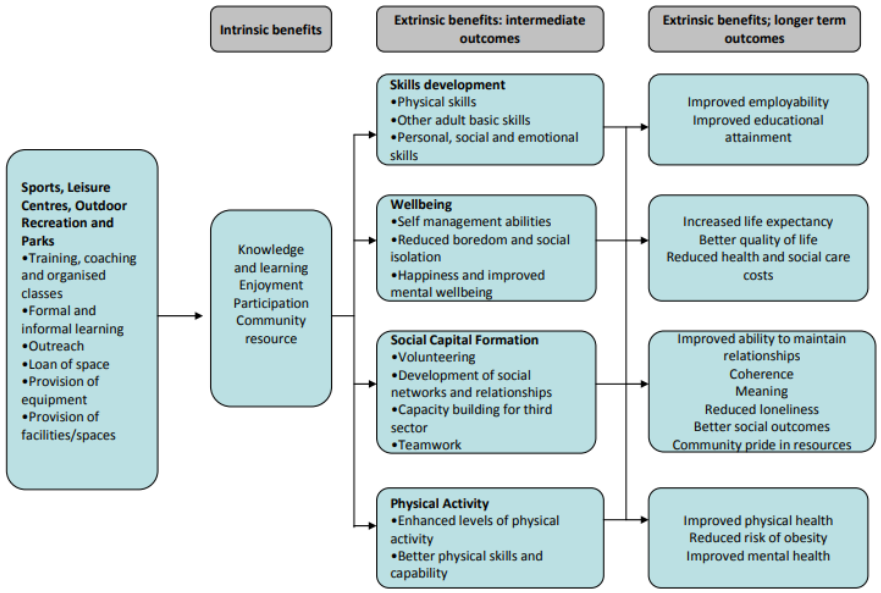
Source	Evidence

Wider benefits of physical activity

Source	Evidence
Zuckerman S. Tang A. Richard K. Grisham C. Kuhn A. et al. The behavioural, psychological, and social impacts of team sports: a systematic review and meta-analysis. Phys Sportsmed. 2021. Sep;49(3):246-261. doi: 10.1080/00913847.2020.1850152	**Type of evidence:** Systematic review and meta-analysis **Purpose/Aim:** To assess the association between team sport participation and behavioural, psychological, and social health outcomes in young athletes <25 years old **Findings:** • Team sport was associated with improved psychological health and a reduction in depression and anxiety. • Improved behavioural health outcomes were associated with taking part in team sports including a reduction in tobacco/cigarette smoking and alcohol and drug use. • Seventy percent of included studies found an improvement in social health outcomes such as academic performance, commitment, psychosocial health and high-risk behaviours. **Strengths/Limitations:** A strength is that a systematic review is a robust study design as it combines a number of studies with the same aim/topic. A limitation is that the population is athletes <25 and not the general population, questioning the generalisability of the study.
Ofsted. A Review of Literature: The impact of competitive school sport on students' performance in the sports they play competitively and for developing future careers as elite athletes 2014	**Type of evidence:** Literature review **Purpose/aim:** Identify the impact of competitive school sport on pupils' performance in competitive sports **Findings:** Recently, trends have reversed, with teachers and parents seeing the opportunity that competitive sport can have in building resilience in young people, as they manage the emotions of winning/losing in a peer environment. There has been a gradual shift towards using competitive school sport to encourage an increase in participation. **Strengths/Limitations:** Now eight years out of date.

Source	Evidence
Davis A. MacCarron P. & Cohen E. Social reward and support effects on exercise experiences and performance: Evidence from parkrun. 2021 Sep 15;16(9):e0256546. doi: 10.1371/journal.pone.0256546 Implications for UK health policy 2018	**Type of evidence:** Programme evaluation **Purpose/Aim:** Identify the impact of 'parkrun' on social factors. **Findings:** • Initiatives such as 'parkrun' move away from competitive to a community activity which has a wide appeal and looks to reduce social isolation by increasing social connection. The social element within exercise initiatives is an important factor. • From a UK health policy perspective, involvement in team sports is considered to have a positive impact on subjective wellbeing which in turn improves general health, and this has a 'multiplier effect' where those that participate benefit, and then participate further and benefit further. **Strengths/Limitations:** UK based study.
Thomson H. Assessing the health impact of local amenities: a qualitative study of contrasting experiences of local swimming pool and leisure provision in two areas of Glasgow. Journal of Epidemiology & Community Health. 2003 Sep 1;57(9):663–7. Available from: https://pubmed.ncbi.nlm.nih.gov/12933769/	**Type of Evidence:** Journal article about retrospective qualitative study using focus groups. Reports from two areas with contrasting experience of provision of a public swimming pool (opening and closure) were compared within the context of general reports about health and neighbourhood. **Purpose/aim:** To assess the health impacts of local public swimming pool and leisure provision in two deprived neighbourhoods in south Glasgow. **Findings:** In both areas the swimming pool was reported as an important amenity that was linked to health and wellbeing. However, few residents reported regular use of the pool for physical activity. Use of the pool facility for social contact was directly linked to reports of relief of stress and isolation and improved mental health. Pool closure was one in a series of amenity closures and area decline and was used to represent other area changes. Health impacts were strongly linked to the pool closure. The pool opening was associated with local area regeneration, similar but less prominent links between swimming pool provision and health were reported. Health benefits of social contact were diffuse and linked to other local amenities as well as the new pool facility. Although theoretically linked to increased physical activity, the health benefits conveyed by the swimming pool may be more closely linked to the facilitation of social contact, and a supervised facility for young children **Strengths and limitations:** Study more than 20 years old. Potentially out of date.
Durham Health Impact Assessment. 2018. Available at: Leisure Appendix 4.pdf (durham.gov.uk)	**Type of evidence:** Health Impact Assessment (HIA) **Purpose/Aim:** Identify the health impact of introducing a leisure centre to a specific area in Durham.

Source	Evidence
Department of Health and Social Care. UK Chief Medical Officers' Physical Activity Guidelines. 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical[1]activity-guidelines.pdf	**Findings:** An increase in active travel can also help to reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion. Reduce road danger and noise. Increase the number of people of all ages who are out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction. Regular physical activity contributes to the key determinants of healthy ageing including opportunities for social interaction. There is now emerging evidence that increasing physical activity contributes to improving social functioning and reducing loneliness and social isolation.
Yip C. Sarma S. & Wilk P. The association between social cohesion and physical activity in Canada: A multilevel analysis. 2016. SSM-Population Health, Vol. 2, Pg718-723	**Type of evidence:** Multilevel research study. **Purpose/Aim:** Understand the association between social cohesion and physical activity in Canada. **Findings:** Both individual and community-level social cohesion were found to be positively associated with physical activity. Efforts to promote social cohesion and integration within communities may promote physical activity and overall health. **Strengths/Limitations:** Study based in Canada, so may not be generalisable.
Department for Communities and Local Government. Guidance for local authorities on how to mainstream community cohesion into other services. 2009. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7619/1303527.pdf As cited in Durham HIA 2018 above.	**Type of evidence:** Government report **Purpose/Aim:** Guide Local Authorities on how to mainstream community cohesion into other services. **Findings:** For cohesion, sport and culture can bring different people together and build strong relationships and community spirit through involvement in shared interests and pleasure. They can also be used to tackle conflict and reduce anti-social behaviour. Participation in sport and increased social capital are linked at national and individual level – those who participate in sports are more likely to vote, contact a politician, sign a petition, have higher levels of social trust and life satisfaction.
Sport England. Sport Outcomes Evidence Review Summary of the Review and Findings [Internet]. 2017 [cited 2023 Jan 11]. Available from:	**Type of evidence:** Evidence review **Purpose/Aim:** The review aims to demonstrate the contribution that sport and physical activity make to the outcomes, identify what intervention characteristics are important for delivering outcomes and stimulate further research and improved evaluation practice.

Source	Evidence
https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-08/Sport%20Outcomes%20Evidence%20Review%20summary_0.pdf?Us5tExZH837Uw3N3HMtzSQCi4eMjn__V As cited in Durham HIA 2018 above.	**Findings:** Sport and physical activity can lead to social and community development through: • Building stronger communities by bringing people from different backgrounds together via participating, volunteering and spectating • Improving community links, levels of cohesion and social capital • Improving residents' sense of belonging in an area • Feeling more connected to your neighbourhood or community • Increasing levels of social trust.
Higgins M, Arnott J, Douglas M. Community Venues and Facilities for Sports, Leisure and Culture - Impacts on Health: a Guide [Internet]. 2015. Available from: https://www.scotphn.net/wp-content/uploads/2015/10/SHIIAN_Community_Venues_and_Health_Guide1.pdf	**Type of evidence:** Guidance. Draws on evidence gathered for a Health Impact Assessment of libraries, cultural and community venues provided by South Lanarkshire Leisure and Culture, in 2014. **Aim/purpose:** To outline key links between a range of different types of community venues and health. This can be used in a formal health impact assessment or other work seeking to enhance the health benefits of these facilities. **Findings:** Driver diagrams- areas of impact and pathways. These showing the direct and longer term benefits arising  Assumptions: physical activity is additive not substitute; centres are accessible to a range of people – barriers are identified and removed; there is support and encouragement to access and use resources provided; active engagement of local people; space available for community use

Source	Evidence
	from the use of community venues including sports and outdoor recreation facilities. These are adapted from a logic model first developed by Department for Culture Media and Sport. Using each type of venue brings intrinsic benefits – knowledge, skills enjoyment, participation and having a community resource. These can also lead to wider benefits in terms of skills, wellbeing, social capital and, in the case of sports facilities, physical activity. There is good evidence that these are associated with positive impacts for health, but the diagrams also highlight assumptions that need to be met for these benefits to be realised.

Sheffield Hallam University, Sport Industry Research Centre. Summary: Social and economic value of community sport and physical activity in England [Internet]. 2020. Available from: https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-09/Social%20and%20economic%20value%20of%20sport%20and%20physical%20activity%20-%20summary.pdf?VersionId=Ifr7FqnmAz.8U3LLQu14rb1yIKL4SUJ7
 	
Sport England. Measuring impact [Internet]. Sport England. 2020. Available from: https://www.sportengland.org/guidance-and-support/measuring-impact?section=social_and_economic_value_of_community_sport
	Type of evidence: Research. Part one measures the social impact (including physical and mental health) of sport and physical activity while part two measures the economic importance.
	
	Purpose/aim: To assess the evidence base with a view to demonstrating the contribution of community sport and physical activity in England to the five outcomes identified in the Government's strategy Sporting Future. These are physical wellbeing, mental wellbeing, individual development, social and community development, and economic development.
	
	Findings: Investing in community sport and physical activity plays an important role in boosting the economy and provides the opportunity to help level up inequalities within communities, and build a healthier, happier and more prosperous society generating £3.91 in value for every £1 spent.
	
	• Community sport and physical activity brings an annual contribution of £85.5 billion to the country (in 2018 prices) through social and economic benefits.
	• Its social value – including physical and mental health, wellbeing, individual and community development – about £72 billion, provided via routes such as a healthier population, consumer expenditure, greater work productivity, improved education attainment, reduced crime and stronger communities.
	• It also generates more than £13bn in economic value through the sports-related goods and services we consume as a nation including more than 285,000 jobs that employ people within the community sport and physical activity sector.
	• The research showed that £42bn worth of value was created from improved life satisfaction for 24 million participants and 3.9 million volunteers through their involvement in sport and physical activity.
	• Physical activity plays an important role in preventing a number of serious physical and mental health conditions, with the research showing this provided the economy with £9.5bn in value.
	  ○ Of this amount, £5.2bn was in healthcare savings, while £1.7bn was in social care savings.
	  ○ More than £3.6bn worth of savings were generated by the prevention of 900,000 cases of diabetes, while a further £3.5bn of value was generated in avoided dementia cases and the related care.
	  ○ A total of £450 million was saved by preventing 30 million additional GP visits.

Source	Evidence

	• A further £20bn in value came from stronger and safer communities, including:
	  ○ 10,000 fewer crime incidents
	  ○ The replacement value of work done by sports volunteers (£5.7bn)
	  ○ Improved levels of social trust, belonging and community engagement (£14.2bn).

Swim England. Value of Swimming [Internet]. Swim England. 2019. Available from: https://www.swimming.org/swimengland/value-of-swimming/	**Type of evidence:** Five large, relevant national datasets are analysed using statistical methods to reveal the health and wellbeing increases observed in swimmers relative to non-swimmers. **Purpose/Aim:** Research commissioned by Swim England to demonstrate the value of swimming to individuals and to society. **Findings:** Swimming is helping to save the health and social care system more than £357million a year. • The analysis shows the largest health savings are made up from dementia (£139,546,106) and strokes (£100,046,173). • Other key savings are made in diabetes (£37,446,191), colon cancer (£10,433,330), breast cancer (£9,830,341) and depression (£9,501,792). • The report also reveals how £51,048,348 is saved as a result of reduced GP and psychotherapy visits by those who swim regularly. • The research is based on data collected on regular swimmers at over 1,000 pools in England over the past 12 months. The Datahub 'Social Value Calculator' (SVC) combines leisure operator data (from Datahub) with academic research (Sheffield Hallam University) and sector wide benchmarks (Experian) to show, in monetary terms, the value that swimming makes to the community through savings in health and social care costs.
Mayo X. De Soto-Cardenal J. Bascones-Ilundian P. Ayuson M. Lopez-Valenciano A. Liguori G. & Jimenez A. Economic and social impact of leisure centre membership across Spain: A preliminary analysis. Medicine & Science in Sports & Exercise. 2020. 52(7S): p428 DOI:10.1249/01.mss.0000678528.58181.3c	**Type of evidence:** Preliminary analysis of the social return on investment. **Purpose/Aims:** To analyse the 2017 economic and social impact of GO fit, the largest leisure centre operator in Spain, with 18 facilities and more than 200,000 members. **Findings:** For 2017, GO fit generated more than $378 million of social impact. An extensive economic and social impact is attributable to the active behaviour of GO fit members, indicating the critical role that leisure centres have in improving wellbeing and tackling a myriad of community-level social threats. Examples of this are helping to reduce health care spending, increasing subjective wellbeing, and increasing years without disability. These findings suggest that policymakers should account for leisure centres as an ally in the public health agenda. **Strengths/Limitations:** Study is from Spain, affecting generalisability of the findings.

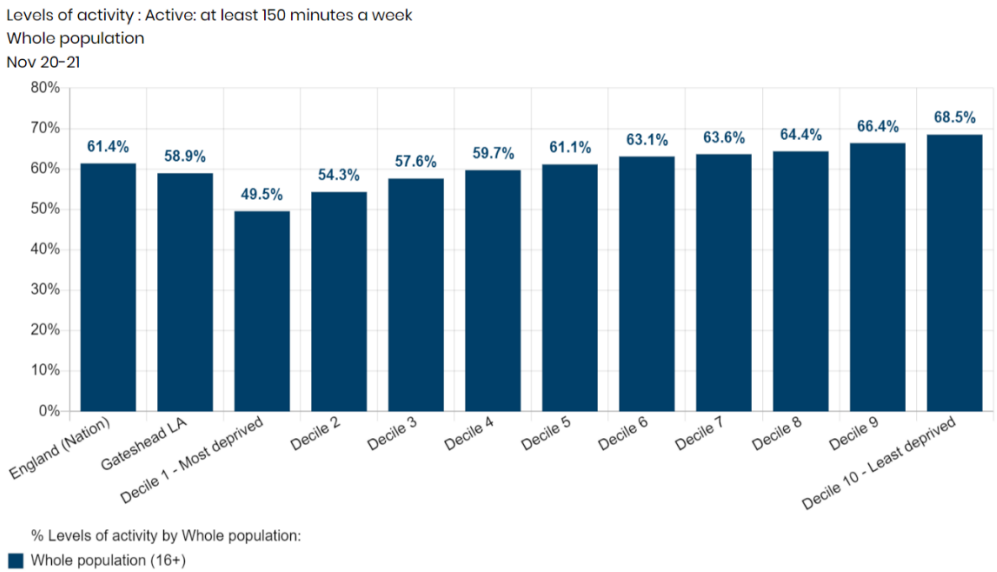
Source	Evidence
ukactive. Physical Activity -A Social Solution [Internet]. 2017 [cited 2023 Jan 10]. Available from: https://www.ukactive.com/wp-content/uploads/2018/10/Physical_Activity__A_Social_Solution.pdf	**Type of evidence:** Research drawing on data from over 1.8m people across 651 leisure facilities over two years collected from the membership management systems of leisure centre operators, then standardised and processed. **Purpose/aim**: Looks at the impact of public leisure on wider society, including calculating the social value of specific activities including football, swimming and group workouts. **Findings:** • The report demonstrates the major value that leisure centres provide to the communities that they serve. • Community leisure in the UK contributes £3.3bn in social value. A figure which takes into account improved health, reduced crime, increased educational attainment and improved life satisfaction (subjective wellbeing). • Swimming provided almost a quarter of a billion pounds (£229 million) in social value in 2017, the most of all activities taking place in leisure centres, which was closely followed by fitness (£202 million). • At an individual level, members of leisure facilities generate greater social value (£431) than casual users (£424). • Frequent members (visiting 4+ times a month for 9-12 months in the last year) generate over £1,000 more Social Value per person than infrequent members. • As an activity, Group Workouts provide the highest social value per person at £431 each year. Football is the activity which has by far the largest social impact on education and crime. • Golf and Group Workouts are the two activities with the largest social impact on health and wellbeing. The overall Social Value generated by the 651 sites has increased by £49 million over the last year.
Health Economics Consulting and Economics by Design for District Councils Network. Fit for the Future: The Health Value of Wellbeing and Leisure Services [Internet]. 2022 [cited 2023 Jan 10]. Available from: https://districtcouncils.info/wp-content/uploads/2022/05/Fit-For-the-Future-The-Health-Value-of-Wellbeing-and-Leisure-Services.pdf	**Type of evidence:** Analysis estimating the potential impact of increasing physical activity on health, the healthcare sector, and the wider economy completed using a Sport England approved Model for estimating the Outcomes and Values in the Economics of Sport (MOVES) based on a hypothetical cohort of people. **Purpose/aim:** Report commissioned by the District Councils' Network, with the aim of evidencing the health economic value of their members' leisure and wellbeing services, and the further impact they could potentially have on reducing health inequalities. **Findings:** The results show that improving physical activity especially among the most deprived, should lead to a reduction in diseases (thereby saving the healthcare system the cost that would have been incurred in treating the diseases), improved quality of life and the associated economic returns (improved health means people can be more productive for longer), and a reduction in health inequalities (by reducing the gap in healthy life expectancy between the lower and higher social economic group). It also estimates the potential reduction in NHS expenditure as a result.

Source	Evidence
	Impact of Increasing Physical Activity in a Population Cohort Socio-economic class 1,053,037 People — NS-SeC 1-2 164,4k — NS-SeC 3-5 286,5k — NS-SeC 6-8 602,2k ~790,000 adults (75% of the cohort) remain active beyond the first year Diseases Avoided — NHS Spending Avoided — QALY Gained — QALY Value Gained Year 1: 6.9k — £22m — 1.7k — £100m Year 10: 44.9k — £313.6m — 70.2k — £4.2b Year 20: 59.8k — £462m — 193.8k — £9.9b Figures at current prices undiscounted By Year 20, there could be a reduction in the gap in life expectancy between least and most deprived from 12 to 8.3 years (approx)

Inactive and less active groups (including levels of physical activity in Gateshead)

Source	Evidence
Public Health England. Health matters: physical activity - prevention and management of long-term conditions [Internet]. GOV.UK. 2020. Available from: https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions Public Health England, Health matters: physical activity -	**Type of evidence:** Government guidance **Purpose/Aim:** Focuses on the benefit of physical activity for the prevention and management of long-term conditions in adults. One in 3 adults in England live with a long-term health condition and they are twice as likely to be amongst the least physically active. **Findings:** • 1 in 3 (34%) men are not active enough for good health • almost 1 in 2 (42%) women are not active enough for good health • 1 in 5 (21%) men are classed as physically inactive • 1 in 4 (25%) women are classed as physically inactive • 44% of disabled adults are physically inactive • only 34% of men and 24% of women undertake muscle-strengthening activities at least twice a week

Source	Evidence
prevention and management of long-term conditions, 2020	
British Medical Association. Get a move on Steps to increase physical activity levels in the UK [Internet]. 2019. Available from: https://www.bma.org.uk/media/2104/bma-physical-activity-briefing-get-move-on-oct-19-v2.pdf	**Type of evidence:** Briefing **Purpose/Aim:** Examines the wide range of benefits of physical activity, the current low levels of physical activity in the UK and the significant inequalities that exist in levels of physical activity within the population. Policy recommendations across four core parts of people's lives – travel, leisure, school and work – set out the steps government and policymakers should take to increase physical activity levels across the UK. **Findings:** There are stark inequalities in levels of physical activity: • Inactivity increases steadily as people get older. • LGBT (Lesbian, Gay, Bisexual, Transgender, and other sexual and gender identities) people are less likely to be active than the general population. • Women are less likely than men to reach recommended levels of physical activity • More girls than boys disengage from sport and exercise in their teens.
Sport England. Lower socio-economic groups. https://www.sportengland.org/research-and-data/research/lower-socio-economic-groups. [cited 2023 Jan 10]	**Type of evidence:** Research summary on Sport England website. **Purpose/aim:** To understand physical activity levels in lower socio-economic groups. **Findings:** Less affluent people are more likely to be inactive than those who are better off as well as less likely to be active.

Source	Evidence
Sport England. Active Lives | Home [Internet]. Sportengland.org. 2022 [cited 2022 Dec 15]. Available from: https://activelives.sportengland.org/	**Type of evidence:** National survey collecting data on the engagement in, and attitudes to, sport and physical activity. **Purpose/aim:** To measure the nation's activity levels. **Findings:** 
Activity Alliance. Facts & Statistics | Activity Alliance | Disability Sport [Internet]. www.activityalliance.org.uk. [cited 2023 Jan 11]. Available from: https://www.activityalliance.org.uk/how-we-help/fact-and-statistics	**Type of evidence:** Activity Alliance facts and statistics webpage setting out ethnicity facts and figures in relation to physical activity. Presents findings from Sport England Active Lives survey. **Purpose/aim:** Statistics on disabled to help understand a large proportion of our society, including demographics and impairment types. **Findings**: Disabled adults are almost twice as likely as non-disabled people to be physically inactive.
GOV.UK. Physical activity [Internet]. Service.gov.uk. 2022. Available from: https://www.ethnicity-facts-figures.service.gov.uk/health/diet-	**Type of evidence:** Government webpage setting out ethnicity facts and figures. **Purpose/aim:** To understand levels of physical activity for people aged 16 and over in England, by ethnicity.

Source	Evidence
and-exercise/physical-activity/latest	**Findings**: Levels of physical activity vary with ethnicity. People of mixed ethnicity were the most likely out of all ethnic groups to be physically active. The percentages of physically active people in the Asian, Black, Other and Chinese ethnic groups were lower than the national average.
Sport England. Faith groups [Internet]. Sport England. [cited 2023 Jan 11]. Available from: https://www.sportengland.org/research-and-data/research/faith-groupspe	**Type of evidence:** Sport England webpage setting out ethnicity facts and figures **Purpose/aim:** To understand levels of physical activity for people aged 16 and over in England, by religion **Findings**: Sport and physical activity is higher among some faith groups than others

Barriers to physical activity participation

Source	Evidence

BritainThinks. People with long-term conditions and attitudes towards physical activity Research conducted on behalf of the Richmond Group [Internet]. 2016. Available from: https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final_1.pdf	**Type of evidence:** Literature review, 8 x depth, 5 x focus groups, poll with 323 respondents.
	Purpose/Aim: The Richmond Group's Sport and Physical Activity project identified a need for insight into physical activity and long-term conditions. They commissioned BritainThinks to conduct research with those with Long Term Conditions (LTCs), and people close to individuals with LTCs to understand knowledge, attitudes and behaviours in relation to physical activity , the barriers that prevent those with LTCs from engaging in physical activity and the impact of messages aimed at encouraging an increase in physical activity.
	Results:
	People with long-term conditions experience both internal and external barriers to exercise.
	• Internal barriers come from within those with long-term conditions themselves, and external barriers are factors external to those with long-term conditions, which make it harder for them to exercise. The latter are often practical or logistical.
	• Internal barriers are perceived to be greater than external barriers and include:
	  ○ pain before, during or after physical activity
	  ○ feeling tired before, during or after physical activity
	  ○ breathlessness before, during or after physical activity
	  ○ lack of motivation
	  ○ not knowing what types of activity are right for them or their condition
	  ○ fear of hurting themselves
	  ○ feeling embarrassed
	  ○ feeling unsafe in public spaces

Source	Evidence
	• Within this, there is agreement that barriers arising from the symptoms of long-term conditions are greatest, such as pain, feeling tired and breathlessness.
Cheetham M and Rushmer R. Research findings from Fit 4 The Future: a place-based, community-led, transformative approach to improve wellbeing and address childhood obesity. 2017. Teesside University and Fuse, the Centre for Translational Research in Public Health.	**Type of evidence:** Embedded research project, commissioned by Gateshead Council,. Ethnographic, qualitative, participatory methods were used, including, interviews, focus groups and participant observation with community members, children and young people, teachers, parents, staff, volunteers and board members **Purpose/Aim:** To explore a whole system approach to engaging communities in efforts to address childhood obesity as an example of a complex public health issue in an area with high levels of health inequalities. **Findings:** These included that generally aware of the importance of physical activity and nutrition but found it difficult to act on this knowledge. For example, some reported issues with travel, transport and affordability. In addition to practical barriers, staff and adult community members described multiple environmental, social, psychological and attitudinal barriers to using local sport and leisure facilities, including Gateshead International Stadium which was close by. These included: • reports of feeling self-conscious and embarrassed • the limited opportunities for children and families • the associated cost of accessing the Stadium was seen as prohibitive • for some parents, access to childcare was an issue • the location of the Stadium across a busy bypass presented further obstacles, and it was not seen as welcoming of people from the estate. **Strengths/Limitations:** Although not directly about one of the leisure centres which is part of this review, it does provide insight into views about a local leisure facility in an area with high health inequalities.
Gateshead Council 'Staying well – your Health and Wellbeing Survey', March 2021	**Type of Evidence:** On-line survey posted on consultation portal **Purpose/Aim:** To further understand how residents' day to day life has been affected, including the impact on their health and wellbeing, household finances, work, and so on. We also want your views on the lockdown restrictions and social distancing. **Findings:** Individuals can face many barriers to activities that improve wellbeing (Questions included a wide range of activities, not just sport and physical activities) including. • cost • a lack of confidence or embarrassment • a lack of motivation • caring for children or adults • health or physical access issues • a lack of local opportunities

Source	Evidence
	• cultural barriers.
Bullough S., Davies L. & Barrett D. The impact of a community free swimming programme for young people (under 19) in England. Sport Management Review. 2015. Vol.18(1) p32-44	**Type of evidence:** Research study - programme evaluation: secondary user data and longitudinal survey **Purpose/Aim:** A free swimming initiative (FSI) for under 19s, looking to impact the local community through changing health inequalities and to provide a steer on whether an intervention of this nature was value for money as part of a preventative approach to tackling obesity. **Findings:** FSI saw 33% of the eligible population participating at least once. However, the programme evaluation demonstrated that, despite cost being removed, participation decreased over the programme. Furthermore, FSI had a large market penetration effect, where the majority of participants were already swimming regularly prior to the intervention. There was little evidence to suggest the intervention had any additional benefit in terms of wider social benefit.
Bolton N. & Martin S. The policy and politics of free swimming. International Journal of Sport Policy and Politics. 2013. Vol 5(3):445-463	**Type of evidence:** Research study - programme evaluation including surveys and focus groups. **Purpose/Aim:** Free swimming intervention targeting under 16s and 60 plus age groups as part of promoting health improvement and social inclusion and an opportunity for sports development in Wales. **Findings:** Provision of free swimming helped to increase mass participation among the two target groups and there is evidence that some participants progressed to other water-based activities. However, while cost is a consideration for some young people, there are other barriers to participation.
Kokolakakis T. Athanasios S. & Meadows S. The impact of the Free Swimming Programme in a Local Community in the South East of England: Giving with One Hand, Taking Away with the Other. Int. J. Public Health. 2015. 12, 4461-4480; doi: 10.3390/ijerph120404461	**Type of evidence:** Research study – programme evaluation **Purpose/Aim:** This study compares swimming participation in England with the impact of free swimming in a Local Authority in the South East of England. **Findings:** The study found that improving health through increases in sports participation cannot be negotiated simply by removing cost barriers. To overcome barriers to participation aside from cost, the following are suggested: • Identify leading groups in the specific participation field and the impact of policy on them. • Identify the non-financial/ cultural constraints of non-participants. • initiatives that promote specific impacts rather than population-wide policies. • Develop structured sessions for the participants (through prescription or specific programme). • Emphasise the importance of a safe environment and support for personal development. • Develop complementary features to maximise impact, such as continuous monitoring and high quality leadership.
Candio P, Meads D, Hill AJ, Bojke L. Does providing everyone with	**Type of evidence**: Evaluation of a proportionate universal programme providing free exercise sessions.

Source	Evidence
free-of-charge organised exercise opportunities work in public health? Health Policy. 2022 Feb;126(2):129–42.	**Purpose/aim:** To contribute to the evidence base on population-level initiatives of free-of-charge organised exercise focusing on the ability of these interventions to attract and engage residents, especially targeted subgroups. **Results**: Higher participation rates were estimated for the groups of males, retired and non-inactive participants. A neighbourhood-level deprivation status was found to have no marginal effect on the level and frequency of participation, but to be negatively associated with participation drop. Providing everyone with free-of-charge organised exercise opportunities in public leisure centres located in deprived areas can attract large volumes of residents, but may not sufficiently encourage adults, especially inactive residents and those living in disadvantaged neighbourhoods, to take up regular exercise.
Higgerson J, Halliday E, Ortiz-Nunez A, Barr B. The impact of free access to swimming pools on children's participation in swimming. A comparative regression discontinuity study. Journal of Public Health. 2018 May 14;41(2):214–21.	**Type of evidence**: Comparative regression discontinuity investigating the extent to which participation rates amongst children aged 5-15 were greater in the intervention Local Authority compared to a similar control Local Authority. **Purpose/aim:** Investigating the extent to which providing children with free swimming access during school holidays increased participation in swimming and whether this effect differed according to the socioeconomic deprivation of the neighbourhoods in which children lived. **Results:** Free swimming during the summer holidays was associated with an additional 6% of children swimming (95% CI: 4–9%) and an additional 33 swims per 100 children per year (95% CI: 21–44). The effects were greatest in areas with intermediate levels of deprivation (quintiles 3 and 4) within this deprived Local Authority. Providing free facilities for children in disadvantaged areas is likely to increase swimming participation and may help reduce inequalities in physical activity
Higgerson J, Halliday E, Ortiz-Nunez A, Brown R, Barr B. Impact of free access to leisure facilities and community outreach on inequalities in physical activity: a quasi-experimental study. J Epidemiol Community Health [Internet]. 2018 Mar 1;72(3):252–8. Available from: https://jech.bmj.com/content/72/3/252	**Type of evidence:** Quasi-experimental study **Purpose/aim:** To investigate the effect of removing charges from gyms and leisure centres on overall levels of physical activity. The intervention also included marketing, community engagement sessions, and individual and group behaviour change sessions for around 700 inactive people per year, delivered by five health trainers. **Findings**: In attendances at swimming and gym sessions, and an extra 4% of local people participating in at least 30 minutes of moderate-intensity gym or swim sessions during the previous four weeks. An extra 2% of the population participated in any sport or active recreation of at least moderate intensity for at least 30 minutes on at least 12 days out of the last four weeks. The study suggests that removing user charges from leisure facilities in combination with outreach and marketing activities can increase overall population levels of physical activity while reducing inequalities.

Source	Evidence
Ward, F., Halliday, E., Barr, B., Higgerson, J. & Holt, V. Leisure centre entrance charges and physical activity participation in England. 2019.	**Type of evidence:** Qualitative research study **Purpose/Aims:** This study aimed to ascertain how facility pricing influenced the decisions people made about how to pay and what to pay for and how, in turn, these decisions impacted on participation for different groups. **Findings:** Cost was a key factor which influenced PA participation in low income neighbourhoods. Policies that include components of free access and offer more flexible payment options are most likely to contribute to reducing inequalities in Physical Activity. **Strengths/Limitations:** UK based study in the North West
Pringle A. Zwolinsky S. McKenna J. Brown P. & Daly-Smith A. Initial effects of a free swimming pilot programme on the physical activity levels of young people. Public Health 2014. 128 485-e487	**Type of evidence:** Evaluation of a pilot programme **Purpose/Aim:** This study investigated the effective of a free swimming pilot intervention on the physical activity (PA) levels of young people in an area in the UK. **Findings:** Participants could self-refer for free swimming or be referred by teachers, community workers, nurses and GPs, amongst other professionals. Criterion for referral including geographical priority areas, economic disadvantage, education, family, health profile, black and minority ethnic group and other professionally defined factors not listed. Over 50% of those who engaged in free swimming were not initially meeting recommended levels of PA. Over 50% reported improving their physical activity levels post-intervention. The largest increase in PA levels was for girls.

Source	Evidence
Audrey S, Wheeler BW, Mills J, Ben-Shlomo Y. Health promotion and the social gradient: The free swimming initiative for children and young people in Bristol. Public Health. 2012 Nov;126(11):976–81.	**Type of evidence:** Secondary analysis of statistical data **Purpose/aim**: To examine whether the free swimming initiative in Bristol was associated with higher uptake in more affluent areas ('inverse use law'). **Findings:** Higher uptake rates were found amongst girls and older children. Higher attendance was also related to proximity to pool and warmer season. No association was found between area deprivation and uptake rate.
Rabiee F. Robbins A. & Khan M. Gym for Free: The short-term impact of an innovative public health policy on the health and wellbeing of residents in a deprived constituency in Birmingham, UK. Health Education Journal. 2015. Vol.74(6) 691-704	**Type of evidence:** Cross-sectional study using survey and focus group interviews. **Purpose/Aim**: Local professionals perceived cost to be a barrier to the uptake of leisure facilities. To test this, free access to leisure facilities for adults in one economically deprived constituency in the city was provided for six months. **Findings:** Findings showed the pilot scheme increased the uptake of exercise particularly for women in an economically deprived inner city area. The use of leisure facilities also increased significantly.
Evans T. Cummins S. & Brown T. Neighbourhood deprivation and the cost of accessing gyms and fitness centres: National Study in Wales. Health & Place. 2013. 24. 16-19	**Type of evidence:** National research study. **Purpose/Aims:** It has been hypothesised that residents of deprived neighbourhoods have poorer economic access to physical activity resources, inhibiting physical activity. The study aims to explore whether the cost of accessing gyms and fitness centres varies by neighbourhood deprivation in Wales. **Findings:** The cost of accessing private facilities is lower in deprived versus affluent neighbourhoods, whereas the costs are similar across all deprivation categories for public facilities. Residents of deprived neighbourhoods in Wales are not at a relative cost disadvantage when accessing general purpose neighbourhood physical activity resources. However, relative affordability should be explored. **Strengths/Limitations**: National study in Wales.

Contribution of sports and leisure centres to physical activity levels

Source	Evidence
Hanson CL, Kelly P, Neubeck L, Bell J, Gibb H, Jin K. The Contribution of Leisure Center Usage to Physical Activity in the United Kingdom: Evidence From a Large Population-Based Cohort. Journal of Physical Activity and Health [Internet]. 2021 Apr 1 [cited 2021 Dec 8];18(4):382–90. Available from: https://www.pure.ed.ac.uk/ws/portalfiles/portal/210198690/HansonEtal2021JPAHTheContributionOfLeisureCenterUsage.pdf	**Type of evidence**: Retrospective analysis of leisure centre usage. **Purpose/Aim:** To examine the contribution of local leisure centre provision (in Northumberland) to physical activity in a large population-based cohort and whether this differs by age, sex, or socioeconomic group. **Findings**: Local authority leisure centre members achieve approximately a third of the World Health Organisation recommended 150 minutes of moderate/vigorous weekly physical activity through leisure centre use. Registered users were mainly female (58.7%), younger (23.9% of users aged 18–29 y vs 10.1% of those aged 70+ y), and from the 2 most affluent socioeconomic quintiles (53.7%).
ukactive. Moving Communities [Internet]. 2019 [cited 2023 Jan 11]. Available from: https://www.ukactive.com/wp-content/uploads/2019/06/Moving_Communities_Active_Leisure_Trends_2019.pdf	**Type of evidence:** Report **Aim/Purpose:** To explore the demographic profile of leisure centre users, the most popular times and days to visit, the sports and activities that are taking place, and how these metrics differ by age, gender, and membership status. **Findings:** The number of total members has decreased slightly over the three year period. • Females make up 54% of the membership in FY19, a very small increase on previous years (53%). • The average age of a member is 41 years 2 months, this has increased by over a year across the time period. • Despite this, the older population remain under represented against the national population. • Nearly three quarters of members gave their ethnicity as White. • The social deprivation index for members has remained largely unchanged over the last three financial years. 25% of members come from the least deprived 20% of areas.18% members come from the 20% most deprived areas.
Moving communities. Customer Experience Survey, Understanding public leisure's contribution to active communities.	**Type of evidence**: Results from the Moving Communities customer experience survey. **Aim/Purpose:** To explore overall satisfaction with and intention to visit leisure centres. Also to provide insight into how much of leisure centre users overall physical activity takes place in the centre itself as opposed to in other settings.

<table>
<tr><th>Source</th><th>Evidence</th></tr>
<tr><td>https://movingcommunities.org/wp-content/uploads/2021/07/Moving-Communities-Report-July-2021-Compressed.pdf. 2021.</td><td>Findings: People who were exercising with moderate frequency - between one and four days a week – were more likely to be doing it within the leisure centre environment than outside. However, those people exercising seven days a week were over three times more likely to be exercising outside of the leisure centre.

• The leisure centre appears to play an important role in the activity habits of its customers lives, with 86% of people saying they preferred exercising there compared to more informal environment, and 77% saying they felt the staff at the centre gave them the guidance they needed to be more active.
• Only 10% agreed that they didn't miss their centre when it was required to close [during the Covid-19 pandemic].
• Older age groups were more likely to exercise more intensely when doing their activity in an informal setting rather than in their leisure centre, compared to younger ones.
• Younger age groups stated they were more likely to exercise at the centre compared to informal settings
• There appears to be a correlation between IMD group and preference for exercising at the leisure centre with it being more important for the lower more deprived groups.</td></tr>
<tr><td>Sport England. Active Lives | Home [Internet]. Sportengland.org. 2022 [cited 2022 Dec 15]. Available from: https://activelives.sportengland.org/</td><td>Type of evidence: National survey collecting data on the engagement in, and attitudes to, sport and physical activity.

Participation in the last 28 days : At least twice in the last 28 days by activity
Gateshead LA
<table>
<tr><th></th><th>Nov 15-16</th><th>Nov 16-17</th><th>Nov 17-18</th><th>Nov 18-19</th><th>Nov 19-20</th><th>Nov 20-21</th></tr>
<tr><td>All walking</td><td>56.10%</td><td>59.60%</td><td>65.60%</td><td>57.50%</td><td>61.50%</td><td>57.90%</td></tr>
<tr><td>Sporting activities</td><td>30.70%</td><td>32.10%</td><td>26.00%</td><td>25.70%</td><td>21.10%</td><td>27.50%</td></tr>
<tr><td>Fitness activities</td><td>-</td><td>28.20%</td><td>29.10%</td><td>-</td><td>28.20%</td><td>27.40%</td></tr>
<tr><td>Active travel</td><td>30.30%</td><td>35.80%</td><td>38.20%</td><td>34.10%</td><td>29.60%</td><td>23.00%</td></tr>
<tr><td>All cycling</td><td>-</td><td>13.00%</td><td>12.00%</td><td>12.00%</td><td>17.60%</td><td>10.50%</td></tr>
<tr><td>All dance</td><td>10.40%</td><td>6.70%</td><td>9.00%</td><td>5.40%</td><td>-</td><td>7.20%</td></tr>
</table></td></tr>
<tr><td>Sport England. Active Lives | Home [Internet]. Sportengland.org. 2022 [cited 2022 Dec 15]. Available from: https://activelives.sportengland.org/</td><td>Type of evidence: National survey collecting data on the engagement in, and attitudes to, sport and physical activity. There are two surveys: Active Lives Adult, which is published twice a year and replaced the Active People Survey, and the world-leading Active Lives Children and Young People, which is published annually.

Purpose/aim: To measure the nation's activity levels.

Findings:</td></tr>
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<table>
<tr><th>Source</th><th>Evidence</th></tr>
<tr><td></td><td>

Participation in the last year - yes or no by Swimming – Indoors (% of the adult population)

<table>
<tr><th></th><th>Nov 18-19</th><th>Nov 19-20</th><th>Nov 20-21</th></tr>
<tr><td>England (Nation)</td><td>25.10%</td><td>22.00%</td><td>11.30%</td></tr>
<tr><td>Gateshead LA</td><td>16.80%</td><td>19.80%</td><td>9.40%</td></tr>
</table>

Participation in the last week (ages 5-16) : Participated once a week or more by activity

Swimming activities

<table>
<tr><th></th><th>Academic Year 17-18</th><th>Academic Year 18-19</th><th>Academic Year 19-20</th><th>Academic Year 20-21</th><th>Academic Year 21-22</th></tr>
<tr><td>England (Nation)</td><td>26.80%</td><td>29.20%</td><td>23.10%</td><td>11.30%</td><td>23.60%</td></tr>
<tr><td>Gateshead LA</td><td>34.40%</td><td>42.50%</td><td>44.90%</td><td>Insufficient data submitted</td><td>Insufficient data submitted</td></tr>
</table>

</td></tr>
<tr><td>Isaacs A. Critchley J. Tai S. Buckingham, K. Westley D., Harridge S. Smith C. & Gottlie J. Exercise Evaluation Randomised Trial (EXERT): a randomised trial comparing GP referral for leisure centre-based exercise, community-based walking and advice only. Health Technology Assessment. 2007. Vol.11: 10.</td><td>

Type of evidence: Randomised controlled trial (RCT)

Purpose/Aim: To evaluate and compare the effectiveness and cost-effectiveness of a leisure centre-based exercise programme, an instructor-led walking programme and advice-only in patient referred for exercise by their GPs in Barnet, London.

Findings: There was a net increase in the proportion of participants achieving at least 150 minutes per week of at least moderative activity. At six months the net increases were 13.8% leisure centre group, 11.1% walking group and 7.5% advice-only group.

There were significant reductions in systolic and diastolic blood pressure in all groups post intervention. There were also sustained improvements in cardiorespiratory fitness and leg extensor power and small reductions in cholesterol in all

</td></tr>
</table>

Source	Evidence
	groups. All three groups showed improvement in anxiety and mental well-being scores after six months. This was maintained by leisure centre and walking groups at one year. Costs to the participants amounted to £100 for the leisure centre scheme, £84 for the walking scheme, while provider costs were £186 and £92 respectively. Advice only appeared the most cost-effective intervention. **Strengths/Limitations:** RCT is a gold standard of research, indicating robust findings.

Local strategic documents

Source	Evidence
Gateshead Council. Thrive: our strategic approach - Gateshead Council [Internet]. www.gateshead.gov.uk. [cited 2023 Jan 11]. Available from: https://www.gateshead.gov.uk/article/11956/Thrive-our-strategic-approach	**Type of evidence:** Gateshead Council Strategic Approach **Purpose/aim:** We have always been fiercely ambitious for the people of Gateshead, helping it to be a great place to live, work and visit. Years of cuts in Government funding means we can no longer do everything we did in the past, but that does not mean we've lost our ambition - we care more than ever. Poverty and health inequalities are placing an increasing demand on our services, so we need more than ever to focus our work and the money we have to spend on what matters most. Our Health and Wellbeing Strategy (PDF) [3MB] is key to achieving this. We want to help our communities not just survive, but to flourish, prosper and succeed. We have committed to five pledges to help and guide us when we make decisions: **Our challenges** • Put people and families at the heart of everything we do • Tackle inequality so people have a fair chance • Support communities to support themselves and each other • Invest in our economy to provide opportunities for employment, innovation and growth • Work together and fight for a better future for Gateshead.
Gateshead Council. Good jobs, homes, health and friends Gateshead Health and Wellbeing Strategy "Why treat people and send them back to	**Type of evidence:** Council strategy that supports the delivery of the Thrive ambition **Purpose/Aim:** **Our vision for health and wellbeing in Gateshead:** 'Good jobs, homes, health and friends.'

Source	Evidence
the conditions that made them sick?" [Internet]. 2020 [cited 2023 Jan 11]. Available from: https://www.gateshead.gov.uk/media/31204/Health-and-Wellbeing-Strategy/pdf/Health___Wellbeing_Strategy_2020.pdf?m=637777541743170000	**Our methodology:** We aim to deliver the most positive outcomes for everyone, but we will focus our resources to benefit those in the most need – this will mean doing different things in different places. We know we need to do more to address inequalities so we will prioritise the use of our collective resources to those communities in Gateshead that need us most. This is very different to how we have previously allocated resources based on equality (everyone getting the same). **Our aims:** • Give every child the best start in life, with a focus on conception to age two • Enable all children, young people and adults to maximise their capabilities and have control over their lives Create the conditions for fair employment and good work for all • Ensure a healthy standard of living for all, in accordance with international law on economic and social rights Create and develop sustainable place and communities Strengthen the role and impact of ill health prevention.
Gateshead Council. Physical Activity Strategy [Internet]. 2022. Available from: https://www.gatesheadjsna.org.uk/media/35593/Gateshead-Physical-Activity-Strategy-2022-2032/pdf/Physical_Activity_Strategy.pdf?m=638088511323630000	**Type of evidence:** Council strategy that supports the delivery of the Health and Wellbeing Strategy **Purpose/Aim:** **Mission** Working with our communities and partners, to get Gateshead moving. We want to make Gateshead a borough where every resident has access to a range of appropriate and affordable opportunities for physical activity that become part of their everyday life and improve health and wellbeing. **Objectives** • Recover, reinvent and thrive - we will learn from the pandemic to become a stronger and fairer borough, where no-one is less active because of who they are or where they live. • Creating a positive experience for children and young people - we want our children and young people to enjoy being physically active and build foundations for a long, healthy and active life. • Living well and ageing well - we will strengthen the connection between physical activity and health and wellbeing throughout every stage of life. • Supporting communities - physical activity brings people together and helps makes better places to live. We will work with communities and partners to support people be more active where they live, particularly targeting where inequalities are greatest and recognising that every community is different. • Creating active environments - we want to make it easier for people in Gateshead to be active in the space around them and contribute to the reduction of carbon emissions.

Source	Evidence
Gateshead Council. Gateshead Physical Activity Needs Assessment [Internet]. [cited 2023 Jan 11]. Available from: https://www.gatesheadjsna.org.uk/media/35594/Physical-Activity-Needs-Assessment-2021/pdf/Physical_Activity_Needs_Assessment_2021.pdf?m=638073192315470000	**Type of evidence:** Physical Activity Needs Assessment **Purpose:** To gather local intelligence regarding the physical activity needs of the Gateshead population and to establish whether current provision for physical activity meets this demand. **Findings:** **Analysis of Go Gateshead Membership February 2019** There are 5 main groups of members: • GO Gateshead Card holders – 17,132. This card provides a discount on a wide range of sport and leisure activities in Gateshead, including swimming, using the gym, attending fitness classes and more. • GO Members - 10,678. Membership includes access to gyms, swimming pools, fitness classes, sauna and steam rooms and the athletics tracks. GO membership also includes the same rate of discount on other activities provided through the GO Gateshead Card scheme. • GO Gateshead Access Card – 723 cards which provide a discount for those who are claiming a variety of benefits. • Looked after Children – 529 cards provided by the council for those children it has a responsibility for as a corporate parent • Disabled Children – 2525 cards which allow registered disabled children and their families to access services. These cards are provided through Gateshead Social Services. The overall user population is evenly split between female (49.9%) and male users (50.1%). 80% of those with a recorded membership are Gateshead residents. 14.5% of Gateshead residents are registered members of leisure services, at a ward level this ranges from 9% in Crawcrook to 19% in Low Fell Membership is highest in the younger age groups, 45% are under 20 years old, this is due to the fact that a number of young people are signed up to children's swimming classes, where a Go Gateshead card enables access to swimming classes at a reduced rate. The profile of GO Members is also a close match to the Gateshead profile, with a slightly smaller proportion from the most deprived areas, and a slightly larger proportion from the least deprived areas which may reflect the financial cost of this service, and potential barriers to access for those most in need. Over half of all members live within 5 minutes' drive of a leisure service venue. With only 3% of the members living over 15 minutes from a venue. **Swimming** Overall aquatic attendances have continued to rise over the last three years, those visits apportioned to casual public swimming have dropped. There is now a greater propensity towards accessing structured and programmed aquatic activities.

Source	Evidence
	Strengths/Limitations: Gives insight into membership levels before the Covid pandemic Data quality - It is difficult to provide a fully accurate overview of service use and activity due to data collection issues. Individuals who have a form of leisure membership provide information about their age, postcode and gender, however there is no specific information available for analysis in respect of persons who just walk into a centre for casual use of an activity e.g. to swim, use a gym etc as a non-member.
Gateshead Council. Health Equity Audit- Gateshead Leisure Services 2017/18 [Internet]. 2018. Available from: https://www.gatesheadjsna.org.uk/media/35612/Health-Equity-Audit-Gateshead-Leisure-Services-2017-18/pdf/Health_Equity_Audit_-_Leisure_Services_201718.pdf?m=638088503522900000	**Type of evidence:** Health Equity Audit **Purpose/Aim:** To examine access to Gateshead Local Authority Leisure facilities. The focus of the report is on the proportion of people who hold a leisure card (as defined in Appendix 1) who access leisure facilities, as an indicator of service usage. The report will provide a profile of service users split by age, gender and deprivation. Areas for improvement are acknowledged in the recommendations, in terms of data collection and data quality to understand service usage for the future. **Findings:** There are some areas with particularly small numbers of clients, including the Town Centre, Quays and Chopwell. There are also fewer clients in Crawcrook and Bill Quay. Further targeted promotional campaigns could increase take-up. As only around half of Gateshead's looked after children are registered clients, there is an opportunity for further targeted promotion. As data is not currently collected on all the protected characteristics, it is impossible to identify gaps in service usage by the protected characteristics of ethnicity, disability, religion or sexual orientation. Whilst the overall gender split of leisure clients is close to the Gateshead average, there is potential for targeted promotion of the GO Gateshead Card to men in Chopwell & Rowlands Gill, Chowdene, Whickham South & Sunniside and Ryton, Crookhill & Stella. There is potential for promotion of the Access Card to men in Chopwell & Rowlands Gill and Winlaton & High Spen. In addition, there is potential for targeted promotion of the Access Card to women in Bridges ward. Take-up of the GO Gateshead Card and Access Card is significantly higher for those aged under 18. GO Members are more likely to be aged between 25 and 54. The deprivation profile of GO Gateshead Card holders matches the deprivation profile for the population as a whole. GO Members are a close match with a slightly smaller proportion from the most deprived areas and a slightly larger proportion from the least deprived areas. Access Card holders are more likely to come from the most deprived deciles.

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