

Department of Health and Social Care: Mental Health and Wellbeing Plan
Written evidence submitted by Intelligent Health and Sport in Mind
July 2022

Background

1. Intelligent Health was founded, and is led, by Dr William Bird a GP and an honorary professor at the University of Exeter. Intelligent Health has engaged 1.5 million people in the UK from the most deprived communities to get them more active and help them to connect with their place and their community and so increase their wellbeing. The benefits continue well beyond the intervention lasting at least 2 years and possibly longer.
2. Intelligent Health's mission is to create resilience and improve health by connecting people to each other, their communities and their environment. We do this through engagement of communities at scale, sharing knowledge of the foundations of good health, and by using data and evaluation to deliver actionable insight. The vision is simple; to transform people's health through small changes that make a big difference.
3. Sport in Mind was founded, and is led, by Neil Harris, one of the leading experts in the delivery of physical activity interventions for mental health in the UK. Sport in Mind works in partnership with the NHS to deliver innovative sport and physical activity programmes across community and inpatient care, supporting the recovery of thousands of children, young people and adults experiencing mental illness each year. The charity's core focus is on disadvantaged communities and people with serious mental illness.
4. Sport in Mind is registered charity, whose mission is to use sport and physical activity to improve the lives of people experiencing mental health problems and educate people about the benefits of being active on mental health and influence behaviour change. The transformative impact the charity's work has had on the most vulnerable and isolated individuals in society has gained national and international acclaiming, resulting in Sport in Mind winning the Queen's Award for Voluntarily Services in 2019.

Chapter 1 – How can we all promote positive wellbeing?

How can we help people to improve their own wellbeing?

5. To help people to improve their own mental wellbeing, we have two recommendations at a localised scale. Firstly, local authorities should work jointly with NHS England and integrated care systems (ICSs) to provide consistent provision and signposting for social prescribing schemes, as well as providing education to enable individuals to understand their wellbeing and how to take steps to improve it. Secondly, we believe it is essential that local authorities and public health should work with trusted delivery partners in commissioning proven interventions operating locally whose sole focus is improving the wellbeing of the surrounding communities. Ultimately, what underpins all of this is sustained resourcing from the Department of Health and Social Care (DHSC) and other government departments to ensure that local authorities and other localised public entities have the funding to enable this to happen as a standard across all local authority areas in England.

6. Public health is a devolved matter, and as such is dealt with in a localised manner primarily through integrated care systems (ICSs), local authorities and NHS England which are funded through population-based budgets from central government.¹ To assist individuals with improving their own mental wellbeing, these bodies should be ensuring that they are working jointly in the provision and signposting of services for mental health and wellbeing, as well as providing educational resources that enable individuals to build a better understanding of what actions they can take ownership of to improve their own wellbeing. In regard to signposting, information should be made more readily available to all relevant community and third-sector organisations, schools and prominently displayed and made available in primary care services. A prominent part of this should involve the encouragement of social prescription/community referral through GPs and other community-based practitioners. We are all aware of the chronic pressure that the NHS is currently facing, and social prescription alleviates some of this through allowing community-togetherness, connection to the natural environment, activity, and leisure to play a role in addressing the needs of the individual in a holistic way.

¹ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/05/devolution-publication.pdf>

Studies have shown that social prescription also reduces reliance on medication for treatment, access to activities, leisure and community initiatives are offered where medication is not deemed necessary.² Another valuable outcome of this is that it contributes towards a reduction in over-prescription of drugs, meaning less expenditure for the NHS.

7. Intelligent Health and Sport in Mind are key advocates for greater resourcing for social prescribing schemes across the country through public funding. Social prescription has evidenced data surrounding the positive impact it can have on wellbeing. Indeed, the concept itself centres around improving the wellbeing of an individual through community-focussed activity, fostering an environment that values the individual in a community setting, whilst placing importance on combatting loneliness, improving physical and mental health, and growing social connectedness through the natural environment. Recent data obtained by Natural England through its 'Our People and Nature' survey recorded in January 2022 that 90 per cent of adults in England reported that they view being in nature and green spaces as good places for mental health and wellbeing.³ Green Social Prescribing uses the natural environment and green spaces as a means to improve the mental health and wellbeing of individuals, as well as fostering an environment for community cohesion and encouraging physical activity. Across the UK there has been considerable investment in nature-based social prescribing to increase use of and access to green spaces, with a focus on targeting communities whose mental health has been disproportionately affected by Covid-19.⁴ Increasingly, successive studies are finding that Green Social Prescribing has considerable impact on the mental health and wellbeing of the individual, and consequently whole communities.⁵ This in itself shows the impact properly funding social prescription and nature-led interventions can have.
8. Intelligent Health and Sport in Mind know that NHS England champions the use of social prescription, as does DHSC as was evidenced in 2019 with the launch the UK National Academy of Social Prescribing (NASP).⁶ Whilst many initiatives

² <https://www.theguardian.com/healthcare-network/2014/sep/17/social-prescribing-cutting-nhs-drugs-bill>

³ <https://naturalengland.blog.gov.uk/2022/04/12/social-prescribing-the-power-of-nature-as-treatment/>

⁴ <https://www.sciencedirect.com/science/article/pii/S2352827321002093#bib46>

⁵ <https://www.sciencedirect.com/science/article/pii/S2352827321002093>

⁶ <https://socialprescribingacademy.org.uk/>

are organised and ran by third sector providers, being mostly volunteer led, a lot of these initiatives require elements of funding and applications of funding to what were previously Clinical Commissioning Groups can, and have been, declined on the basis that the funds would not be going towards the traditional route of treatment. Red tape versus need could result in accessibility issues for those being referred to social prescribing initiatives. Resolutely, DHSC should ensure that at a national level NHS England and the ICSs have not only adequate funding to enable the continuation of these schemes, but also influence to ensure that third-sector applications for funding in the traditional routes face less challenges in acquiring the funding. Whilst we accept that other bodies and charitable agencies can resource these programmes, we must ensure that the importance of these initiatives on public health is recognised by providing further funding opportunities through the local healthcare commissioning structures. As a charity that both delivers and advises the third sector about physical activity interventions, Sport in Mind are aware of hundreds of volunteer-led programmes that deliver brilliant outcomes that have had to close due to their inability to access funding due to limited bid writing expertise within their organisations.

9. To ensure local communities can receive the best support for their wellbeing as possible, local authorities, ICSs, and public health should encourage collaborative working with trusted delivery partners to commission proven interventions. Not limited to social prescription, as aforementioned, this could also include physical activity interventions like Sport in Mind's NHS backed mental health programmes and Intelligent Health's Beat the Street.⁷
10. Sport in Mind deliver recovery focused, insight driven programmes that are codesigned by healthcare professionals and people with lived experience of mental illness to engage the most vulnerable, isolated and hard to reach members of society. The activities are delivered in a safe, supportive and accessible environment specifically to meet the needs of the target audience and help improve their psychological, physical and social health. The charity's work is focused on influencing behaviour change and building long-term active habits. Sport in Mind's physical activity interventions for mental health care are funded through their own fundraising efforts, local authorities, public health,

⁷ <https://www.gov.uk/government/case-studies/beat-the-street-getting-communities-moving>

ICs, NHS trusts and National Lottery through Sport England. Demand for Sport in Mind's unique recovery focused services has grown rapidly over the past three years, with interest in the charity delivering in over 300 localities across the UK, and over 30 countries abroad.

11. Beat the Street is an evidenced based intervention based on gamification that acts to improve the health and wellbeing of whole towns, cities and communities. It covers a local population, targeting priority groups and has a simple game at its heart. The game incentivises people to get active together with their community and empowers people to make small changes to their daily life and recognise the benefits of walking, cycling, or scooting. It creates a social norm around being active and works because people are enabled to make changes to their behaviour that are simple, easy, cost-effective and timely and can continue when the programme finishes. The sustainability comes from the behaviour-change of residents and the increased data and insight for partners. For some further context, Intelligent Health is commissioned by local authorities, public health and other local partners to deliver Beat the Street in any local given area. This can be anything from select wards up to an entire local authority area. For example, Intelligent Health is currently delivering Beat the Street in the Dudley Metropolitan area, which spans many towns and villages. This has been commissioned by Dudley Council and the Canal and River Trust, with the resources provided by Sport England via National Lottery funding.⁸ Beat the Street also has a 'Compact' offer, which is ideal for wards, small towns and villages. The offer is run by local partners with deep understanding of their surrounding communities to the core, with Intelligent Health providing active partnership or local trusted partners with the tools and resources to deliver a smaller scale programme, a Compact game has recently finished in Yeovil.⁹

12. It is well documented that physical activity can help improve mood and overall emotional wellbeing, going further it can also reduce feelings of depression and stress.¹⁰ Conclusively, our study into how Beat the Street positively impacts mental health and wellbeing, clearly indicates that community-wide

⁸ <https://www.dudley.gov.uk/news/an-invitation-to-play-beat-the-street-dudley/>

⁹ <https://www.sasp.co.uk/news/2022/04/yeovil-is-set-to-be-transformed-into-a-giant-game-thanks-to-national-lottery-funding-from-sport-england>

¹⁰ <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

gamification-based physical activity interventions increase positive mental wellbeing, as well as there being a direct correlation between improved wellbeing and a continued increase in physical activity after intervention.¹¹ Katie, a participant in Barnsley joined a mother's running club during the Beat the Street game, having never ran before, and to this day she is still running and has now ran a 5-mile run and wants to now try for a 10k run and then a half marathon. Not only is she now more active, but she also feels a sense of belonging amongst her running group, and her wellbeing has increased where she previously lacked confidence.¹² In addition to the data, lived experiences from those who have participated in the game also further amplifies the beneficial impact Beat the Street can have on both the individual and their community.

13. What is worth noting is that of all the individual activities listed as part of physical activity, only 8 per cent of this is structured, traditional sport and as such, the real focus of physical activity funding should be directed towards supporting daily activity. We know that organised, funded activities are not the legacy to maintain physical activity at scale, and instead, it is the individual who is responsible for changing their own mindset. Evidence indicates that 60 per cent of the documented minutes in leisure-based activity (excluding domestic and occupation) are from walking and exercise/gym attendance. Further, cycling contributes 4 per cent, and organised team sport 8.5 per cent. Thus, investment in less formal activity is far more likely to achieve the desired impact of behaviour change.¹³
14. Finally, what underpins the provision of both social prescribing, and evidenced interventions like Beat the Street is resource, and this is particularly needed in areas of multiple deprivation across England where there are stark health inequalities and disparities compared to more affluent counterparts. For example, Dr Liz Martinez a GP in Sheffield told Intelligent Health that despite a local ambition and need for social prescription, they only had one social prescriber in a large area of multiple deprivation, which was the same as smaller networks in more affluent areas of the city, where they really needed

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5774736/>

¹² <https://www.youtube.com/watch?v=2-oUXWvdtWk>

¹³ Strain, T., Fitzsimons, C., Foster, C., Mutrie, N., Townsend, N. and Kelly, P., 2016. Age-related comparisons by sex in the domains of aerobic physical activity for adults in Scotland. Preventive medicine reports, 3, pp.90-97.

around 10 to account for the need.¹⁴ We are all aware of the increasing costs faced by NHS England, and with physical inactivity costing almost £1billion annually alone and being attributed to 1 in 6 deaths in the UK, investing in proven interventions to create behaviour change and increase physical activity levels.¹⁵ At a wider scale, mental ill health costs the UK economy at least £118billion annually.¹⁶ It is vital that we take action now to appropriately fund preventative measures in order to safeguard NHS funding, this long-term investment would actually result in less pressure on the NHS budget as intervening at an earlier stage has every opportunity to reduce the need for treatment at a later stage.

Do you have any suggestions for how we can improve the population's wellbeing?

15. To improve the population's wellbeing, the government should commit to two actions. Firstly, government departments should ensure that they are not working in silos on issues that are cross-departmental, such as mental health, as there is a lot of to be learned from working cohesively on these matters at a policy-making level. Secondly, the government needs to commit to placing greater importance on the role physical activity plays in improving general wellbeing, community cohesions, as well as mental and physical health through aligning health policy to reflect this by removing blame from the individual and focussing on early intervention and education instead.

16. Whilst we recognise that that the government is acknowledging the relationship between loneliness and poor mental health, and in turn mental wellbeing, we would like to see inter-departmental working on the matter. The Department for Digital, Culture, Media and Sport (DCMS) recently commissioned a qualitative study on 'Mental health and loneliness: the relationship across life stages.'¹⁷ We believe that the DHSC should work collaboratively with DCMS in order to acknowledge the findings of the report, taking lived experience along with data as a means to support the provision of mental health services. Furthermore, the Education Select Committee is

¹⁴ <https://www.youtube.com/watch?v=gqzAX3HC8ts>

¹⁵ <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health#:~:text=Physical%20inactivity%20is%20associated%20with,active%20than%20in%20the%201960s.>

¹⁶ <https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Investing-in-Prevention-Full-Report.pdf>

¹⁷ <https://www.gov.uk/government/publications/mental-health-and-loneliness-the-relationship-across-life-stages/mental-health-and-loneliness-the-relationship-across-life-stages>

currently inquiring on children's mental health, and the Environment, Food and Rural Affairs Committee are currently running an inquiry into mental health in rural communities. Of course, as a health matter this primarily sits and should sit with DHSC, but there are so many opportunities for integrated working when mental health is something that affects and intersects all areas of our society.

17. As aforementioned in Paragraph 6. of this submission of evidence, DHSC should ensure that adequate resources are provided to local authority areas, NHS England, and ICSs, and in turn DCMS, through Sport England is adequately funding active partnerships. Consequently, these authorities will be provided with the funds to ensure longevity of social prescribing initiatives and community-led interventions such as Beat the Street in sufficient volumes to actively work towards improving the wellbeing of whole local authority areas.
18. Finally, and arguably most importantly, the government must ensure that a greater importance on the role physical activity can play in improving wellbeing, mental and physical health. DHSC must commit to working closer with Sport England funded physical activity providers to better understand how making physical activity accessible and improved health intersects. By doing this, DHSC will place more focus on prevention over consistently targeting treatment. Whilst treatment will always be vital, as a nation we have an opportunity to reduce the need for late-stage intervention for some preventable illnesses by stepping in earlier through accessible physical activity opportunities. We know that health inequalities can be defined under four mechanisms, with each dependant on each other: poor resilience, chronic stress, behaviour change, and chronic inflammation. The result of this, leads to chronic health conditions such as Type II Diabetes, Cardiovascular Disease, Depression, Dementia, and Fatigue.¹⁸ Of course, the outcomes of this can be limited through physical activity behaviour change. DHSC now has an opportunity to work with organisations like Intelligent Health, backed by data, to properly embed physical activity into the public health agenda. We have seen progress with this from initiatives such as Moving Medicine,¹⁹ but with DHSC now looking into management standards within healthcare, DHSC should

¹⁸ Van den Bosch, M. and Bird, W. eds., 2018. Oxford textbook of nature and public health: The role of nature in improving the health of a population. Oxford University Press.

¹⁹ <https://movingmedicine.ac.uk/about-us-2/about-us/>

collaborate with those who operate in this space to entrench physical activity GP training into management standards.

How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

19. To support different sectors within local areas to work together, and with people within their local communities, in improving population wellbeing DHSC must commit to creating a centralised government approved platform for signposting to resources for local key players, and also ensure that local authorities form task groups that bring together all of these different groups and individuals.

Chapter 5 – How can we all support people living with mental health conditions to live well?

What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions?

20. To support people living with mental health conditions to live well, the government should focus on two approaches. Firstly, DHSC should work with the Department for Environment, Food and Rural Affairs (DEFRA), and the Department for Levelling Up, Housing and Communities (DLUHC) amongst other departments such as Natural England and the Office for Health Improvement and Disparities to ensure that public spaces are maintained and built in a way that promotes social connectedness as opposed to isolation. Finally, the wider government should ensure that as much importance is placed on mental health as is when regarding physical health, this is a pattern which both Intelligent Health and Sport in Mind have witnessed over many years, but a stigma still permeates society for many living with mental health conditions.
21. Cross-government departments must work together in order to create places and spaces that encourage social connectedness, both with the local community and with the local surroundings. This is not something that can be achieved by one government department alone and will require cross-sector and cross-departmental working if it is to have any real impact. Increasingly, insight is showing a clear connection between loneliness and isolation with poor mental health and wellbeing, as mentioned in Paragraph 11. DCMS has

recently published a report into the matter and made recommendations for more social prescription for mental health support that reduces feelings of loneliness and isolation through shared interests in activities.²⁰ As iterated throughout this submission of evidence, the provision of such services is hugely vital in considering the National Plan for Mental Health and Wellbeing, but what must also be considered is creating appropriate places and spaces in order to encourage and build connections amongst communities. Conversations must be had cross-department, as it involves a multi-departmental approach when considering that it involves not only health and social care, but also town planning, the environment, local government, as well as business. Consideration needs to be made in regard to housing, green spaces and other community areas to put community belonging and encouragement of physical activity at the heart of town planning, and community infrastructure across the country. As such, Intelligent Health and Sport in Mind would hugely welcome news of a cross-department approach on this matter, to build belonging amongst communities with their local environment.

22. The government must continue the trajectory of placing as much importance on mental health, as there has been with physical health historically. For many years, those with ill mental health have faced a stigma often not faced by those living with physical disabilities. For example, despite a move in the last 60 years to regard mental health with the same standing as physical health, 9 in 10 people living with mental health conditions experience stigma and discrimination.²¹ It will rely on a change in public attitude for stigma to be fully eradicated, and we know that this issue is something that the government has remained committed to and we would like to see a continuation of this to enable those living with mental health conditions to lived improved and fulfilled lives.

What more can we do to improve the physical health of people living with mental health conditions?

²⁰ <https://www.gov.uk/government/publications/mental-health-and-loneliness-the-relationship-across-life-stages/mental-health-and-loneliness-the-relationship-across-life-stages>

²¹ <https://www.parliament.uk/business/publications/research/key-issues-parliament-2015/social-change/mental-health-stigma/>

23. To improve the physical health of people living with mental health conditions, the government should ensure it is doing all it can to make physical activity accessible to those living with these conditions. Removing barriers such as cost, inaccessibility (i.e., for those that live with conditions that affect their mobility), and societal pressure would be hugely important in creating an accessible, and safe space for those living with mental health conditions to participate in physical activity. Enhancing society's understanding of mental illness is also vital to ensuring physical activity provision is accessible to people living with mental health conditions as stigma and misunderstanding of such conditions remain widespread and as a result presents significant barriers to physical activity engagement. As discussed throughout this submission, Intelligent Health and Sport in Mind would also advocate that the government ensures that local authorities are provided with the necessary means to support provision of evidence-led interventions and social prescription that has a positive impact on those living with mental health conditions.

24. In addition to improving the mental health of an individual, encouraging physical activity can also have further physical health benefits. Those living with a physical health condition are twice as likely to also have a mental health condition.²² The stark reality that has been documented is that people with serious mental health conditions die on average 15-20 years prematurely due to physical health problems, due to comorbidities with higher likelihoods such as cardiovascular disease.²³ Staying active can reduce the risk of Type II Diabetes, Coronary Heart Disease, Stroke, and some Cancers.²⁴ Many of these physical health conditions are preventable through a healthy and active lifestyle, and those living with Type II Diabetes, although not curable, can go into complete remission if they maintain a healthy and active lifestyle. For example, in 2018, Natalie participated in a Beat the Street game in Wolverhampton, she lives with Type II Diabetes as well as other long-term conditions which means she uses a wheelchair, and during the month of the

²² <https://www.centreformentalhealth.org.uk/co-morbidities-physical-health-and-mental-health-problems-together>

²³ <https://www.england.nhs.uk/blog/achieving-more-for-people-with-severe-mental-illness/>

²⁴ <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

game, her blood sugar levels were at the lowest they had ever been and had remained consistent, she lost almost one stone in weight during this time as well as a gain in strength, and also stated that the initiative had helped her mentally with her wanting to continue the activity after the game had ended.²⁵ This indicates the importance of taking away barriers to access, as creating opportunities for these individuals to live healthy and active lifestyles can be lifechanging, and indeed, save lives.

How can we support sectors to work together to improve the quality of life of people living with mental health conditions?

25. To support sectors to work together to improve the quality of life of people living with mental health conditions, the DHSC should act as an intermediary to create a working group of kind to enable the environment to bring together sectors and in turn, different groups and individuals on a shared platform. Siloed working should be discouraged in these areas as it ultimately creates a replication of efforts and work conducted when there are issues that can be addressed more proactively through consulting different organisations and groups.

If you would like to discuss this evidence submission further or know more about the work of Dr William Bird and Intelligent Health and Neil Harris and Sport in Mind, please contact Emily Carter, Policy Lead at emily.carter@intelligenthealth.co.uk.

²⁵ https://www.youtube.com/watch?v=FjH_WtJpYel