

physical *activity* **alliance**
in consultation



Consultation Report

From the Interim Steering Group
(ISG)

15 September '09

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Also observer status (David Teasdale) and Exercise, Movement & Dance (Daran Bennett)	Amateur Swimming Association
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PROJECT WORKING GROUP MEMBERSHIP

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Mark Harrod	(Central YMCA)
David Teasdale	(Amateur Swimming Association)
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The consultation process

The Department of Health (DH) publication “Be Active, Be Healthy” gave its full support for the creation of the Physical Activity Alliance (PAA) to add value to the delivery of physical activity, as an essential part of the Department’s battle against the rising tide of obesity. DH asked the fledgling Alliance, represented and managed in the setting up phase by an Interim Steering Group (ISG), to consult within its industry on important questions like -
How should the Physical Activity Alliance work across the whole physical activity field, including the private sector, to grow capacity and increase investment in physical activity? How should the Physical Activity Alliance work with the delivery infrastructures at local, regional and national level? How should the Physical Activity Alliance be constituted, governed and funded?

The Alliance began this important consultation on 9 May 2009, with a letter from Dr William Bird, chairman of the ISG, to a wide range (183) of interested bodies. A few days later, the Alliance website opened, with an on line questionnaire for anyone interested to give their views. At Annex A is Dr Bird’s letter and the on line questionnaire.

The ISG decided also to undertake one to one interviews, for more detailed answers to our questions, with selected bodies having a special interest in the Alliance and its future role and programme. Interviews were conducted by members of the ISG and of the Project Working Group under the ISG. The ISG Chairman’s letter extended an invitation to any other organisation to give views by interview, if they wished. Collective interviews were also conducted with groups (see below) of bodies and people, who asked to meet in this way.

In all, we have received 181 completed on line questionnaires and eleven letters; conducted 23 one to one interviews; and held discussions with six different groups. At Annex B is a list of all these respondents. At Annex C is the report covering the six discussion groups - *Regional Physical Activity Leads; North West Health and Physical Activity Forum; County Sports Partnership Network; National Association of Local Government Arts Officers; Culture Forum; Local Government; National Governing Bodies.*

This report summarises the online responses and the interviews together, when they lend themselves to numerical analysis. We comment separately (under each topic) on the advice and comment given in the group discussions and letters. *It is important to stress, at the outset, that inevitably there are countering and conflicting views within the large range of responses received; this report attempts to reflect and balance all of them, but we must apologise now for any failure to meet, adequately, both those aims.*

In this consultation, the ISG was concerned to get a broad range of views and advice, across each sector of the industry. The response has been very encouraging. There is wide and strong support for the creation of the Alliance, throughout the industry, and agreement that this is an important and necessary development, for example -

“It is our view that the Alliance should provide the national body for physical activity that is clearly missing from any structures that currently exist, allowing a single voice and single message for physical activity (across the sectors) to be used in representing the PA sector to Government and key decision makers’ (*East of England Public Health & Social Care Directorate, Dept of Health*).

“We fully support the establishment of the Alliance” (*Natural England*).

“We are fully supportive of the establishment and development of the PAA” (*Inclusive Fitness Initiative*).

“*Youth Sport Trust* welcomes the development of the PAA as a coordinating body to bring together the many disparate organisations which exist to promote and deliver physical activity”.

However, a small number of consultees - for example, *SPORTA*, the *Swimming Teachers Association (STA)*, *British Weightlifting (BWLA)* and the *English Outdoor Council* - evinced doubts about the need for an Alliance, in the present and crowded structure of the industry. *STA*, *English Outdoor Council* and *BWLA* felt that the CCPR could play the role. *SPORTA* was concerned at the way the Alliance concept had been developed so far, believing that it was “generally too geared towards the private sector” and “driven through the FIA”. *SPORTA* felt the Alliance could work if there emerged from the “difficult infancy” a body that was broadly based and supported, which “added value to what we’re working on” and “not reinventing the wheel”. *CLOA* and the *NCF* made the point that they felt they should have been involved “in a direct way” and “at an earlier stage” in the development of the PAA.

The *NCAA* responded that the “questionnaire did not fit (their) needs”. They wished to respond to specific questions “where the required responses do not give enough options”.

Overall, the ISG noted a defensive tone in many views and comments. A majority of respondents were concerned, understandably, to protect their own organisation’s interests ; and many perceive the Alliance as a potential threat as well as an opportunity. This cautionary note appears for example in responses concerning the PAA’s possible role as a delivery body. The ISG has also seen, across the responses, different levels of understanding about respective bodies’ roles now in the sector, and how activities and views currently are coordinated.

In this Report, specific quotes appear with the agreement of the bodies concerned. These statements were selected for their relevance to particular questions or topics. Under “Further Issues”, below, we have included all the specific comments offered us on policy matters.

Executive summary

This report deals with the results of this key consultation process, ie with the overall balance of views given, on the four main topics. The ISG will formulate recommendations for the future of the Alliance, based on this summary of the wide ranging, and in part conflicting, opinions expressed, and discuss those recommendations with stakeholders.

ISG asked on line respondents to identify the activity sector within which they operate. 28% were in Active Travel; 23% in outdoor recreation; 23% in health clubs & leisure centres; 9% in indoor recreation; 1% in play and 5% in dance. 92% also mentioned "other sectors".

93% said they had a regional remit; 80% stated they had a national remit. 56% are in the voluntary/community/third sector; 33% in local government, 33% in other parts of the public sector; 17% in the private sector; 46% also mentioned "other".

On the **role** of the Alliance, the key views are as follows;-

- the PAA should concentrate upon "representing the physical activity sector to Government and key decision makers", in what may be deemed to be a national lobbying role, reflecting the views of the industry, and generating new funds to help Government to achieve its health and obesity targets;
- other key roles for the PAA are research and evaluation (all six Groups highlighted as a key issue the lack of a comprehensive evidence base for interventions); driving change and improvement within the industry; commissioning partners to deliver interventions to increase physical activity; developing intervention strategies; the promotion of physical activity to the public; and coordinating campaigns and promotions;
- generally, respondents consider that the PAA should not be itself a direct delivery body. Respondents believe the PAA should deliver through its partners and constituent parts.

A majority of respondents recommend that communicating with the public should be a significant part of what the PAA does, though not the most important; but, over 50% of online respondents also gave the opinion that the PAA should "not have a public face at all, it should work in the background". The PAA should concentrate in particular on representing the industry (eg to Government) and on practical support to the sector. The main audience for the Alliance should be Government (in interviews, this view was overwhelming). Many expressed the view that the PAA should not attempt to be "all things to all men"; it must find specific aims and goals; and, there should be no duplication. All six stakeholder Groups felt that it was very important going forward that the Alliance did not duplicate the good work that was already being undertaken by a wide range of partners, particularly in the delivery of physical activity programmes and interventions.

The PAA's **support** role should be mainly in;-

- a) generating additional funds that constituent bodies can access;
- b) lobbying central government;
- c) synthesising research and evidence into usable form - evaluating effort is also important;
- d) helping to coordinate the industry's effort.

Of these, option a, generating additional funds, is (perhaps unsurprisingly) considered the most important.

The **focus** of the PAA should be firstly on everyday activities, then on recreation - but, the balance of views between these two is close - and third on sport. In interviews the view was given that sport was already well represented and supported; a strong majority felt that it justified the lowest focus rating.

Regarding the Alliance's **relationship** with the industry, opinions were mixed. Over 50% think it should be an equal partner with its constituent bodies; 50% recommend it be a membership body; and 47% recommend that the PAA commission work from the sector.

For **financial objectives**, 46% think the Alliance should aim to break even; 40% argue the PAA should make a profit for reinvestment in the sector. Many agreed with both aims. It may be assumed that a majority recommends for the Alliance to be in the social enterprise or "not for profit" sector.

Regarding the **Structure** of the PAA (on which there was no specific online question) the Groups and interviewees followed some clear themes, in particular "membership, representative, umbrella body, regional links, commissioning body", etc. There was clear support for the stakeholder rather than shareholder options.

Role of the PAA

This was a key consultation issue. The ISG sought views on what kinds of role the Alliance should play and, in interviews, asked people how they could envisage the PAA playing such a role. ISG identified specifically twelve different, potential roles, to be rated by respondents online or in one to one or group interviews. Table 1 below gives the rating of the most popular options, distinguishing between the online and interview results. Table 2 shows which of these is considered the most important (for this question, respondents and interviewees could select only one of the options).

The role which has wide and strong support from the consultation is ***"Representing the physical activity sector to Government and key decision makers"***. Results indicate there are a number of dimensions, including a national lobbying role; reflecting the views of the industry; and working to generate new funds to help Government to achieve its health and obesity targets.

TABLE 1 *Percentage of respondents rating each possible PAA role as 'very important' and 'quite important' (online & interviews)*

Exact question wording: "Below are a number of roles that the PAA could play, please indicate how important you think each one is"

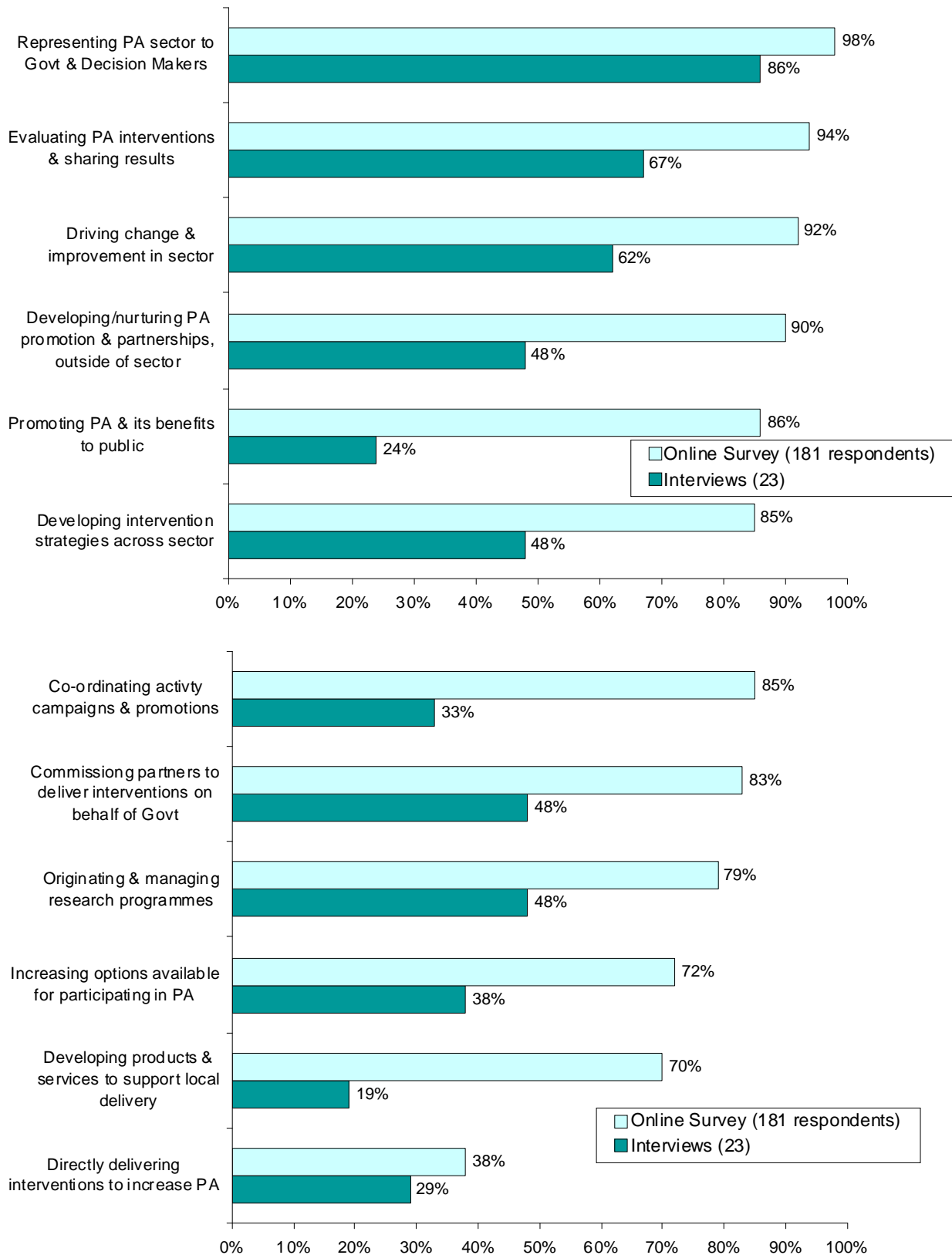
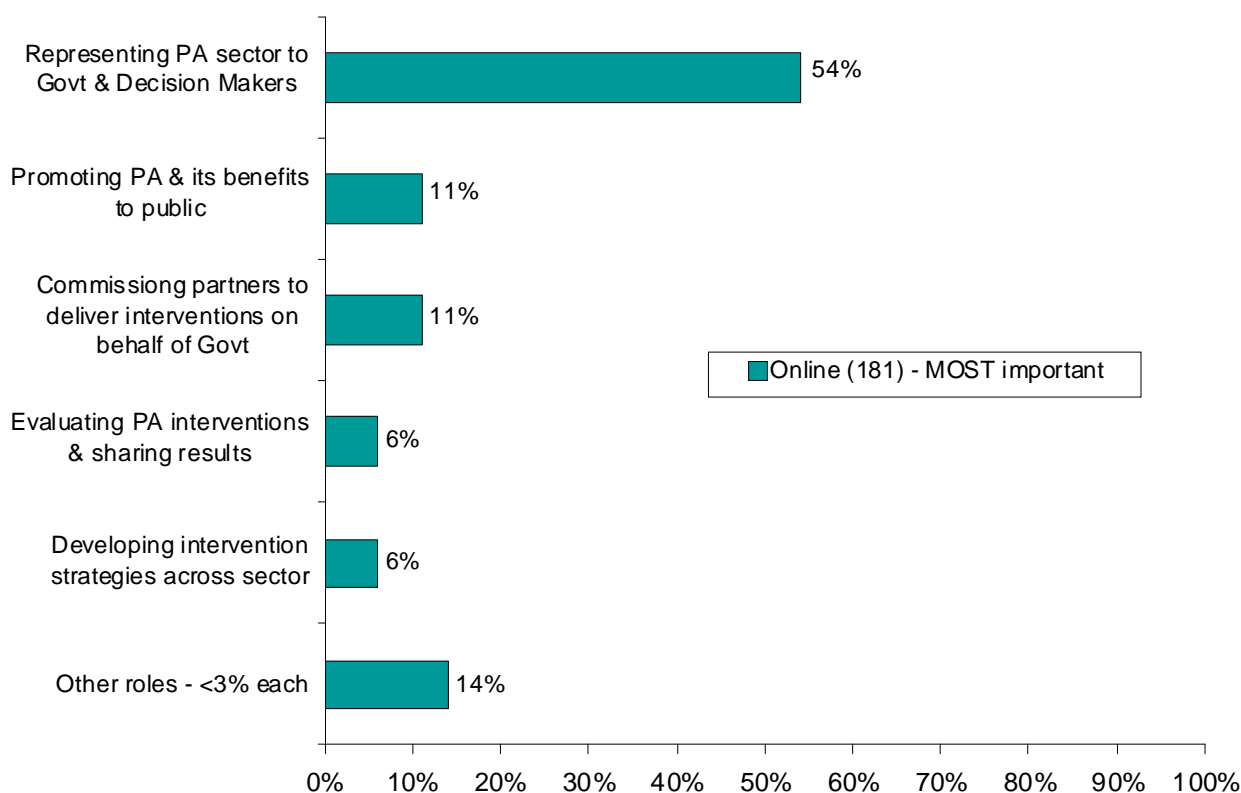


TABLE 2 *Top 5 Roles voted ‘MOST important’ (online only)*
Exact question wording: “And, which of these roles is the most important, in your view?”



All stakeholders at the *Group meetings* believed this role, of representing the industry, was a key one for the Alliance, with the reservation that “everyone had to be on board” with a joined up approach across the sector and individual agendas “left at the door”. The national and representative role had to be set against the backdrop of a clear agenda for realising co-ordination across the sector. The Groups thought that the PAA should target not just the Department of Health (and NICE) but also other Government Departments concerned with the physical activity agenda and with portfolios including transport, children, schools, families and local government.

In support of this proposed role for the PAA, the six Groups identified current **“gaps in the market”** - as follows;-

- a well thought out, co-ordinated and long-term vision. There should be a single influence at national level to take a longer term, sustainable approach rather than short-term programmes of a start/stop nature. This will require a “cultural/behavioural/mindset change across the sector, toward a longer-term approach, seeking to have significant impact and to engage with the whole population in creating the right conditions for improvement”;
- a strong single voice for physical activity, to influence strategy at a national level. The Groups all felt there was “a need for a joined up approach from the diversity of partners responsible for physical activity across the sector. This influencing and strategic lead voice would start to deliver a common approach and direction of travel for the sector at both national and regional level. The lack of ‘one voice’ to challenge existing practices leads to too

many short-term and stop/start initiatives (with people “chasing the cash”) and inconsistent delivery. A strong and evidence-based strategic role could influence the sector to ensure planning and management of activity, better co-ordination and joined up direction at the national level, leading in turn to appropriate and sustainable programmes at regional and local levels”;

- effective coordination between national initiatives and their local implementation. The Groups argued that “Change4Life was developed at a high level with no cascading down or seeming acknowledgement of how it would be delivered at the local level. There should be joined up national initiatives, for example the free swimming programme”. Initiatives should not be developed in isolation, national programmes demand actions to meet local needs and demands;
- a lack of networking and coordination with the private sector and bodies considered normally to be outside the physical activity sector eg transport, environment etc.

The Groups saw a need to influence national strategies to secure a consistent approach to physical activity. National guidance is needed to help the health sector deliver one clear message. There remains confusion amongst health professionals, particularly around some of the current policies (eg “five times 30 minutes a week ” for adults).

From the *interviews* conducted, strong support for the PAA having a major representational physical activity (PA) role came from the following:-

The *Environment Agency* (who said the Alliance could be the “overview body for the sector”); *DCSF* (PAA should bring “together interests in a common cause”); *DCMS*; *DEFRA*; *EFDS* (the PAA’s “primary focus” - as an “umbrella body”); *BTCV* (“championing and advocacy of the importance of PA and its benefits”); *National Obesity Observatory* (“it should lobby with one voice”); *Sporting Equals*; *Skills Active* (“it should help the PA sector to establish an identity.....bring the sector together”);

Women’s Sport & Fitness Foundation (“of high importance, because no one else is doing it in a coordinated fashion”);

Youth Sport Trust; *Bristol University*; *the Ramblers’ Association*; *BHF*; *the FIA’s Exercise Referral Steering Group* (“the need for an overarching body is well established”);

Dept of Health, East of England Public Health & Social Care Directorate (“The Alliance should provide the national body for PA that is clearly missing from any structures that currently exist”);

Dept of Health North East (“The main focus should be to provide a mechanism for those organizations with an interest in PA to be fully represented at national level”);

British Orienteering (“the lobbying role is by far the most important..everything will follow on from this ”);

Keep Fit Association saw the Alliance providing “a coordinated and well respected face to the public and within the market place”;

Walk England described the PAA as “a voice for physical activity (PA)”; the *Association for Physical Education* saw the “real benefit of the Alliance (being) a coordinated and influential voice”;

Another role for the Alliance with support from this consultation (see again Tables 1 and 2 above) is ***national responsibility for research and evaluation***. Nearly 80% of online responses, but under 50% of interviewees, favoured this role. But very few identified this as the most important part of the PAA's tasks.

The Groups in their discussions agreed that “there needs to be a more comprehensive and appropriate body of evidence for use at national, regional and local levelsto include (tailoring) evidence for different audiences anda credible evidence base for specific interventions, which could be used to encourage the Department for Health (DH), National Institute for Clinical Excellence (NICE), PCTs, local practitioners and other deliverers in the adoption of physical activity programmes. Groups believed that demonstrating how sport and physical activity can contribute, at different levels and for different health issues, should bring more appropriate and cost-effective interventions in the longer term. The lack of evidence “discourages a PCT from commissioning non-traditional methods which could deliver better health-related benefits....there is also a significant need to develop a method of sharing intelligence and best practice”.

All the Groups agreed the Alliance should drive and co-ordinate evidence-based research and disseminate information. But there are sufficient organisations, including academic institutions and NICE, undertaking the research and evaluation. The need was for nationally recognised protocols and a central resource of best practice. Some Groups felt that the Alliance could provide a kitemark for “credibility and for co-ordinating publicity for potential schemes once appropriate research had been undertaken, that could be used to persuade key partners at a local level on the benefits of physical activity interventions”. However, the management of research was already being done at the local and regional level. The Alliance could identify gaps in research and commission action to secure a sound evidence base and aid the focus on sharing practical successes.

Another Alliance role favoured by consultees is ***Driving Change and Improvement within the sector***. Nearly 70% of online respondents and interviewees support this. All the Groups agreed this is a key role for the Alliance but questioned if there was capacity for continuous improvement. Groups also perceived “a need for the Alliance to ‘up-skill’ and educate local practitioners of the benefits of physical activity in order to drive the agenda at the local level”.

60% of online respondents and interviewees consider “very important” the Alliance being responsible for ***Developing Intervention Strategies across the sector***. There was a consensus among the Groups that the Alliance should be about developing best practice and ensuring a joined up approach to intervention strategies (rather than delivering themselves).

The PAA should be an organisation that supports “what works” and should advocate practical activities and ideas at the local level.

Developing and Nurturing physical activity promotion and delivery partnerships was “very important” for 48% of online and interview respondents. The *Inclusive Fitness Initiative* stated that “the opportunity for the Alliance to play a key role in a proactive response to increasing participation is extremely exciting”. But all the Groups felt that this should not be a priority for the Alliance at this stage, although it could be a significant role in the future. Groups believed it was more important for the Alliance to build credibility within and across the physical activity sector.

Commissioning Partners to Deliver Interventions to increase physical activity is another potential Alliance role with online support (65%). However, the *Groups* provide a contrary view, saying that this may conflict with the objective of representing the sector, leading to tensions and promoting “silo working”. Groups concluded that, if funding is made available for delivery, there would need to be “transparent commissioning procedures, including clear guidelines to avoid conflicts of interest”. The *Youth Sport Trust* felt the Alliance should “support innovation and promote innovative programmes through commissioning, research and evaluation.” *Gloucester CC* said the PAA should “influence current funders to think outside the box when looking to commission delivery of initiatives.....looking for those who deliver and develop, not those who chase the cash”.

Inevitably, the consultation reveals different emphases on all topics, perhaps none more so than in consideration of the PAA’s roles and responsibilities. The primary, representative role has strong and wide support. The *Groups* put the key PAA focus thus - that “the medium and long-term focus of the Alliance should be mainly lobbying and political work with a smaller element of practical support”. This emphasis on lobbying was shared by many, including for example *Watford & District YMCA*, *Football Foundation* (who referred to the PAA “acting in a similar way to the CCPR”), *Shropshire County PCT*, *DH East of England*, *the asa*, *PAN – WM*, *Black Country Consortium*, etc.

A number of respondents expressed concern that there should not be duplication, and the PAA should not “reinvent the wheel”. Among those with such fears were *Enfield Council*, *CTC*, *West Sussex PCT*, *NHS Hull*, *NHS Barking & Dagenham*, *Forestry Commission England*, *Sussex CSP*, *Derbyshire Dales District Council*, *PRO-ACTIVE South London*, *Bowls England*, *Hampshire Dance*, *Oxfordshire PCT* and the *asa*.

Support from the PAA

Moving on from the desired role, we wished to know what kind of support the Alliance should give to the industry. How can the Alliance best support organisations in the sector? We listed six support activities for rating and Table 3 gives the results; Table 4 shows which were considered the most important. We asked in interviews and groups, how could the PAA best provide the support requested, in practise and, are there any other activities, or comments?

There is strong support (over 90% of responses) for –

- generating additional funds & resources (that bodies can access)
- lobbying
- synthesising research & evidence into a form that can be used.

The “Most important” verdict goes very clearly (with nearly 50% voting for this) to “Generating additional funds & resources”. “Helping coordinate work better” was rated second, with almost 30% of consultees selecting this option.

TABLE 3 Percentage of respondents rating possible support activities of the PAA as ‘very important’ and ‘quite important’ (online & interviews)
Exact question wording: “The PAA could directly support organisations like yours in a number of ways. Please indicate how important you feel each of these possible support activities would be to your organisation?”

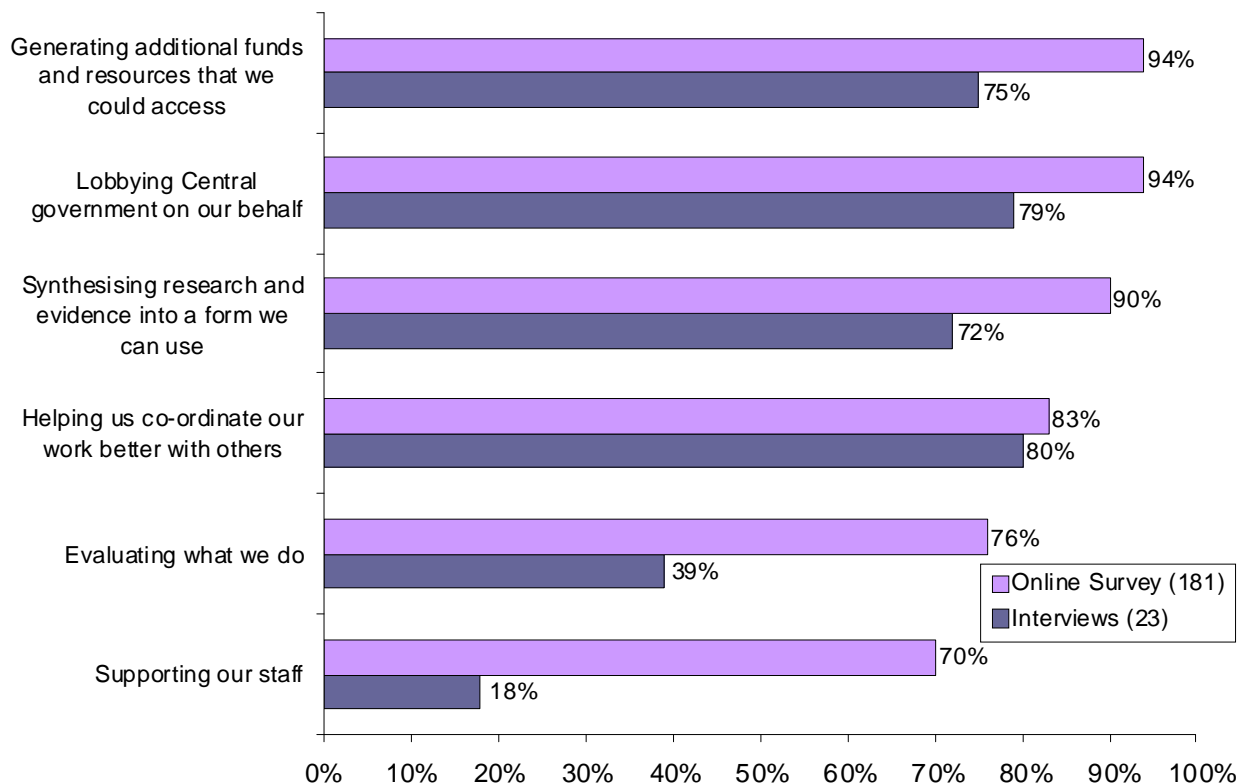
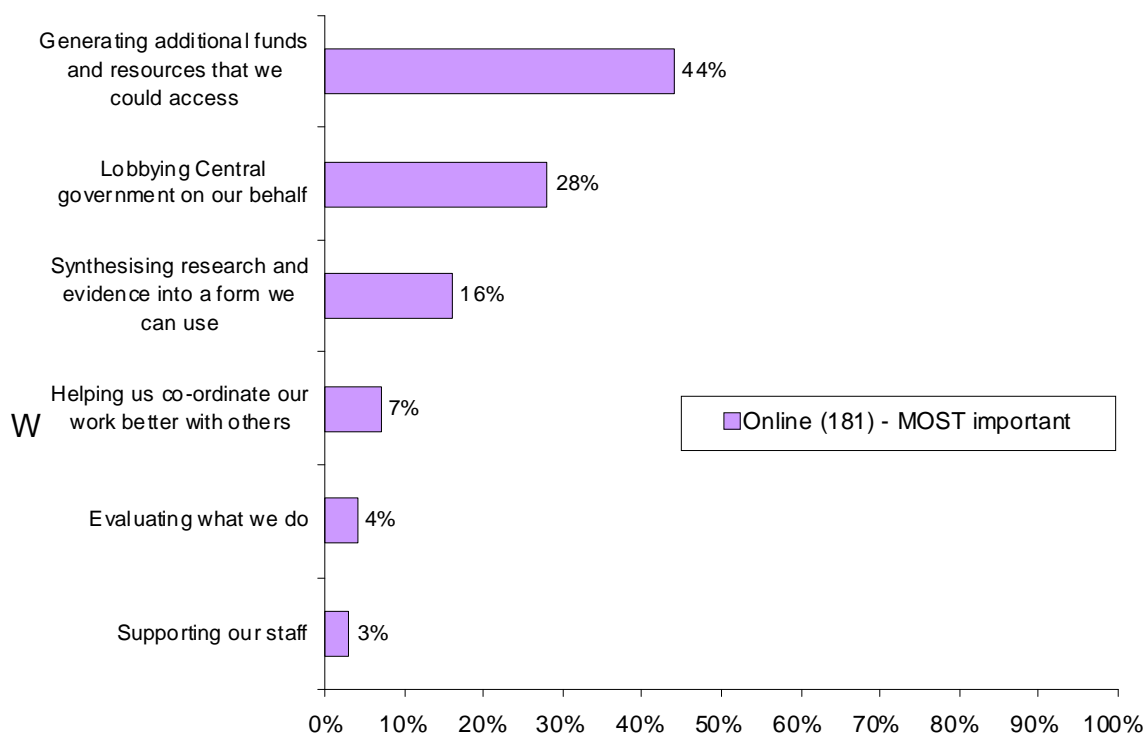


TABLE 4 Support Activities voted 'MOST important' (online only)
Exact question wording: "And, which of these support activities would be the most important in your organisation?"



We should report some **specific comments**;-

EFDS, saying they were “200% behind the process” of creating the Alliance, said the Alliance could help them “hugely” with “support, research and funding advice”.

For *BTCV*, PAA could best support them by “making funding available, in commissioning opportunities, by acting as a champion and advocate.....and by marketing and promoting the environment sector”.

YST talked of PAA operating “through networks.....locally and regionally....., with a national conference and web based information...as the primary means of support”

DEFRA referred to the need to “ensure the evidence base for PA”.

Bristol University saw the need for “a national organisation with expertise....to fight for strong recognition at the policy level and through professional training and who are able to represent the many varied agencies and institutions concerned with promoting physical activity for health. That has been woefully missing in the past”.

The Ramblers wanted PAA to ensure that their voice was properly coordinated with other organisations and thus increase their impact.

For *CTC* “it boils down to receiving funds....for (PAA) to be an alternative conduit for getting flexible cash that isn’t locked up by local authorities and PCTs.....Money talks at a local level”.

PAA Focus

ISG's concern, under this heading, was to gauge industry opinion on the right focus for the Alliance. Specifically, to what extent should PAA focus on communicating with the public? How much of its work should be on lobbying/political matters? How should PAA be organised internally, to achieve the right balance? Specifically, how much should the PAA focus on sport, or recreation, or everyday activities?

Table 5 below gives the online and interviewee rating of the different options offered for PAA's communication with the public.

The most popular options were;-

- communicating with the public should be a significant part of what the PAA does, but not the main focus (nearly 40%)
- communicating with the public should be only a small part of what the PAA does (32%).

These results indicate overall doubts from consultees about a public PAA role.

TABLE 5 How much should the PAA focus on communicating with public? (online only)

Exact question wording: "With regards to the PAA's role in communicating with the general public, which of the following statements reflects your own view?"

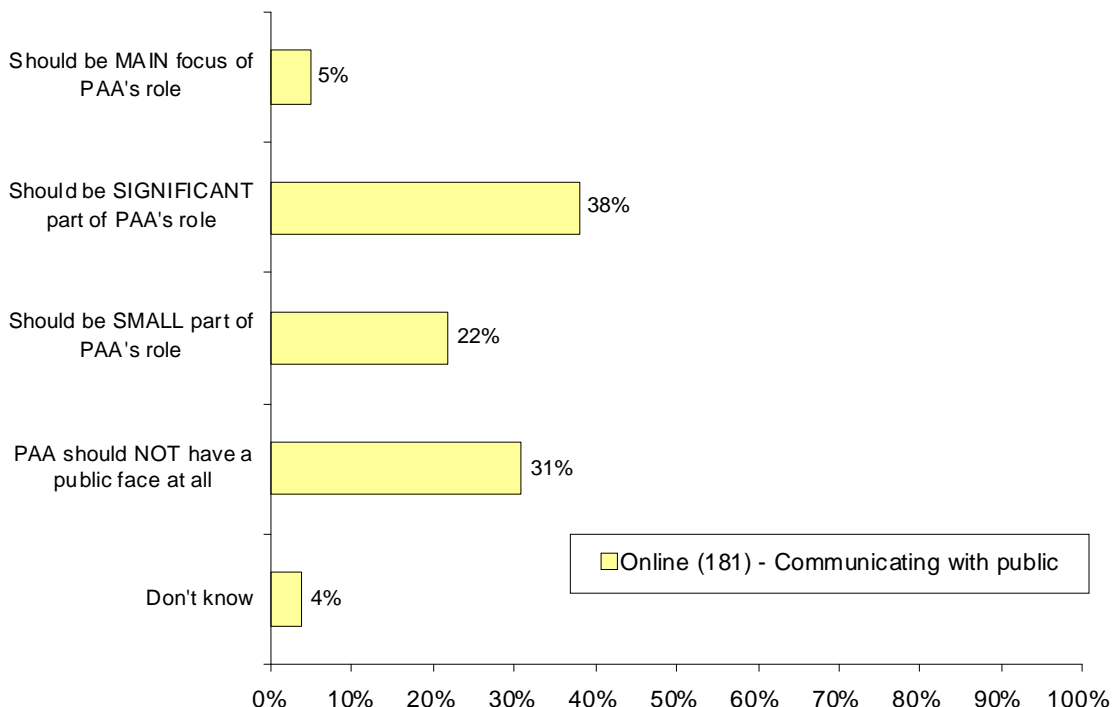
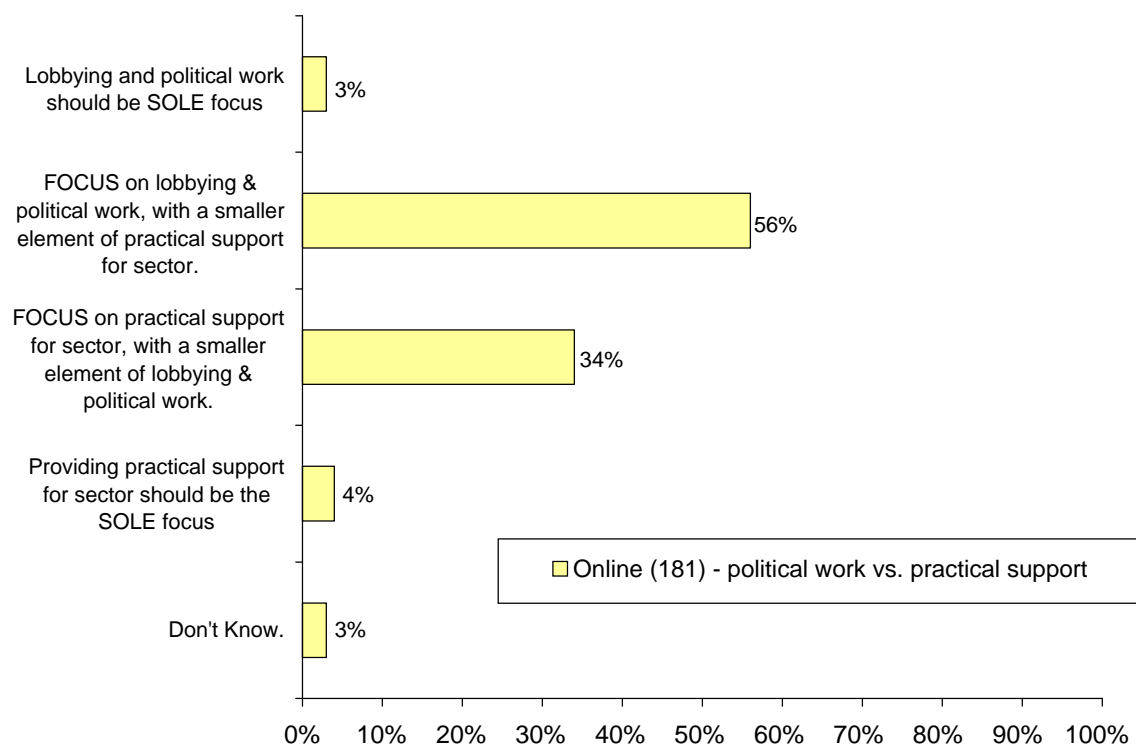


Table 6 below gives the results to questions (online and in interviews) about the balance the Alliance should strike between the political and practical aspects of its role.

TABLE 6 How much should PAA focus on political vs. practical aspects of role? (online only)

Exact question wording: “Which of the following statements reflects your own view about the balance the PAA strike between the political and practical aspects of its role?”



These “Focus” findings support the **main representational role** for the Alliance, but some differences in definition and priority emerge. The role is not just political, not merely lobbying, but broader based, with an element of practical support. The inference is that consultees prefer a broad agenda for the PAA, rather than a single mission. Here are some specific comments;-

The *National Obesity Observatory* gave the vision that “sport & leisure were merged so that an 80 year old woman was as happy as a 20 year old man taking up a new sport”. *Sporting Equals* said the PAA, with support from the national equality partners, should be champions of equality in PA, with “a particular focus on people from BME backgrounds.....and areas of high deprivation....where groups have “consistently suffered from poor health”. *Sport England* advised that the PAA focus should be “on the 2 million target to increase PA” and said that “the strategic voice is of key importance”. For the *Women’s Sport & Fitness Foundation* the priority is the “lobbying, strategy development & political work as it is the biggest weakness in the sector”.

There are sharp differences of view on whether the PAA should **communicate with the public**. *BTCV* is strongly against this, as is the *Environment Agency*, *Sporting Equals*, *Skills Active*, *Women’s Sport & Fitness Foundation*, *Youth Sport Trust*, *the Ramblers Association*, *CTC* (who commented “there would be a clash

of brands and perceptions and it's already confusing enough”), and *BHF*. But for *DCSF* this is a “substantial part of the role”.

Under the **Focus** heading, ISG also sought views about how much the PAA should commit effort and resources to three specific kinds of activity - **Sport, Recreation or Everyday**. Table 7 below **Rating of three potential focuses for increasing physical activity** gives the results from the questions asked, online.

Table 7 *On a scale of 1-10 where 1 is no focus at all and 10 is a very strong focus, how much should the PAA focus on Sport, Recreation activities and Everyday activities? (online only)*

Exact question wording: “On a scale of 1 to 10 where 1 is no focus at all and 10 is a very strong focus, please indicate to what degree you think the PAA should focus its work programme on increasing participation in the following kinds of physical activities?”

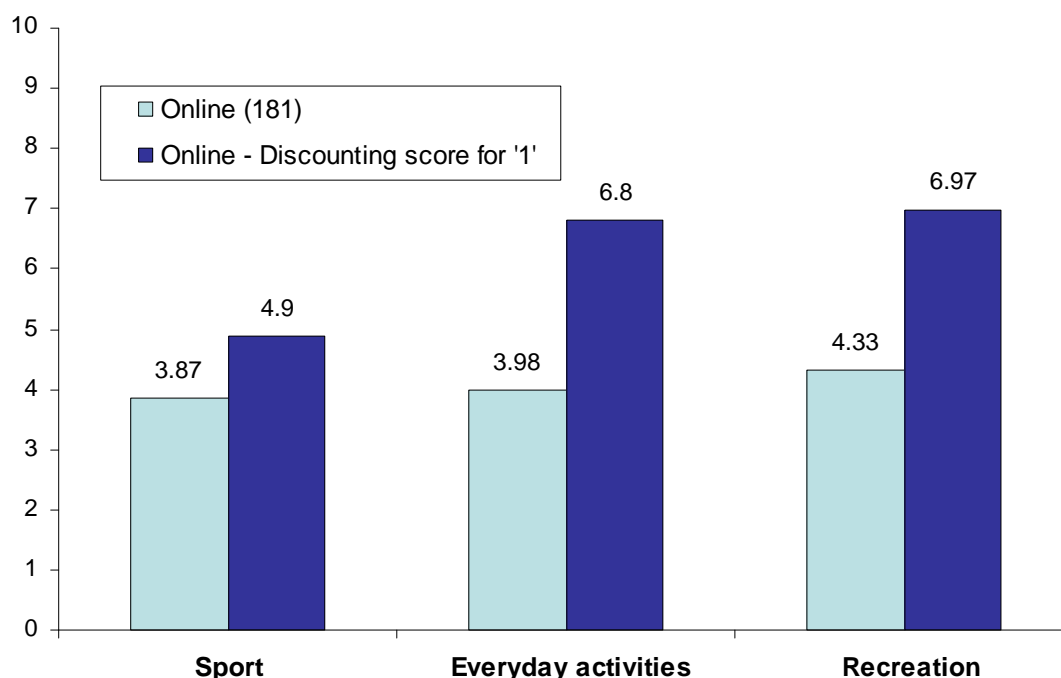
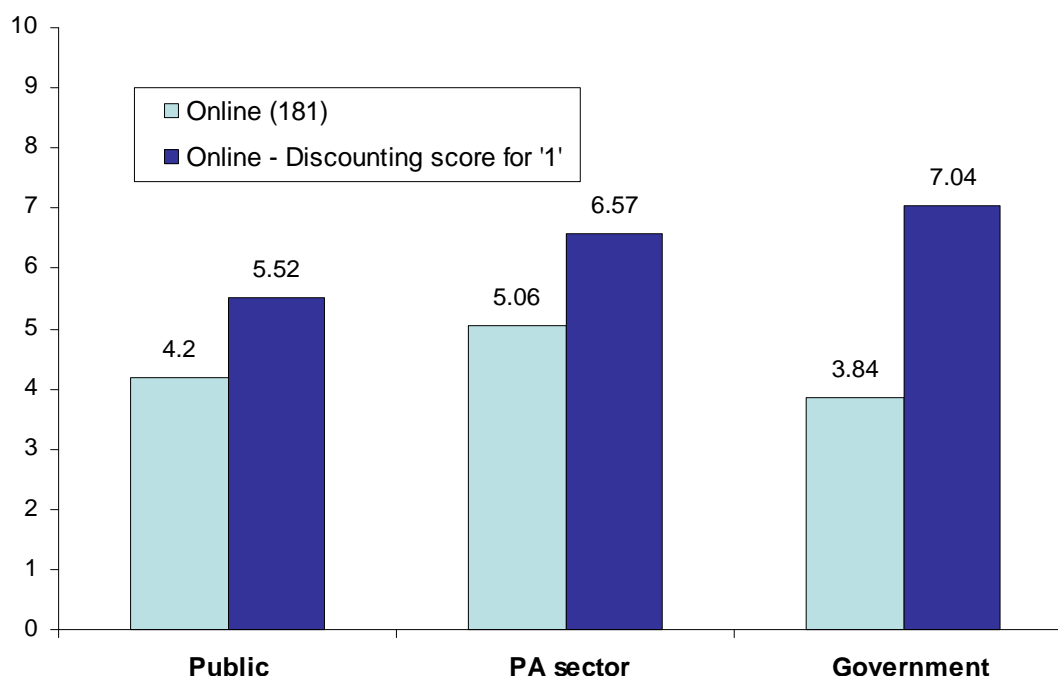


Table 8 now indicates how respondents online rated the priority to be given by the PAA to influencing directly the Government, the physical activity sector or the public (Online question 10).

TABLE 8 *On a scale of 1 to 10 where 1 is very low priority and 10 is very high priority, how much priority should the PAA give to influencing the Government, the PA Sector and the Public? (online only)*

Exact question wording: “On a scale of 1 to 10 where 1 is a very low priority and 10 is a very high priority, please indicate the priority that the PAA should give to its efforts to directly influence the following audiences.”



“Government” is a clear winner. Respondents confirm, via the answers to this question, the views expressed widely elsewhere - that they want the PAA to lobby and persuade Government to listen to the industry’s agenda.

Structure and Relationship with the sector

Finally, ISG wished to get views and advice on what kind of **structure** was best for the Alliance, and what sort of **relationship** it should have with the industry. Of course, these responses flowed from answers to the other topic areas above and were for example affected strongly by the respondents choice of role. Specific questions under this heading were asked during interviews.

ISG also asked, online, and in interviews, about the correct **financial aims** for the PAA.

Table 9 below covers the answers to question 11 in the online questionnaire (see Annex A), which offered six answer options for the relationship that organisations in the industry should have with the Alliance. Table 10 shows which options were held to be the “primary nature of the relationship”.

TABLE 9 Relationship with PAA (online only)

Exact question wording: "Which of the following statements describes the relationship you think organisations within the physical activity sector should have with the PAA? (you may choose more than one)"

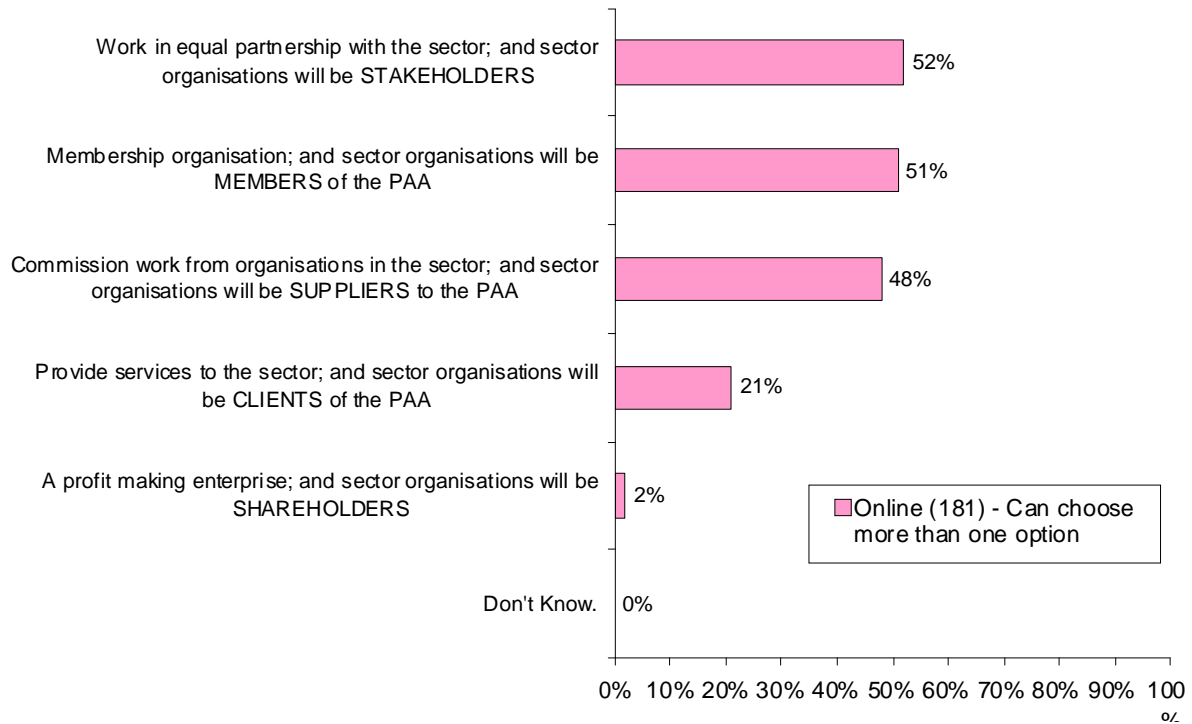
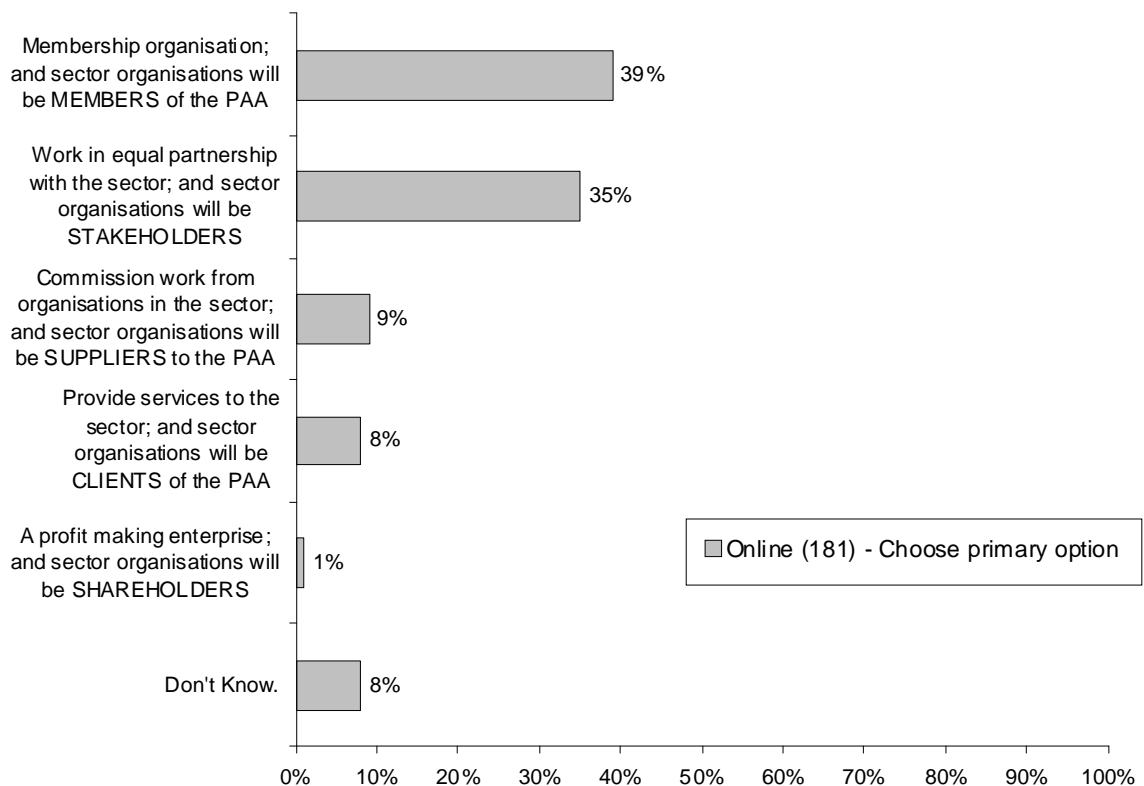


TABLE 10 Primary nature of relationship (online only)
(...and then choose the primary one)



Concerning PAA relationships, consultees share their main support for–

- a) PAA will work in equal partnership with the sector; and sector organisations will be stakeholders (54%);
- b) PAA will be a membership organisation; and sector organisations will be members of the PAA (52%).

When judging the “Primary nature of the relationship”, consultees change slightly to 38% for a) above and 36% for b) above.

The *Groups* all recognised the difficulties, in the establishment and governance of any new organisation, of satisfying the needs of all the interested bodies. The *Groups* felt that it was essential to “focus on the suggested purpose of the Alliance and build a constitution and structure to meet that need”. The *Groups* all agreed that, whatever kind of organisation was established, it had to be very focused “with a few key objectives, which it could do really well”. *Groups* agreed that work was needed to confirm and agree the PAA role and remit and then identify the best operating model and structure.

What kind of structure? 50% of online responses were in favour of a membership organisation. The *Groups* broadly agreed with this option, although there was much debate about what would constitute a “member”. The *Groups* could not agree upon the right, definitive structure, until the role and remit had been agreed. However, if it were to be a membership organisation, the *Groups* offered the following for consideration:

- whether the PAA was to be made up of representatives of national organisations managed by an elected Board/Group of Trustees (although not necessarily a Trust)
- whether representation was to be from the private, public and voluntary sectors and whether members of the Board should be openly recruited on a competency basis
- the Alliance should consider having a small expert executive team.
- membership should be constituted outside the vested interests of the represented organisations but for the wider sector as a whole
- membership could come from umbrella groups representing organisations working within the sector but there may be a need to include individual membership organisations
- the organisation should aim for maximum representation from the sector and should “feed both up from and down” to Regional groups
- whether members should pay, or whether funding was to come from a central source - and whether there should be different tiers of membership.

Several consultees gave **specific organisational and structural advice**. The *Environment Agency* felt the Alliance should have a “strong steering group which represents the whole sector, with a strong Chair, critical to effective influencing”. But, *EFDS* referred to a “small executive Board” - not a representative Board, as “you need the best people for the job”. *EFDS* would have in addition an Assembly within which members could debate and shape priorities.

BTCV felt the NGO Forum might be a possible model.

Sporting Equals argued that the Alliance would work best as “a partnership of key agencies, all bringing their expertise and experience to the table”. For *Skills Active* the PAA needs to be “an umbrella body for a range of organisations...giving a strategic lead”.

WSFF advocate a “small body of perhaps ten to fifteen (max twenty) people focusing on advocacy, **research** and lobbying to Government”.

DEFRA “envisaged a membership organization with a fee based on size which allowed for donations above and beyond that level”.

DCLG noted the need for “strong leadership” and “a clear sense of purpose” and advised that PAA must work as much as possible “with the grain of local government”.

DCMS saw merit in the NICE model. This Department also talked of a possible “Senate” with leaders who represent specific and relevant interests but are “not bound by themwho have authority and knowledge “.

CTC favoured a membership organization that was determined by a “membership contract”, but recognized that “who the members are needs some work”. *CTC* recommended Cycling England or the Active Travel Consortium as possible models to be considered.

BHF look for “all members having an equal voice”, with perhaps a “small secretariat(with) a different mechanism to elect members of the steering group so they are representative of the wider membership”. *BHF* added that the Alliance must be “sustainable” and deal with “the missing link between Government and those working in the field”.

The *PA Network – West Midlands* suggested a Board “to be developed via a transparent process to ensure representative membership”.

The *NHS West Midlands* advocated “a legal structure based around membership and equal stakeholder representation”.

NHS London advised that the Alliance could be made up “of representation from a series of expert reference groups, eg older people, exercise referral, etc....But it is critical the Alliance has the skills, knowledge and clout effectively to lobby for investment in PA”.

NHS Hampshire advised that the PAA should have “a leadership role that listens. *PCTs* need more support to commission effectively and locally, the PAA can help”.

Derbyshire Dales Council felt the Alliance must become the “national organisation responsible for increasing PA levels of the populationFollowing Sport England’s change of emphasis, this area is wide open and requires a lead body to be the link between Government, LAs and the voluntary sector”.

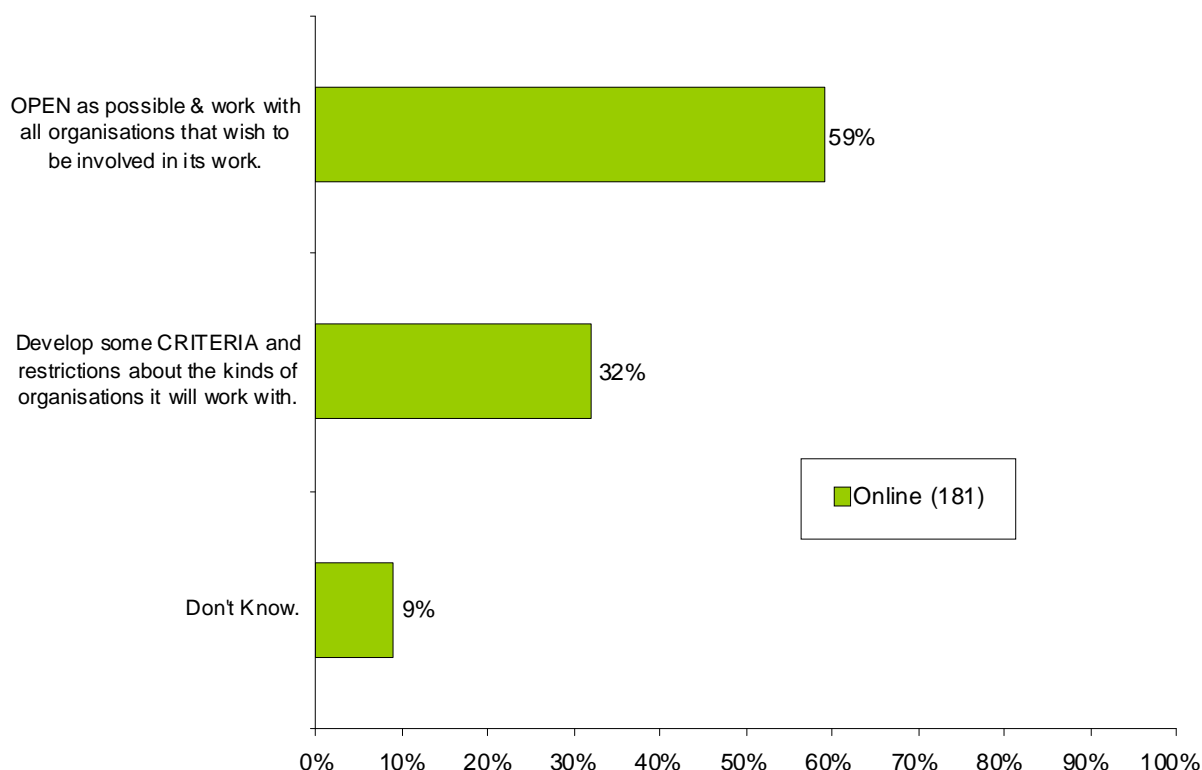
How should the PAA choose the organisations to work with? Table 11 below gives the balance of answers, online, to three specific options given, one being “Don’t know”.

Nearly 60% of Online respondents voted for –

- *The PAA should be as open as possible and work with all organisations that wish to be involved in this work.*

32% supported this option -
 - The PAA should develop some criteria & restrictions about the kind of organisations it will work with.

TABLE 11 How open / inclusive should the PAA be? (online)
 Exact question wording: “Which of the following statements best describes how you think the PAA should choose the organisations it will work with?”



Most favoured then an open relationship, though from these responses the PAA should not feel excluded from developing some rules or criteria to define its future partnerships.

Online respondents had the opportunity to advise (not more than 200 words) on what “**criteria or restrictions**” they felt the PAA should apply. 54 bodies expressed opinions:-

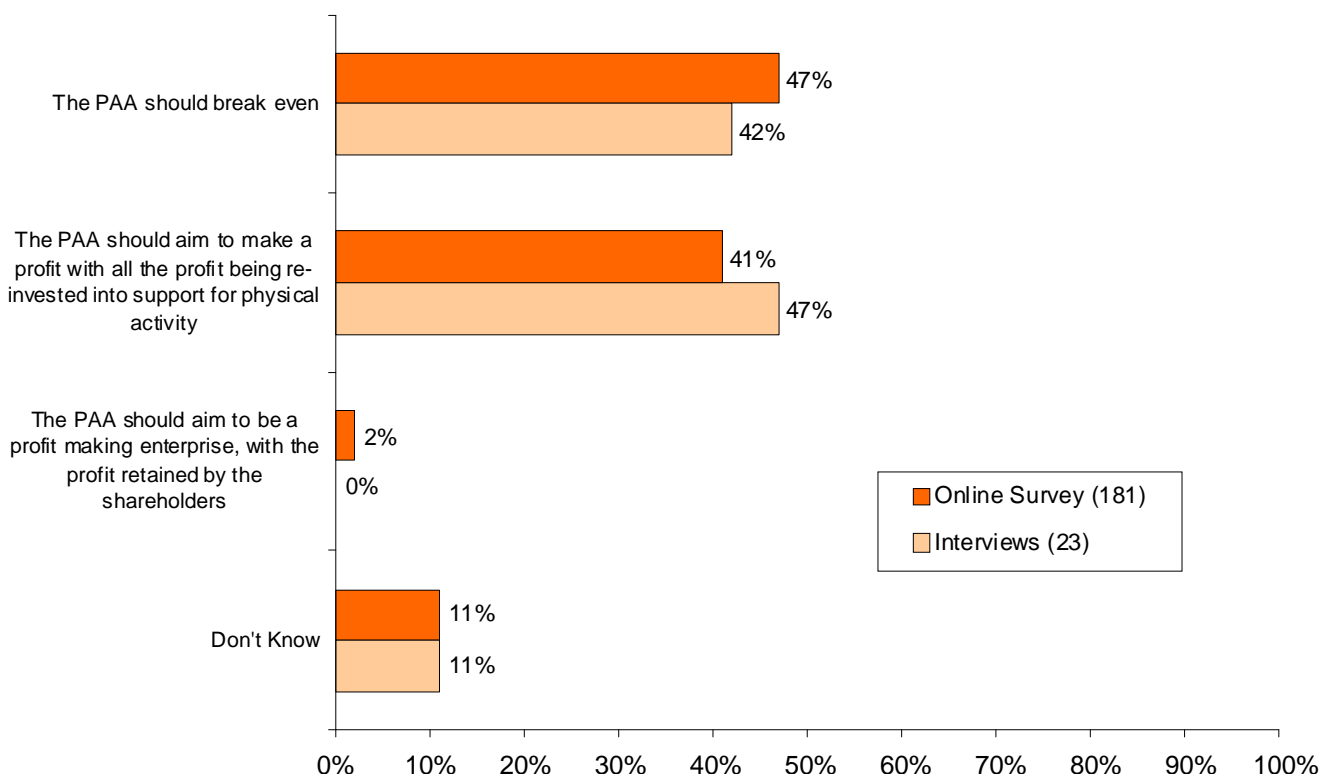
Ten respondents favoured an “inclusive” approach. For example, *Public Health NE* want the Alliance to have “an open membership policy to ensure transparency and adequate representation of all organisations”; the *IOG* warned that “if you close membership, you lose the benefit of lateral thinking and opportunity”; *Bath YMCA* “would like to see it working with every YMCA who wants to be involved being given that opportunity – however a consistency in approach would need to be agreed and appropriate support in place for all taking part”.

Three respondents favoured “caution”. For example, the *Football Foundation* believe “relatively open access is important so long as there are clearly agreed objectives”.

Ten organisations advocated that the Alliance deal only with “reputable” or “large” organisations, some said “credible”. *Cobra Martial Arts Association* felt that all partners must be CRB registered bodies in the interests of child protection; they should also be national bodies, not local groups. *BWLA* warned against the PAA getting involved with “low pretend activity” such as “ineffective activity gyms which have caused the decline of genuine physical activity”. *Essex CC* said that PAA should endeavour to work with organisations that “have some basic ethical underpinning”. *Sport Nottinghamshire* suggested the PAA should not spread itself too thin. *The Association for PE* said Alliance partners should have a membership base and represent others centrally involved in the promotion of PA. Four organisations recommended specifically there should be “balance” in the PAA partnerships. Another four warned about formal involvement with profit making organisations; and four more recommended working with non profit making bodies. The *NHS Alliance* and *Kent CC/CSP* said they felt PAA should have a non sport focus. *YMCA* and the *Carol Hawman Consultancy* argued that “quality and effectiveness of delivery” were key criteria for the PAA to consider. *NHS Doncaster* and *Hull KR Education & Sport Trust* proposed that priority be given to organisations favouring “evidence based effort” or who can evaluate fully what they do. *Leicestershire & Rutland Sport* saw that important criteria were - non political; non discriminatory; clear social objectives as a primary purpose. *Kent Adult Education* believed that having CPD policies should be a requirement of PAA partners.

Our final question online (number 14) and in interviews concerned **the financial aims of the Alliance**. Table 12 sets out the rating of the four options offered.

TABLE 12 Views on the financial aim of the PAA (online & interviews)
Exact question wording: “Which of the following statements best describes the financial objectives you think the PAA should have?”



46% of online responses were in favour of the Alliance breaking even; 41% opted for “making a profit with all the profit being reinvested into support physical activity”. The *Groups* concluded that the Alliance should not seek to make a profit but could aim to break even and, if a surplus was generated, to plough this back in to the sector. There was some debate as to whether it should be a charity but no firm conclusions were reached.

Arguing for breaking even, *the Ramblers* said PAA “has to be not for profit and focused on public benefit.....it is not a trade body”. The *Youth Sport Trust* supported this view, adding that the PAA should ensure that “funds gained are utilized exclusively forincreasing physical activity”.

Further issues

Each respondent had the opportunity to tell us of any other issue they believed relevant to the consultation and to the Alliance. We gave no guidance for this area of the questionnaire, leaving this entirely open to those taking part to say what they wished.

Some bodies gave views and recommendations on **policy matters**.

In a formal response by letter, *Natural England* wanted to see Green Exercise “fully incorporated into the scope and function of the new Alliance so that it works alongside sport and indoor exercise to offer a full package of opportunities to people of all ages, abilities and to everyone regardless of economic circumstances”. They hoped the Alliance will press for better facilities (“green infrastructure”) to “make a green exercise option truly available to all communities”.

The *Motor Sports Association* described the “fundamental changes in their approach in the last couple of years”, leading to the appointment of eight Regional Development Officers and to the unveiling of their first Whole Sport Plan. They seek to help the Alliance towards getting another 1m people into physical activity.

The *Inclusive Fitness Initiative* said it would support the PAA to ensure that “inclusion runs to the core of its strategy and ethos from the start”.

The *Faculty of Sport and Exercise Medicine* said: “We have yet to see a strong and clearly articulated national strategy for physical activity. We would be very supportive of a national strategy.....(with)...a cross Government National Office for Physical Activity Health & Well-being. With the 2012 Olympics looming there is a fantastic and unique opportunity which should not be missed”.

CTC advised that the “one single thing PAA could do is get NICE and DH not to look at interventions on a piecemeal basis, separating each stream of physical activity for analysis; this leads to a postcode lottery about which local interventions the health sector supports or funds. Currently this apparently

depends on the intensity of local lobbying or the whim of individual commissioners”.

For *BISL*, the Alliance must “work with and across Government embed PA in All Departmental consultations and policy.....with regional and local bodies to improve communication of best practise, what works, and how to make it work better”.

Snowsport England said they wanted the PAA to “help open access to facilities and promotions of alternative sports”. The *River & Lake Swimming Association* agreed, asking PAA to “persuade third party organisations to open up sites closed to the public allegedly on grounds of health and safety”.

The *Institute of Groundsmanship* (IOG) suggested the PAA should “coordinate a central website to act as a directory and link for all bodies”.

Essex CC told us that “the key is for PAA to map who is doing what in PA.....here are other bodies who could lead on (various topics), eg research, etc, but are they signed up to doing that, and does everyone else know they are taking the lead? These are the answers PAA should focus on. The PAA role is to be a tight coordinating organisation with the clout with politicians and the Civil service to achieve change”.

The *Countryside Management Association*, in pressing for the PAA to lobby for further resources, told us it was “of vital importance to raise the profile of keeping healthy and the culture of the young feeling there is nothing to do is changed.....Sports & activities taken up at a young age usually last a lifetime..... We need to turn on its head that wandering the streets and getting into trouble is cool...”

The *Play Providers Association* stressed that the PAA must be “a doing organisation, not a talking shop....”. *Chiltern DC* also gave this view. Some bodies were concerned that the PAA take a wide view of its responsibilities. For example, *Cancer Research UK* is interested in PA from a disease prevention perspective and wishes to be involved with the Alliance; the *Federation of Disability Sports Organisations* wishes to be engaged with the Alliance, to protect their specific sectoral interests; the *College of Chinese Physical Culture* wishes to help the PAA deliver on health eating; and *Natural England* advocated the benefits of led health walks, Green and Blue Gym activity and outdoor learning.

Walk England asks the PAA to recognise the unique nature of walking, as a physical activity, which engenders a much broader political agenda, eg through active travel, carbon emissions, “liveability”, social capital.

Gamercize argued that PA promotion needs to match the technology of the new generation - “We simply cannot repeat the same messages but this time expect different results”.

The Royal Society for Public Health asked the Alliance not to be “too ambitious at the start, but to set some realistic goals for the short term to demonstrate results.(also).....it is very important to think very widely about different types of organisations that provide opportunities for increasing PA (eg small community groups) and providing them with support, advice and funding if possible”.

The *BWLA* reflected that in their view “the tragedy of policies for the last 45 years has been the emphasis upon LEISURE and provision of facilities for it...at the same time the voluntary sector has been starved of resources...Much leisure provision has been so low key that it has no health benefit.”

The Association for PE commented that the Alliance “need to include school physical education as it is important this is a quality experience delivered by competent teachers and that it links closely to additional opportunities provided within the school, locality and wider community”.

Natural England gave their view that seeking membership contributions from public organisations would be to “simply add another bureaucratic administrative step to getting public funding for the coordination role of the Alliance...”

Next Steps

This Report (once approved by the ISG) will be published on the PAA website and then discussed at the Alliance Stakeholder meeting in Birmingham on 22 September. That meeting will also consider the ISG’s recommendations for future action, based on this consultation.

Report compiled by David Teasdale, on behalf of PWG, aided by Lindsay Sutherland (CCPR) and Martin Skipper (FIA).

ANNEXES

- A. Chairman’s letter; Online questionnaire**
- B. List of respondents**
- C. Report of discussion groups**
- D. Statistical tables**

ANNEX A CHAIRMAN'S LETTER, launching consultation

19 May 2009

Dear

The PHYSICAL ACTIVITY ALLIANCE

I write to you, as Chairman of the Interim Steering Group (ISG) for the Alliance, to invite you to give us your views on the Alliance's future structure, strategy and operation. This letter marks the formal start of our consultation process, as foreshadowed in the Department of Health's Physical Activity Plan, published on 11th February 2009. As you will know, that Plan set the Alliance in the context of a wider, national strategy for physical activity that focuses on supporting the local delivery of physical activity alongside sport. The Plan contributes to the delivery of approx 1 million people more active in support of the cross-Government 2012 Legacy Action Plan target for 2 million more adults 'active' by 2012.

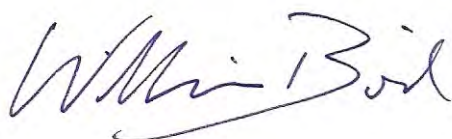
The Department of Health's Plan makes clear the Government's support for "the creation of an alliance of organisations that share the common aim of increasing participation in physical activity". The ISG agrees with Government that this is a "significant and groundbreaking development", to bring together public, private and voluntary sector organisations from across the three major domains of physical activity (indoor, outdoor and active travel) and beyond. The Physical Activity Alliance will add value to the national and local delivery of physical activity by coordinating the activities of its members at all levels and unlocking new resources, from the public, private and voluntary sectors.

This consultation is crucial to the decisions to be made by the Autumn on the setting up of the Alliance. I hope therefore you and your organisation will play a full part and give us the benefit of your views and advice, by 31st July please.

The consultation will be live from May 29th at www.activityalliance.org. Alternatively, you can e-mail me (chair@activityalliance.org) or write to the address on this letter with any comments, views or advice.

I look forward to hearing your views.

Kind regards,



Dr William Bird
Chair - Interim Steering Group
Physical Activity Alliance

ON LINE QUESTIONNAIRE

Consultation Survey

SECTION 1 – Roles, Responsibilities and activities for the PAA		
1. Below are a number of roles that the PAA could play, please indicate with one tick how important you think each one is		
a) Representing the physical activity sector to Government and key decision-makers.	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>
b) Promoting physical activity and its benefits to the public.	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>
c) Developing intervention strategies across the sector.	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>
d) Developing and nurturing physical activity promotion and delivery partnerships, outside of the sector. (eg. within the workplace)	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>
e) Coordinating activity campaigns & promotions.	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>
f) Commissioning partners to deliver interventions to increase physical activity on behalf of Government.	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>
g) Directly delivering interventions to increase physical activity.	Very important	<input type="checkbox"/>
	Quite important	<input type="checkbox"/>
	Neither important nor unimportant	<input type="checkbox"/>
	Not very important	<input type="checkbox"/>
	Not important at all	<input type="checkbox"/>

h) Evaluating physical activity interventions and sharing results.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
i) Originating and managing research programmes.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
j) Driving change and improvement within the sector.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
k) Increasing the options available for participating in physical activity.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
l) Developing products and services to support local delivery.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	

2. And, which of these roles is the most important, in your view? Please indicate one option only with a Tick.

a) Representing the physical activity sector to Government and key decision-makers.	
b) Promoting physical activity and its benefits to the public.	
c) Developing intervention strategies across the sector.	
d) Developing and nurturing physical activity promotion and delivery partnerships, outside of the sector.	
e) Coordinating activity campaigns & promotions.	
f) Commissioning partners to deliver interventions to increase physical activity on behalf of Government.	
g) Directly delivering interventions to increase physical activity.	
h) Evaluating physical activity interventions and sharing results.	
i) Originating and managing research programmes.	
j) Driving change and improvement within the sector.	
k) Increasing the options available for participating in physical activity.	
l) Developing products and services to support local delivery.	

3. The PAA could directly support organisations like yours in a number of ways. Please indicate with one tick how important you feel each of these possible support activities would be to your organisation?

a) Synthesising research and evidence into a form we can use.	Very important	
	Quite important	
	Neither important nor unimportant	

	Not very important	
	Not important at all	
b) Supporting our staff (e.g. through training).	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
c) Generating additional funds and resources that we could access.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
d) Evaluating what we do.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
e) Helping us to co-ordinate our work better with others.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
f) Lobbying central government on our behalf.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	

4. And, which of these support activities would be the most important for your organisation?		
a) Synthesising research and evidence into a form we can use.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
b) Supporting our staff (e.g. through training).	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
c) Generating additional funds and resources that we could access.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
d) Evaluating what we do.	Very important	
	Quite important	

	Neither important nor unimportant	
	Not very important	
	Not important at all	
e) Helping us to co-ordinate our work better with others.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	
f) Lobbying central government on our behalf.	Very important	
	Quite important	
	Neither important nor unimportant	
	Not very important	
	Not important at all	

5. What other roles, responsibilities or support activities do you feel the PAA could usefully take on?
(in no more than 200 words please)

6. What other advice or comments do you have on the role of the PAA?
(in no more than 200 words please)

--

7. With regards to the PAA's role in communicating with the general public, which of the following statements reflects your own view? Please tick one option only.

a) Communicating with the public should be the main focus of the PAA's role.	
b) Communicating with the public should be a significant part of what the PAA does, but not the main focus.	
c) Communicating with the public should only be a small part of what the PAA does.	
d) The PAA should not have a public face at all, it should work in the background to support other public facing organisations in the sector.	
e) Don't Know.	

8. Which of the following statements reflects your own view about the balance the PAA should strike between the political and the practical aspects of its role? Please tick one option only.

a) Lobbying and political work should be the sole focus of the PAA's work.	
b) The PAA's role should focus mainly on lobbying and political work, with a smaller element of practical support for the sector.	
c) The PAA's role should focus mainly on practical support for the sector, with a smaller element of lobbying and political work.	
d) Providing practical support for the sector should be the sole focus of the PAA's work.	
e) Don't Know.	

9. On a scale of 1 to 10 where 1 is no focus at all and 10 is a very strong focus, please indicate to what degree you think the PAA should focus its work programme on increasing participation in the following kinds of physical activities?

a) Sport	
b) Recreation activities (e.g. dance, rambling, health clubs & leisure centres)	
c) Everyday activities (e.g. play, active travel to school / work)	

10. On a scale of 1 to 10 where 1 is a very low priority and 10 is a very high priority, please indicate the priority that the PAA should give to its efforts to directly influence the following audiences.

a) Government	
b) The physical activity sector itself	
c) The Public	

SECTION 2 - The PAA's Structure and Relationship with the Sector

11 Which of the following statements describes the relationship you think organisations within the physical activity sector should have with the PAA? (you may choose more than one).

12. And which of these do you feel will be the **primary** nature of the relationship?

	Q11	Q12 Primary
a) The PAA will be a membership organisation; and sector organisations will be		

members of the PAA.		
b) The PAA will provide services to the sector; and sector organisations will be clients of the PAA.		
c) The PAA will be a profit making enterprise; and sector organisations will be shareholders.		
d) The PAA will work in equal partnership with the sector; and sector organisations will be stakeholders.		
e) The PAA will commission work from organisations in the sector; and sector organisations will be suppliers to the PAA.		
f) Don't Know.		

13. Which of the following statements best describes how you think the PAA should choose the organisations it will work with? Please tick one option only.	
a) The PAA should be as open as possible and work with all organisations that wish to be involved in its work.	
b) The PAA should develop some criteria and restrictions about the kinds of organisations it will work with. What criteria or restrictions do you think the PAA should apply? (in no more than 200 words please.)	
c) Don't Know.	

14. Which of the following statements best describes the financial objectives you think the PAA should have?	
a) The PAA should aim to break even.	
b) The PAA should aim to make a profit with all the profit being re-invested into support physical activity.	
c) The PAA should aim to be a profit making enterprise, with the profit retained for its shareholders.	
d) Don't Know.	

SECTION 3 – About your Organisation

15. Which of the following best describes the activity sector that your organisation operates in?	
a) Active travel.	
b) Outdoor recreation.	
c) Indoor recreation.	
d) Play.	
e) Dance.	

f) Health clubs & Leisure centres.	
g) Other **	
** Please specify	

16. Which of the following best describes the nature of your organisation?	
a) Private sector company.	
b) Voluntary / Community / Third Sector.	
c) Local Government.	
d) Other Government / Public sector. (answer question 17)	
e) Other. **	
** Please specify	

17. If in the Public sector, which best describes the part of the sector you work in?	
a) Private sector company.	
b) Voluntary / Community / Third Sector.	
c) Local Government.	
d) Other Government / Public sector.	
e) Other. **	
** Please specify	

18. Is the remit of your organisation national, regional or local? (you may choose more than one)	
a) National.	
b) Regional.	
c) Local.	

Please provide your contact details:

Name	
Job Title	
Organisation	
Address	
Telephone No:	
Email	
<input type="checkbox"/>	Are you happy to be re-contacted by the PAA or research companies working on this consultation in the future? If so please tick the box.

ANNEX B Organisations

LIST OF RESPONDENTS

Action for Blind People
Active Dorset
Age Concern and Help the Aged
Age Concern East Cheshire
Age Concern Eastern Region
Age Concern Hull
AGILE (Clinical Interest Group of the Chartered Society of Physiotherapy)
Amateur Swimming Association
Ass.Dir Leisure and Wellbeing
Association for Physical Education

Bath YMCA
BHFNC - BHF National Centre for Physical Activity and Health
BIG Lottery Fund
Black Country BeActive Sport Partnership
Black Country Consortium Limited
Blackburn with Darwen Borough Council
Blackpool NHS
Blyth Valley Arts and Leisure
Bowls England
Bristol University
British Canoe Union
British Colleges Sport
British Cycling
British Heart Foundation
British Orienteering
British Weight Lifters' Association
BTCV
Business In Sport and Leisure
CADSART
Cancer Research UK
Carol Hawman Consultancy
CCPR
Central Bedfordshire
cheshire & warrington sports partnership
Cheshire East Council
Chiltern District Council
Cobra Martial Arts Association
College of Chinese Physical Culture
ContinYou
Countryside Management Assoc'
CTC
CTC: The Cyclists Touring Club
Cumbria CVS Barrow Office
Curves for Women
Curves International
Cycling England
DCFS
DCLG
DCMS
DEFRA
Department of Health - East of England
Derbyshire Dales District Council
DH Northwest
Directorate of Public Health East Midlan
Dorset County Council
Dudley MBC - Directorate of Urban Env
Earls Court YMCA
East and North Herts PCT
East Lancashire NHS
ECB
EFDS
EFDS
Enfield Council
English Outdoor Council

Environment Agency
Essex County Council
EXTEND
Federation of Disability Sports Organisa
Fields in Trust (NPFA)
Fitness Industry Association
Football Foundation
Forest of Dean DC
Forestry Commission England
Gamercize
Gloucester City Council
Gloucester City Council
Granby Island Community Centre Ltd
GreenSpace
Halton Borough Council
Hampshire Dance
HoM Partnerships
Hull City Council
Hull City Council
Hull KR Education & Sport Trust
Institute for Sport, Parks and Leisure
Institute of Sport and Recreation Manage
ISPAL
JSW Management and Development
Keep Fit Association (EMDP)
Kenryck Lloyd Jones
Kent Adult Education
Kent County Council / CSP
Leicester-Shire and Rutland Sport
Leicesteshire Healthy Schools
Links SSP
Living Well West Midlands
London Regional Public Health Group
Mayor's Office
Medau Society
Merseyside Sports Partnership
National Council for School Sport
National Obesity Observatory
National Roller Hockey Association of En
Natural England
Natural England
Natural England, for SEPACT
NCAA
NHS Alliance
NHS Barking and Dagenham
NHS brighton and hove
NHS Community Care Western Cheshire
NHS Doncaster
NHS Halton & St
NHS Hampshire
NHS Hertfordshire
NHS HULL
NHS Kensington & Chelsea
NHS Leeds

NHS London
NHS Manchester
NHS Milton Keynes
NHS North Yorkshire and York
NHS Rotherham
NHS Surrey
NHS Wandsworth
NHS Western Cheshire
North West Healthy Living Network
Oxfordshire PCT
PAN-WM
Portsmouth City Council
PRO-ACTIVE Central London
Pro-Active East County Sports Partnershi
PRO-ACTIVE North London
PRO-ACTIVE South London
Public Health NE
Ramblers Association
RFL
RFU
Royal Society for Public Health
Runnymede Borough Council
Sandwell Leisure Trust
Scott Wilson
Sefton MBC
Sefton MBC Leisure Services
sheffield city council
Sheffield Hallam University
Sheffield International Venues
Shropshire County PCT
SkillsActive
SkillsActive
SkillsActive
Snowsport England
South Northamptonshire Council
Southampton Solent University
Sport England
Sport England
Sport Hampshire & IOW
Sport Nottinghamshire
SPORTA
sportessex
sportEX
Sporting Equals
St Albans City and District Council
Stroud District Council
Sue Catton
Suffolk Sport
Surf Life Saving GB
Sussex County Sports Partnership Trust
Swimming Teachers Association
Tees Valley Sport
Telford and Wrekin PCT
Test Valley Borough Council

The Dalcroze Society UK (Inc)
The Institute of Groundsmanship
The Play Providers Association (PPA)
The River and Lake Swimming Association
Trail Riders Fellowship
Tyne & Wear Sport
UNIVERSITY OF GLOUCESTERSHIRE
Walk England
Walk England
WASP - Wiltshire and Swindon Activity and Sports Partnership
Watford & Districity YMCA
West Sussex PCT
West Sussex PCT
Wirral Council
WMDC
Womens Sport and Fitness Foundation
Worcester YMCA
YMCA
YMCA Guildford
YMCA Norfolk
Youth Sport Trust
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous
Anonymous

TOTAL = 203 respondents

ANNEX C

SUMMARY REPORT from GROUP WORKSHOPS

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1 Introduction

1.1 Background

The Department for Health has stated its support for the Physical Activity Alliance (PAA) within its physical activity strategy *Be Active, Be Healthy*, to add value to the delivery of physical activity.

The emerging Alliance is currently being managed and led by an Interim Steering Group. The Alliance has stated that it is focused on developing into an organisation that adds clear value to partners in Government, the sector and the local and regional delivery networks. It aims to spread best practice and will work to remove the frustrations and limitations that prevent more from being achieved.

There are many potential roles for the Alliance and as a result the Interim Steering Group is overseeing a consultation process across the sector (including those directly involved in delivery) to understand how the Alliance could best add value and to gather views about its future role and direction. The aim of the consultation is to help define governance options, legal structures, funding models and the organisational structure for the new organisation. A Project Working Group is managing the consultation process.

1.2 Consultation Process

There are three phases to the consultation process: an on-line survey; one-to-one interviews; and a series of stakeholder group workshops designed to capture the views of the sector on how the Alliance will operate including the future structure, strategy and operations. The following were highlighted in *Be Active, Be Healthy* as the key questions that were to be consulted upon:

1. How should the Physical Activity Alliance work across the whole physical activity field, including the private sector, to grow capacity and increase investment in physical activity?
2. How should the Physical Activity Alliance work with the delivery infrastructures at local, regional and national level?
3. How should the Physical Activity Alliance be constituted, governed and funded?
4. What should be the priorities for the Physical Activity Alliance during the first 18 months?

1.3 Stakeholder Group Workshops

TrioPlus were commissioned by the Working Group at the beginning of July 2009, to provide external support to organise, facilitate and report on a series of stakeholder group workshops as part of the overall consultation process.

Following an initial briefing meeting, a Group Workshop Discussion Guide (Appendix 1) was produced for use during the workshops to ensure consistency in questions both across the six stakeholder group sessions but also with the on-line survey and one-to-one interviews.

It was intended that there would be six workshops covering the following key Groups:

1. Regional Physical Activity Leads
2. North West Health and Physical Activity Forum
3. County Sports Partnership Network
4. National Culture Forum
5. Local Government
6. National Governing Bodies

However during the planning and preparation phase for the workshops, as a result of the Local Government workshop being organised through the Chief Leisure Officers Association (CLOA), it became apparent that with the exception of the Arts, the National Culture Forum (NCF) members were represented within other consultation Groups and through the one-to-one interviews. Therefore, rather than run a dedicated workshop for the NCF, a separate consultation was undertaken with representatives of the National Association of Local Government Arts Officers (NALGAO) to ensure that the views of the Arts sector were included as part of the consultation.

1.4 Structure of the Report

The main body of the report provides a consolidated summary of the outcomes of the six stakeholder Group consultations. Presentation of the outcomes follows the format of the Group Workshop Discussion Guide. The Appendices contain the detailed notes from each of the individual sessions. In the case of NALGAO, a summary of the discussions from two one-to-one interviews are included. The individual Group participants have all signed off the detailed notes as an accurate record of their discussions.

2 Consolidated Outcomes of the Stakeholder Workshops

2.1 Stakeholders Role within the Sector

2.1.1 Positive Activity within the Sector

The first part of the workshop was designed to capture the positive activity, programmes and day-to-day work that was already being undertaken within the sector and which was seen to be important to maintain within any new structures going forward. Whilst there were specific activities being undertaken by the individual stakeholder Groups (and contained within the individual notes in the Appendices), the key activities raised that were consistent across the discussions included:

- **Existing Networks/Networking** Within the sector there is already a considerable amount of networking taking place with key relationships and networks established that are working effectively. These networks include organisations such as Primary Care Trusts, Regional Health Authorities, Play England, Sustrans, Natural England, County Sports & Physical Activity Partnerships, Forestry Commission, Age Concern, Leisure Trusts, Dance Agencies, Sport England, National Governing Bodies, Regional Obesity Board, Youth Sport Trust and Local Authorities. This list is not exhaustive and varies between the Groups and across the regional structure.
- **Advocacy and Influence** As a result of good consultative regional and local networks, the stakeholder Groups are able to advocate for health and physical activity and in many cases are the key driver for NI8, thereby adding value and making a difference. This influencing, advocacy and negotiation role can provide impact to ensure some influence at the national level and then manage how this is translated to the regional and local level. In addition it can provide impact to ensure influence in such areas as local transport plans, Spatial Strategy Development and 2012 plans.
- **Facilitating the Infrastructure** Local delivery infrastructures have been developed at the local level. As networks have been established a key role is the management, leadership and co-ordination at a regional and local level by taking a strategic lead. Some of the organisations represented play a key role in the support and delivery of programmes at a local and regional level. In addition there is the built infrastructure needed to support physical activity including the financing of capital facilities and the cross subsidy in facilities, which is a key responsibility of the local authorities.
- **Resource Development** There is a lot of activity taking place in developing resources to support, promote and grow physical activity. This is in the form of individual national governing bodies (NGBs) developing sport specific programmes, in addition to local activity tool kits being provided.
- **Ability to Respond to Local Needs** Given the relationships at the regional and local level, the communication and networking enables organisations to provide local co-ordination of national initiatives, such as Change4Life. This local level implementation provides the opportunity to respond, tailor and

communicate initiatives to make it appropriate for local needs and demand. The ability to consult locally, particularly with deliverers, is seen as an important and key strength of existing activity with all the stakeholder groups.

All six stakeholder Groups felt that it was very important going forward that the Alliance did not duplicate the good work that was already being undertaken by a wide range of partners, particularly in the delivery of physical activity programmes and interventions.

2.1.2 Gaps within the Sector

The Groups then discussed and highlighted areas where they perceived there were gaps or things not happening as well as they might, due to a lack of both financial and physical resources and where additional help and support is needed. Again there were issues specific to a stakeholder group and these are contained within the Appendices. The key issues raised that were consistent across the discussions, included:

- **Strategic National Lead** The need was highlighted for a strong single voice for physical activity to influence high-level policy and strategy at a national level. It was felt that there was a need for a joined up approach from the diversity of partners responsible for physical activity across the sector. This influencing and strategic lead would start to deliver a common approach and direction of travel for the sector at both national and regional level. The lack of one voice to challenge existing practices leads to too many short-term initiatives of a stop/start nature, with people chasing the cash. A strong evidence-based strategic role could influence the sector to ensure planning and management of activity, better co-ordination and joined up direction at the national level, leading in turn to appropriate and sustainable programmes at regional and local levels. This should lead to addressing the inconsistency of delivery and improve the quality of outputs across the country.
- **Providing An Evidence Base** All six Groups highlighted as a key issue the lack of a comprehensive evidence base for interventions. There needs to be a more comprehensive and appropriate body of evidence for use at national, regional and local levels. This would include the ability to tailor evidence for different audiences and the provision of a credible evidence base for specific interventions, which could be used to encourage the Department for Health (DH), National Institute for Clinical Excellence (NICE), PCTs, local

practitioners and other deliverers in the adoption of physical activity programmes. The ability to demonstrate how sport and physical activity has a role to play, at different levels and for different health issues, should result in more appropriate and cost-effective interventions in the longer term. It was felt that this lack of evidence discourages a PCT from commissioning non-traditional methods which could deliver better health-related benefits. There is also a significant need to develop a method of sharing intelligence and best practice.

- **Co-ordinated Long-Term Vision** There is currently a lack of a well thought out, co-ordinated long-term vision. It was suggested that there needs to be a single influence at national level to avoid short-term initiatives and take a longer term, more sustainable approach rather than short-term programmes of a start/stop nature. There also needs to be a cultural/behavioural/mindset change across the sector to commit to a longer-term approach in order to have significant impact. There is a need to engage with the whole population in creating the right conditions for improvement.
- **Co-ordination of National Initiatives** It was felt that there is currently disengagement between some national initiatives and their local implementation. Change4Life was developed at a high level with no cascading down or seeming acknowledgement of how it would be delivered at the local level. The Groups argued for joined up national initiatives, for example Change4Life and the free swimming programme. National co-ordination would inhibit the development of initiatives in isolation and ensure that nationwide programmes can be successfully implemented at the local level to meet local needs and demands and avoid some of the current implementation inconsistencies.
- **Common Approach and Consistent Messages** There is a need to influence the national agenda to provide a common and consistent approach to physical activity and what it actually means. There is a lot of activity being developed, but this should be linked with what is happening on the ground, how this is communicated and the benefits associated with physical activity. It was felt that there should be guidance from the national level to help the wider health sector deliver one clear message. There is still a great deal of

confusion amongst health professionals, particularly around some of the messages currently being delivered for example five times 30 minutes a week for adults. It is hoped that clear and consistent messages and education on physical activity across the sector would avoid this.

- **Networking with the Other Sectors** It was felt that there was currently a lack of networking with the private sector and those who do not necessarily see themselves as part of the physical activity sector eg transport, environment etc. All Groups were looking for a way to buy-in to the same agenda and provide the opportunity to influence and engage with those who consider themselves outside the sector but can have a huge impact on physical activity interventions.

2.2 Defining the Role of the Physical Activity Alliance

The next part of the discussion centred on the key question as to how should the Physical Activity Alliance work across the whole physical activity field, including the private sector, to grow capacity and increase investment in physical activity?

From the 12 highlighted roles provided (Appendix 1), the Groups debated and confirmed the roles that they thought the Alliance should undertake in addition to stating the ones that they thought they should not. In addition the Group offered changes to the roles identified or suggested ones not included on the original list.

2.2.1 Roles the Physical Activity Alliance Should be Undertaking

There were some slight variations across the Groups as to the role the Alliance should be undertaking and these can be found within the individual Group notes in the Appendices. The roles below are the ones where there was a consensus, across the six Groups, that the Alliance should be undertaking:

- **Representing the physical activity sector to Government and key decision-makers** All stakeholders believed this was a key role for the Alliance but only if everyone was on board and there was a joined up approach across the sector with individual agendas left at the door. However, they felt that this had to be set against the backdrop of a strong, clear, succinct agenda providing co-ordination across the sector. This key role would need to add value by shaping thinking and policy. The Groups thought that the role should extend beyond just the Department for Health and NICE but also other government departments who impact on the physical activity agenda including: Transport; Children Schools and Families; Communities and Local Government. There was some debate about whether

the Alliance should be making representation to the Department for Culture Media and Sport, with differing views across the Groups as to the appropriateness of this.

- **Evaluating physical activity interventions and sharing results** All of the Groups saw the need for the Alliance to play a key role in driving and co-ordinating evidence-based research and acting as a conduit for information. They felt that there were enough organisations, including academic institutions and NICE, actually undertaking the research and evaluating interventions. They all agreed the need for more nationally recognised protocols and a central storage database/repository of best practice, which could be used nationally. Some Groups felt that the Alliance could provide a kitemark , credibility stamp and co-ordinate publicity for potential interventions once appropriate research had been undertaken, that could be used to persuade key partners at a local level as to the benefits of physical activity interventions.
- **Driving change and improvement within the sector** The Groups all agreed that this is a key role for the Alliance and supported the principle of continuous improvement, although they questioned whether they would have the capacity. They felt they should be an advocate for those initiatives/activities that have been developed and could support or advocate their adoption at the local level. There was also a need for the Alliance to up-skill and educate local practitioners of the benefits of physical activity to drive the agenda at the local level.

The Groups thought that the following roles could be important for the Alliance to address, subject to the caveats highlighted below:

- **Developing intervention strategies across the sector** There was a consensus amongst the Groups that the Alliance should be about developing best practice and ensuring a joined up approach to intervention strategies rather than developing them themselves. They were seen as an organisation that could support what works and be an advocate for this, to give credibility at the local level, rather than being proactive in strategy development.
- **Developing and nurturing physical activity promotion and delivery partnerships, outside of the sector, (including with private and**

- voluntary sector organisations)** All the Groups felt that this should not be a priority for the Alliance at this stage, but it could be an important role in the future. It was believed to be more important for the Alliance to build credibility within and across the physical activity sector in the first instance.
- **Originating and managing research programmes** The Groups felt that this was already being done at the local and regional level. The Alliance could look for gaps in research and co-ordinate commissioning to ensure a comprehensive and sound evidence base. The research/evidence base needs to be centrally located and to provide a resource across the sector with a particular focus on sharing what works .

2.2.2 Roles the PAA Should Not be Undertaking

From the list of roles provided, the Groups were mainly in agreement that the Alliance should not engage in the following activities:

- **Promoting physical activity and its benefits to the public** The local government Group saw this as a valid role and believed that, whilst the Alliance should not duplicate what was being done, it could reinforce and co-ordinate a powerful message. All the other Groups contended that this should not be undertaken by the Alliance and that, once the message had been agreed, this should be promulgated at a local level. They felt that there were enough organisations already involved in promotion without the Alliance also taking on this role.
- **Coordinating activity campaigns and promotions** Most of the Groups argued that they would need to know more about the Alliance as an organisation before they could say that this was a valid role. They believed that it was not about co-ordinating activity, which should be done at a local level led by health, but about the Alliance supporting a single, co-ordinated and consistent message. It was not seen as a high priority and should not duplicate existing activity, the Alliance should always look to add value to the work already being done within the sector.
- **Commissioning partners to deliver interventions to increase physical activity on behalf of Government** There was consensus amongst the Groups that this conflicted with the objective of being representative of the

sector and would lead to tensions and promote silo working. If funding is made available for delivery, then there would need to be transparent procedures for commissioning including clear guidelines to avoid conflicts of interest.

- **Directly delivering interventions to increase physical activity** All Groups felt that the Alliance should not be a delivery organisation. They believe there are already significant best practice and delivery infrastructures with enough people at local level doing the delivery and this would just add further to the confusion. It would also result in a much larger organisation, which the Groups would not support.
- **Increasing the options available for participating in physical activity** All the Groups agreed that this should be down to those who are responsible for delivering at a local level, otherwise there would be a danger of duplication.
- **Developing products and services to support local delivery** The consensus was that this was already being delivered by the Regional Activity Networks and the Alliance should focus on other more important priorities and those things not being done.

2.2.3 Summary

Overall, the six stakeholder Groups believed that the Alliance should focus its activities on a small number of key areas and cracking some of the difficult issues, rather than trying to cover too many areas and having limited impact. All the Groups stressed that the Alliance must be accountable and add value by not duplicating existing work or creating more noise in an already crowded sector. There must be clear roles and responsibilities with a clear link to existing organisations. The Groups emphasised that it is most important for the Alliance to build a good reputation and be seen as a credible single voice for the sector, particularly among health care professionals.

2.3 The Alliance Adding Value or Filling Gaps in the Sector

The next part of the workshop centred on the key question how should the Physical Activity Alliance work with the delivery structures at local, regional and national level?

The discussion concentrated on how the Alliance could work with the stakeholder Groups and support them in delivering the health agenda. The Groups confirmed the roles that they felt it was important for the Alliance to have.

The Groups stated that the key roles for the Alliance were, in priority order:

- **Lobbying central government on the sector s behalf** There was some discussion across all the Groups about the word lobbying . The Groups felt it should be more about working across government at a strategic level, particularly with those who might not consider themselves to be part of the sector, eg transport, environment etc, but who have an impact upon it. The Groups thought that the Alliance should have a clear, concise and consistent message with the aim to generate significant and sustainable long-term investment, rather than time-limited and one-off support.
- **Helping to co-ordinate their work better with others across the sector**
The Groups all interpreted this slightly differently but agreed that, if there was agreement on a common direction, the Alliance could fill identified gaps which would be beneficial. One Group suggested that this would be better phrased to say defining the sector and co-ordinate national work both within and across the sector, influencing the activity of those who impact on the sector .
- **Synthesising research and evidence into a form they can use** The Groups felt this was particularly relevant in bringing together research and having a central place where there was a credible body of evidence, which could be utilised across the sector at a local and regional level.

The Groups were all in agreement that:

- **Evaluating what the sector does** - Should be linked to the synthesising of existing research. They felt that the Alliance should not evaluate what the sector does as this is already being undertaken and it should steer clear of performance frameworks but act as a co-ordination point. The Alliance has a role to play in acting as the conduit for information rather than an evaluation organisation.
- **Generating additional funds and resources that they could access** - Should be linked to the lobbying of central government and be a by-product of the lobbying rather than an activity in itself. Some of the Groups felt that there should be a mainstreaming of existing funding rather than trying to generate additional funds.

- **Supporting your staff (e.g. through training)** - Should definitely not be a role of the Alliance, as support is already being delivered by the individual stakeholder Groups and other organisations working within the sector.

2.4 Focus of the Alliance

The discussions then centred on the key question what should be the priorities for the Alliance during the first 18 months? The Group discussions identified where the Alliance should focus its efforts and activities both for the short, medium and long term.

The Groups all felt that the medium and long-term focus of the Alliance should be mainly lobbying and political work with a smaller element of practical support . There was some debate as to whether in the short term the Alliance should focus solely on lobbying work in order to bring the sector together in to one credible voice. Then as time progresses the view then was that, whilst the lobbying role should remain, its key focus would shift to providing more practical support and resources at the local level. However, it was felt that there may even in the short term, be some element of practical support. There would need to be the balance between lobbying and practical support and this would change over time.

The local authority Group argued that the Alliance should not be purely evangelical, but work on developing its presence with a hard evidence base and consistent message, with an objective of changing Government policy. The Group also felt that the Alliance must focus on the ultimate outcome of maintained and improved health through behavioural change.

2.5 Sector Relationships and Structure of the Alliance

The final part of the discussions focused on the key question how should the Physical Activity Alliance be constituted, governed and funded?

The Groups discussed how the Alliance could best interact with their particular stakeholder Group and add value to its work, and how they see this relationship working in the longer term once it is up and running.

The Groups all recognised that it will be quite difficult, in the establishment and governance of any new organisation, to satisfy the needs and involvement of all the organisations delivering physical activity. The Groups felt that it was essential to focus on the suggested purpose of the Alliance and build a constitution and structure, which would meet that need. The Groups all agreed that, whatever kind of organisation was established, it needed to be very focused with a few key objectives, which it could do really well. They all felt that there was a substantial piece of work to be undertaken in order to confirm its role and remit and then identify the best operating model and structure for the organisation to facilitate this.

The Groups were not in favour of the Alliance becoming another quango, despite the fact that they all agreed that it would need to be funded by the Department of Health. The view was that it should aim to become the recognised, credible, authoritative and single voice for physical activity.

The Groups were generally in agreement that the Alliance should be a membership organisation, although there was a great deal of debate about what would constitute a member with some differences across the Groups. All agreed that clarity was needed as to what it means to be a member and how to become a member. The Groups did not feel that they could agree an approach for the organisation and representation until the role and remit had been agreed.

However, the view was that if it were to be a membership organisation, then the following would need to be considered in its establishment:

- Whether it was to be made up of representatives of national organisations managed by an elected Board/Group of Trustees (although not necessarily a Trust)
- Whether representation was to be from the private, public and voluntary sectors and whether members of the Board should be openly recruited on a competency basis.
- That the Alliance should consider having a small expert executive team.
- That membership should be constituted without the vested interests of the represented organisations but for the wider sector as a whole.
- Membership could come from umbrella groups representing organisations working within the sector but there may be a need to include individual membership organisations.
- The organisation should aim for maximum representation from the sector and should feed both up from and down to Regional groups.
- There was some debate about whether the membership should pay or whether funding was to come from a central source and also about different tiers of membership, eg individual versus organisational memberships, although no consensus was reached as to which would provide the best outcomes.
- The Alliance should not seek to make a profit but could aim to break even and, if a surplus was generated, this should be ploughed back in to the sector. There was some debate as to whether it should be a charity but no firm conclusions were reached.

The Groups felt very strongly that the Alliance should not:

- Provide services to the sector and the sector organisations will be clients of the Alliance.
- Be a profit-making enterprise and sector organisations will be shareholders.
- Commission work from organisations in the sector and sector organisations will be suppliers to the Alliance.

3 Conclusion

Overall, whilst there were some differences in the discussions across the Stakeholder Groups there was consensus on a number of key themes on which they would like to see the Alliance focus its role. There was considerable support for an advocacy and representative role at the national level, focused on a limited number of key issues rather than trying to address the whole sector. Going forward the Groups want the Alliance to add value and not duplicate anything that is already being undertaken at a national, regional and local level.

There was a lack of clarity and agreement for the way in which the organisation should be established and constituted. However, this stemmed from the lack of clarification over future funding for the Alliance and its relationship with the Department for Health and the sector as a whole, in addition to confirming the specific role and remit for the Alliance.

The Groups concluded that whatever type of organisation was established that it needed to be accountable and focussed on a few key objectives in one or two areas, where it could have significant impact. They also felt that a considerable amount of additional work needed to be undertaken to identify the best operating structure for the organisation.

A number of the Groups felt that they had not had the opportunity to be as closely involved in the development of the Alliance to date as they would have liked and the relationship and tensions between the public and private sector members was also raised. Whilst all welcomed this consultation process and the ability to feed in their views, there would probably be some benefit from the Alliance exploring further the tensions between the public and private sectors.

All stakeholders represented would welcome the opportunity for further and continued engagement in driving the Alliance forward.

NB. The appendices to this report of the group discussions are omitted from this version. Copies of these appendices can be obtained by calling or mailing the PAA office.