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Society of Apothecaries of London

## London 2012: Legacy

### A Position Paper from the Faculty of Sport and Exercise Medicine

#### Prepared by Professor Mark Batt (President Elect) July 2009

In July 2005 the IOC awarded the 2012 Olympic and Paralympics Games to London. The excitement following this important announcement in Singapore is now leading to a realisation of the wider implications of the 2012 Games, in terms of staging the Games and its legacy. The success of the London 2012 bid was to a considerable extent based on its promise of legacy and its vision to inspire young people. Thus a successful legacy should be regarded as important as a successful and safe 6 weeks of Olympic sport in 2012.

Whilst the physical infrastructure for the London 2012 Games is being created under the watchful eye of the Olympic Delivery Authority (currently on or ahead of schedule), attention is also turning to delivering a legacy – a legacy for the whole country. London is the first host city to have a Sports Legacy Plan, a group chaired by Kate Hoey and involving LDA, ODA, YST, Sport England and others. A Legacy Trust has been created as a charitable foundation, based on a £40M endowment, to enable and fund cultural and sporting activities at and around 2012. Programs have to be visible, distinctive and demonstrate community inclusion with a focus on community sport, healthy living and cultural activities.

The Department for Culture, Media and Sport (DCMS) in June 2008 released its London 2012 Olympic Legacy Action Plan entitled: *Before, During and After: Making the Most of the London 2012 Games*. This document sets out 5 key promises under the strap line of: 'improving the quality of life for all through cultural and sporting activities, to support the pursuit of excellence and to champion the tourism, creative and leisure industries'. Specifically these 5 promises are:

1. Making the UK a World leading sporting nation
2. Transforming the heart of East London
3. Inspiring a new generation of young people
4. Making the Olympic Park a blueprint for sustainable living
5. Demonstrating the UK is a creative, inclusive and welcoming place to live in, visit and for business.

It is perhaps within promises 1 and 3 that the Faculty of Sport and Exercise Medicine has the greatest interest. These speak firstly to ensuring people become more physically active and secondly to promoting sporting achievement. Under the first, there are 3 headline ambitions under the promise of *making the UK a World leading sporting nation*. These are:

- Inspiring young people through sport: Offer all 15-16 year olds in England 5 hours of high quality sport a week, and all 16-19 year olds 3 hours of such activity a week by 2012. (We should remember that the Olympics is about young people with the average age of medallist typically 23 yrs.)
- Getting more people more active: Help at least 2 million people in England be more physically active by 2012
- Elite achievement: Aim for 4<sup>th</sup> in the 2012 Olympic Medal table and at least 2<sup>nd</sup> in the Paralympics Medal table.

The 3<sup>rd</sup> promise, *to inspire a generation of young people*, is a global aim that 3 million young people overseas have access to quality physical education and sport and at least 1 million participating in these activities regularly by 2010. There is, additionally, a shared vision between the Department of Health (DH) and DCMS that 2 million people will be more physically active in The UK by 2012. It is appreciated that previously no single event has ever achieved a sustainable increase in physical activity and hence this represents a considerable challenge.

Each Department has attempted to address this with Sport England (through DCMS) releasing their strategy in June 2008. This is to achieve 1 million more people being involved in sport by 2012. This is to be delivered via National Governing Bodies of Sport although Sport England has no additional monies for specific Olympic branded programmes.

There is a parallel programme to be run by the DH to achieve 1 million more people being physically active by 2012, although the DH plan is still awaited. It is due for publication in January 2009 as part of a wider health/well being strategy.

### **Concerns Regarding 2012 Legacy Planning**

1. *School Sports*: At 'face value' the investment in the school sport strategy might be said to be paying off in as much that the original target of 85% of pupils undertaking 2 hours of high quality sport per week has already been reached and indeed exceeded at 90%. However, significant issues exist such as the data collection, which is by school self-report and secondly, the nature of 'high quality sport'. Currently changing time is included within the 2 hours and there is no definition and consistency in the term 'high quality'. Moreover, we are conscious of considerable 'drop off' between the ages of 16 and 22 years. An example of this is netball where there are 25,000 netballers aged 16 but just 8,000 aged 18. Thus the aspiration to reach 5 hours for 15 to 16 year olds and 3 hours for 16 to 19 year olds has some significant issues with respect to reporting and definition. Furthermore, it is very likely that much of the additional activity beyond 2 hours will occur outside of the school day and it is highly questionable as to whether or not community sport has the current capacity to take up such a big increase in implied participation. This will be further compounded by the termination of funding in Spring 2009 of community sports coaches from the County Sports Partnerships. Thus the DCMS aim of the sport unlimited programme (by 2011, 900,000 more young people participating in a range of sport) may be over ambitious and unrealistic without more specific investment in infrastructure.

2. *The DH physical activity strategy plan, 'Be Active Be Healthy'*, was published in Feb 2009 with some expected match-funded PCT pilots later this year. This will aim to get 1 million more people physically active by 2012. At present, it is really quite unclear as to how this will be achieved and furthermore what will count 'as physical activity'. There remains a lack of clearly articulated physical activity goals and clearly understood national guidance. A national plan for physical activity and wellness with clear physical activity guidance is *sine qua non* for success.

*To what extent will the London legacy involve London as opposed all of The UK? ?* There is a sense that the further away from the Olympic Park the harder it will be to deliver legacy. Thus expectations may need to be tempered with the realism that 2012 may be a catalyst rather than a true deliverer of legacy change, particularly outside of London. Thus we need to help and encourage PCTs, LA and others to work together throughout the country to 'use the Olympic lever' to deliver exciting and innovative programmes to meet the Olympic Legacy aspirations (Tessa Jowell has spoken of the 'sprinkling of Olympic gold dust'). London, through 'Go London' has launched its own physical activity plan, others should follow. The London Games are part of a decade of sporting events to be staged in The UK which provides us with a unique opportunity to initiate program around 2012 and continue them through 'the decade of sport'.

3. We may be in danger of '*hitting the target and missing the point*'. Thus, whilst Government targets may be met we may have failed to deliver on key components of the Legacy Strategy Plan. Specifically, delivery on Health and Wellness is a complex issue that requires Government Departments to work together for a common aim and yet once again we see the production of strategy plans from individual (or occasionally 2) Government Departments. Big problems require a different way of thinking and working – a national office, akin to the Climate Change office (who share many of the same issues), would undoubtedly help.

### **Actions for Faculty of Sport and Exercise Medicine**

The Members and Fellows of The Faculty can be key agents for change and help use the lever of London 2012 to deliver better health for the nation through life-style and behavioural change. Specifically, increase uptake in physical activity and sport should be encouraged and moreover any adverse events resulting should be appropriately cared for. Thus the Faculty has an important role to play which might be characterised as follows:

- Supporters and instigators of the social movement for Health and Wellness.
- Development of services to support those wishing to become more physically active and involved with sport, and moreover look after any adverse events.
- Work closely with the NHS and LOCOG in providing medical services for the Games and a lasting health legacy.
- Train and nurture trainees in Sport and Exercise Medicine up to and beyond 2012 so that a lasting legacy of London 2012 is a nation of individuals better engaged in Health and Wellness activities supported by a profession who is appropriately trained and skilled to help meet their aspirations and 'cure their ills'.

- Lobby for central DH funding for Sport and Exercise Medicine services and consultant posts in Primary and Secondary care.
- Ensure service commissioners are fully aware of the benefits and cost effectiveness of SEM services\*.

### **Summary**

Through the impressive Beijing 2008 Olympic Games the Chinese demonstrated to the world that they could not only do something Western but also spend a lot of money. There is no doubt that London 2012 will be a different sort of Games not least because of global economic pressures and the focus on sustainability. London 2012 may be an opportunity to tell the World how important sport can be for a healthy cohesive nation - for this to be meaningful any changes have to be sustained. Thus we need to be able to use our facilities post London 2012 but moreover have a lasting legacy of a nation and particularly our youth being more engaged in physical activity and sport.

To miss this legacy opportunity would be a huge shame and it is beholden on us all to go out and make the legacy happen rather than waiting for it to be delivered.

### **Websites**

London 2012 [www.london2012.com](http://www.london2012.com)  
 Legacy Trust UK [www.legacytrustuk.org](http://www.legacytrustuk.org)  
 Sport England [www.sportengland.org](http://www.sportengland.org)  
 BOA [www.olympics.org.uk](http://www.olympics.org.uk)  
 DCMS [www.culture.gov.uk](http://www.culture.gov.uk)

### **\*Why SEM is essential?**

The higher the number of individuals who participate in physical activity, exercise and sport, the greater the expected number of injuries. For example, it is estimated that the incidence of musculoskeletal injuries is approximately 1 per thousand hours of activity for walking and 4 per thousand hours for jogging. It is expected that one in 6 people engaged in the recommended amount of physical activity will be injured each year. This equates to 1.5 million musculoskeletal injuries per annum. Currently, the NHS is not able to provide acute, appropriate management for many soft tissue injuries due to a lack of facilities and staff. Failure to invest in SEM, as part of the 2012 legacy, is likely to lead to increasing chronicity/morbidity following soft tissue injuries with the resultant disabilities, effect on work etc.

Physical activity is beneficial for the healthy; it is probably even more beneficial for patients with co-morbidities. Many fitness instructors and physiotherapists will not advise on exercise to vulnerable patients without a doctors letter and some GP's do not have the skills to advise on appropriate exercise for many of these patients. Appointment of SEM Consultants is essential if these patients are to be advised appropriately.