

Blueprint 2030

Public leisure’s next challenge is not vision.

It is delivery.

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The Blueprint 6 years on: Alignment, ambition and the next chapter

The future of public leisure will not be determined by how well it operates facilities, but by how effectively it contributes to the outcomes that matter to places and for the people who need it most.

The challenge for the next decade is not whether active wellbeing can help improve health, reduce inequalities and strengthen communities. The evidence increasingly suggests that it can.

Are we prepared to organise, invest and lead as though it matters?

In April 2020, at the height of the first COVID lockdown, I wrote *'A New Future - a blueprint for a positive future'* which was published in Health Club Management Magazine. It set out an optimistic vision of the future of the public leisure sector based on insight (and a fair degree of optimism) at the time. It was not intended as a prediction.



It was a reflection on what might be possible if the public leisure sector chose to respond to unprecedented disruption with leadership, collaboration, curiosity and courage.

To read the original New Future article, click here.

At the time, I imagined a sector that would emerge stronger from the COVID crisis: more connected to health and wellbeing, more collaborative, more evidence-led and more confident in its contribution to society. I argued that public leisure had an opportunity to emerge from disruption as central to

recovery and regeneration and with a broader purpose: contributing to prevention, improving health, reducing inequalities and strengthening communities. Six years on, additional 'plate shifts' such as the energy and cost of living crises and the recent pause to local government reorganisation have challenged the sector significantly.

It now feels like the right time to ask two important questions:

1) **How much of the New Future blueprint has already become reality?**
2) **What should a blueprint for 2030 now look like?**

This article will focus mainly on the first question and seek to set out my thoughts on opportunities to help develop a vision for 2030. I'll seek to expand on the future vision in more detail (with sector colleagues' input) later in the year.

Much of the shift I set out has begun. The language of active wellbeing, population health and place-based working is now part of the sector's mainstream conversation. Some Partnerships have matured. Data is improving. Ambition has grown. In some respects, the argument has been won. This progress has been shaped by place-based partnerships, new approaches to systems working and a growing recognition that inactivity and inequality cannot be solved by individual organisations acting alone. The challenge now is understanding whether those changes are translating into measurable improvements in outcomes at population scale.

It is a challenge not of ambition but of delivery.

The environment around public leisure is changing faster than the sector itself. Health reform, healthy ageing, devolution and wider public service transformation are reshaping the role of the state, while technological, climate and demographic change are altering how services are designed and delivered. These forces will define the operating environment for the next decade, whether public leisure chooses to respond to them or not.

As power and responsibility shift increasingly towards places, the question for leaders is whether active wellbeing will be positioned as a strategic public asset or remain a discretionary service competing for attention and resources.

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1. The pivot to active wellbeing is real, but uneven

1.1 A sector that broadened its perspective

One of the central themes of the original Blueprint was the need to think beyond traditional sport and leisure provision. It argued for stronger connections with public health, social care, education and wider community services, supported by a spirit of learning, discovery and partnership.

In many respects, this has happened.

The language of prevention, wellbeing, population health and inequalities is moving firmly towards the mainstream. Relationships between leisure providers, local authorities, healthcare partners and community organisations have, in many places, strengthened. Physical activity is increasingly viewed not as an end in itself, but as a key contributor to wider social, health and economic outcomes.

Perhaps most importantly, there is wider recognition that **the challenges facing communities cannot be solved by any one organisation acting alone**, but through a system wide, place-based approach. **The most successful places increasingly understand leisure and active wellbeing as part of a wider system, connected to community resilience, health improvement, economic prosperity and social cohesion.**

Much of this evolution has been influenced by Sport England's Uniting the Movement Strategy, investment in place-based partnerships and the growing recognition that inactivity and inequality are fundamentally system challenges rather than service challenges. Yet while direction of travel is encouraging, many questions remain on its sustainable impact to date. **The available data presents a mixed picture: while overall activity may be improving, inequality gaps remain and, in some cases, are widening.** In many respects, this has happened.

1.2 Data, insight and leadership

Back in 2020, the Blueprint also advocated a more evidence-led sector, making greater use of local insight, behavioural understanding and academic evidence to shape decision making. Here too, important progress has been made.

The most progressive organisations increasingly define success through impact rather than participation alone. A number of outsourced

operational partnerships, partnerships with local leisure trusts and community interest companies spring to mind.

Important foundations have since been established.

- The **WELLBY** (Wellbeing-Adjusted Life Year) is increasingly recognised as a credible core measure of social value, which can be benchmarked against the QALY (Quality-Adjusted Life Year) supported by the pioneering work of **State of Life**.

- The development of **Moving Communities** and, more recently, the Active Wellbeing Dashboard, following a national review of public leisure data requirements which SLC supported. This platform is providing commissioners, operator partners and place partners with access to richer participation and inequalities data.

The sector is undoubtedly becoming more informed and seeking ways to collaborate.

However, improved data is not transformation.

The challenge is twofold. Firstly, **we need to ensure that insight drives local programming, prioritisation of resources and investment decisions, contract design, workforce development, service models and long-term strategic priorities**.

Secondly, **we need to build a stronger evidence-based case for investment in active wellbeing** as a key preventative investment. This requires the capacity and capability to monitor and evaluate impact, prioritise resources and support meaningful interventions.

A recent example of this is the **Greater Manchester Exercise on Referral study.**
It demonstrated over £20,000 of social value per person using the HM Treasury-endorsed WELLBY, and £5,600 worth of health improvements using the QALY. (Source: GM Active 2026).

These are encouraging findings. But they also highlight the challenge ahead. We are increasingly competing with other preventative interventions and, ultimately, with established healthcare spending. The evidence must therefore be robust.

1.3 The pivot to active wellbeing

Perhaps the clearest manifestation of the sector's evolution can be seen in the growing shift from leisure provision to active wellbeing.

Blueprint 2020 envisaged a future in which public leisure services would evolve into broader health and wellbeing services. Its ambition was supporting people throughout their lives and contributing directly to prevention and population health. In various places that shift is starting to become visible.

In December 2022, Sport England's report on the Future of Public Leisure made a compelling case for public leisure as critical social infrastructure. The Pivot to Active Wellbeing Programme which SLC contributed to in 2022-24 generated significant momentum in Greater Manchester and its impact is still resonating today.

Few within the sector would disagree with the Future of Public Leisure report's central premise, yet the momentum behind the agenda appears to have waned without a clear explanation. The more important question is why. At a time when the case for active wellbeing has arguably never been stronger, understanding why national momentum failed to keep pace with local ambition may be one of the most important lessons of the past six years.

The **Active Wellbeing Leadership Network** is one example of this evolution over the last two years. It continues to build a broad and deep collaborative movement.

The opportunity for this group to focus more on closing the gap between existing delivery infrastructure and local community working is compelling. Indeed, its greatest long-term contribution may be helping to bridge the gap between place-based ambition and delivery capability, connecting strategic thinking with implementation and creating stronger routes for learning, adaptation and scale.

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Partnerships between leisure, health, local government and the voluntary sectors have matured to an extent in some localities. Public sector operator partners in many parts of the country are increasingly working alongside local organisations, delivering interventions focused on inactivity, long-term conditions, mental wellbeing and reducing inequalities.

However, the reality remains uneven. Many organisations are still navigating systems, silos and structures that frustrate transformation rather than enable it. **There remains little national guidance on implementation, no central repository of good practice and insufficient focus on scaling successful models.** Transformation remains concentrated in a relatively small number of places. The challenge is no longer developing innovative approaches but sharing, adapting and embedding them more systematically.

1.4 When language becomes a barrier

Compounding this challenge is the evolution of language itself.

Over the last five years, the sector's vocabulary has changed rapidly. Wellbeing has increasingly replaced leisure. Active wellbeing has become increasingly common. **"Leisure operator" no longer reflects the role many organisations play.** Terms such as "place", "systems change" and "population health" are often used with varying levels of understanding.

Shared terminology can support alignment, but it can also create confusion if we assume common understanding where none exists.

Overuse of technical language risks alienating practitioners, councillors and frontline leaders whose support is essential to successful delivery. There is a danger where language associated with systems working becomes a shorthand for progress.

Ultimately, the pivot towards active wellbeing is real. The sector has broadened its perspective, strengthened partnerships, improved access to data and become more focused on wider outcomes. **But the uncomfortable truth is that progress remains uneven. Transformation remains concentrated in a relatively small number of places.**

The sector has yet to establish and own a single national vision capable of supporting local ambition, and claims of impact are still too often supported by proxy measures rather than robust evidence. The argument may largely have been won, but the challenge of delivery remains.

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2. The health opportunity remains largely unrealised



If the pivot towards active wellbeing represents one of the sector's greatest achievements since 2020, the health agenda remains its greatest unrealised opportunity.

Perhaps the most significant development since the publication of the original Blueprint has occurred not within public leisure itself, but within national health policy. Over recent years, prevention, population health, neighbourhood health and reducing inequalities have all moved firmly into the mainstream of policy discussion. The direction of travel within health reform increasingly reflects arguments that the public leisure and physical activity sector has been making for decades.

Yet there remains an uncomfortable contradiction.

Despite decades of advocacy, public leisure and active wellbeing remain largely peripheral within the national health conversation.

This should concern us.

For many years the sector has focused on making the case that physical activity improves health outcomes. The evidence is substantial and growing. Yet the challenge is no longer proving that physical activity matters. The challenge is demonstrating that the services, assets, facilities, workforce and partnerships that enable active lives should themselves be viewed as essential components of the solution.

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If people with one or more inequality characteristics were as active as those without, England would have approximately 4.9 million more active adults and generate more than £15 billion of additional annual social value (Source: Sport England – Inequalities Metric). Despite this, active wellbeing continues to be viewed too often as a delivery partner rather than a strategic health asset.

2.1 We talk about health, but do we understand it?

Over the last six years some parts of the sector have become more comfortable talking about health. **Yet there remains an important distinction between speaking the language of health and understanding how the health system actually functions.** Primary care, secondary care, tertiary care, public health, integrated care systems and neighbourhood teams all operate with different priorities, incentives and accountabilities.

If the public leisure and active wellbeing sector is serious about becoming a trusted health partner, developing greater system literacy may now be as important as developing stronger evidence.

For too long, many within the sector have assumed the evidence would speak for itself.

It has not.

The emergence of neighbourhood health models, integrated care systems and increasingly place-based approaches to prevention creates a significant opportunity. **For perhaps the first time, the direction of travel within health policy aligns closely with many of the arguments public leisure has been making for years.**

The question is whether the sector has developed a sufficiently compelling proposition to position itself at the heart of that agenda?

In many places the answer remains unclear.

The absence of public leisure or active wellbeing from the Ten-Year Health Plan creates both a challenge and an opportunity.

National health reform is placing increasing emphasis on prevention and neighbourhood health. Yet public leisure and active wellbeing services have not been fully integrated into emerging delivery models, leaving substantial untapped potential. The uncomfortable question is simple – why? Until the

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sector can answer that question honestly, its influence within national health reform is likely to remain limited.

To influence the future health system, the wider sector must become dramatically more effective at demonstrating its relevance to national policymakers, integrated care leaders and local decision makers.

2.2 Healthy ageing and the Social Care challenge

Alongside health reform sits another challenge that may prove even more significant over the next decade: demographic change.

The UK's population is ageing. People are living longer, often with multiple long-term conditions and increasingly complex support needs. For local government, the implications are profound. Adult social care already places enormous pressure on local authority budgets and services, and demand continues to rise. In many councils, it has become the defining financial and operational challenge. **For too long leisure has supported social care simply by generating returns that help fund it. Increasingly, the opportunity is for the service itself to support social care directly through prevention and collaboration.**

Few interventions can match the strength of the evidence supporting physical activity. Regular activity helps maintain independence, reduce falls, improve mobility, support cognitive health, enhance mental wellbeing and enable people to remain active participants in their communities for longer.

Indeed, **many of the outcomes sought by adult social care are closely aligned with those pursued through active wellbeing services. Both aim to help people live healthier, more independent and more connected lives.** The challenge is that many public leisure models remain rooted in assumptions developed for a different era. Historically, success has been measured primarily through participation levels, membership growth and facility utilisation. Those metrics remain important, but they are no longer sufficient on their own.

The coming decade is likely to demand an equal focus on healthy ageing, frailty prevention, strength and balance, rehabilitation, dementia support, carers' wellbeing, and independent living.

This is not simply an opportunity to develop new programmes. **It is a strategic opportunity to reposition active wellbeing as a central contributor to one of the most significant public service challenges facing the country.**

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Places that successfully connect active wellbeing, healthy ageing and social care outcomes are likely to provide some of the strongest and most compelling examples of prevention in practice.

The key question is whether commissioners, providers and policymakers are willing to transform services and invest resources in ways that fully realise that contribution.





At the same time, one of the key lessons of the past six years is that physical inactivity rarely exists in isolation. Housing insecurity, poverty, educational disadvantage, employment challenges, transport barriers and social isolation often exert a greater influence on people's lives than access to physical activity alone. Effective place-based approaches therefore require honesty about what active wellbeing can achieve and where other interventions may be better placed to lead.

2.3 All health is local

One of the greatest risks is assuming that transformation can be achieved through a single national playbook. While the direction of travel may be shared, the reality on the ground is profoundly local.

Every health and care system starts from a different position. Primary Care Networks (PCNs) are responding to distinct population health needs and therefore prioritise different interventions. NHS trusts face varying operational pressures, from workforce shortages and financial constraints to elective recovery and urgent care demand. Meanwhile, local authorities are navigating very different challenges across Adult Social Care and Children's Services, shaped by demographics, deprivation, provider markets and political priorities.

The pace of change is equally uneven. Some areas have embraced prevention, population health management and neighbourhood-based care

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as central pillars of their strategy. Others remain consumed by immediate operational pressures, with rising demand for acute services leaving little headroom for long-term transformation.

This variation is not a weakness of the system. It is a reflection of the communities it serves. **The most successful future initiatives will be those that recognise local realities rather than attempt to override them.** National frameworks can provide direction and consistency, but meaningful improvement will depend on local leaders having the flexibility to adapt solutions to their populations, partnerships and priorities.
In healthcare, context is not a barrier to change. It is the starting point for making change succeed.

The national policy environment has never been more closely aligned with the sector's arguments around prevention and population health. Yet despite decades of advocacy, public leisure and active wellbeing remain largely absent from mainstream health reform discussions.

The challenge facing the sector is no longer proving that physical activity matters. It is demonstrating that the services, assets, facilities, partnerships and workforce that enable active lives are essential components of the solution.

Recognition by health will not be achieved through advocacy alone. **Increasingly, the challenge is not simply explaining why physical activity matters. It is demonstrating how active wellbeing services can consistently deliver outcomes, operate safely, evidence impact and integrate effectively with wider systems.**

Trust is built through delivery rather than aspiration. It must be earned. Until then, active wellbeing will continue to be viewed primarily as a delivery partner rather than the strategic health asset it has the potential to become.

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3. Ambition continues to outpace investment

The challenge of turning vision into investment

If there is one area where the ambitions of the Blueprint 2020 remain only partially realised, it is in securing the scale and alignment of capital and revenue investment required to deliver lasting transformation.

Public leisure and active wellbeing have a vital role to play in improving health, reducing inequalities, strengthening communities and supporting local economies. Yet while ambition has grown considerably, investment has not always evolved at the same pace.

3.1 From provider to place partner

Perhaps the biggest strategic shift since 2020 has been the growing recognition that public leisure operators must become more than facility managers.

Historically, operators were commissioned primarily to manage buildings, deliver programmes and maximise participation efficiently. Today, expectations are significantly broader. **The most progressive councils are increasingly procuring operators as place partners, expected to contribute to reducing inequalities, improving population health, supporting prevention and influencing wider systems.**

This makes sense. Public leisure and active wellbeing partners often possess strong delivery capabilities, yet these skills can be underutilised within wider local community systems. Equally, the sector must be more transparent about its own learning, development and capability needs.

Being a place partner is fundamentally different from operating a leisure facility. It requires relationship building, leadership, collaboration, local insight and the ability to contribute to collective outcomes. As service specifications evolve, organisational capability, workforce development and investment must evolve alongside them.

Yet there remains a fundamental tension at the heart of this transition. Many organisations are increasingly being commissioned as place partners while still being funded, contracted and often measured primarily as facility operators. Too often these additional responsibilities are expected to be absorbed within existing operating models, financial parameters and workforce structures. Until commissioning approaches, investment models

and strategic expectations become better aligned, delivery is likely to continue lagging ambition.

We cannot ask organisations to deliver twenty-first century outcomes through twentieth century systems. As one leisure contract manager said to me recently:

"Tell me what to do. This is new for us."

Across the country there is growing ambition, but there remains a significant gap between aspiration and implementation. **Transformation on this scale requires new capabilities, different contractual expectations and sustained investment in organisational development.**



Across the country, some local authorities are exploring how traditional leisure contracts can evolve into sustainable active wellbeing services, supported by wider partnerships and investment. This is encouraging. However, **collaboration should not be judged by the number of meetings held, strategies published or partnership structures created. It should be judged by what changes as a consequence: resources aligned, services redesigned, outcomes improved and residents better supported.**

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3.2 Effective investment

The importance of this becomes clear when considering the scale of investment currently supporting the development of place-based approaches.

More than £250 million will be invested nationally through place-based partnerships and wider physical activity initiatives up to 2028. These programmes have undoubtedly generated learning, encouraged collaboration and strengthened local relationships. **However, evidence of their impact on participation and lasting behaviour change remains scarce. Questions remain regarding the extent to which that investment has translated into tangible improvements in outcomes at scale**. The next four years will be vital in realising this ambition.

This is not an argument against place-based investment. Far from it.

Place partnerships and preventative approaches are essential to the future. **But without a stronger link to public leisure and active wellbeing services the overdependence on centrally controlled grant funding will remain.**

The challenge is therefore ensuring that leadership development, place partnerships and delivery infrastructure evolve together rather than separately.

There is also a growing perception amongst some leisure and active wellbeing leaders that a significant disconnect has emerged between the place and system agenda and the operational realities facing public leisure services.

While increasing attention has been given to systems leadership, place partnerships and prevention, many local authorities and operators continue to wrestle with ageing infrastructure, maintenance backlogs, workforce shortages and significant financial pressures.

3.3 Facilities as delivery enablers

Since 2020, the conversation around public leisure infrastructure has often been framed through the lens of energy costs, decarbonisation and ageing assets. While these remain important issues, they risk obscuring a more fundamental point: **facilities matter because they enable delivery.**

In many communities, leisure centres, sports facilities, parks and open spaces remain amongst the most accessible preventative health assets

available. They provide the trusted local infrastructure through which active wellbeing services can engage residents, support healthier lifestyles and reduce inequalities. **Without investing in and sustaining that infrastructure, many wider ambitions around prevention, health improvement and community resilience will be difficult to achieve.**

At the same time, investment in facilities should not be viewed simply as a capital burden or operational necessity. Too often leisure infrastructure is discussed either as a financial liability or as a stand-alone asset. **In reality, well-designed and commercially effective leisure partnerships can generate sustainable revenues which support wider place-based outcomes.**

The opportunity is not simply to improve the performance of buildings. It is to use the value generated through those assets to support outreach, community engagement, sports development and preventative interventions beyond facility walls. In effect, successful leisure infrastructure can become an investment vehicle for sustainable active wellbeing.

Some authorities are already exploring this approach through procurement, contract redesign and investment strategies that explicitly link commercial performance with active wellbeing ambitions. **The principle is simple: use the strength of the asset base to create sustainable funding streams for community impact.**

The conversation should not be about choosing between investing in facilities or investing in communities. It should be about creating active wellbeing systems where investment in infrastructure helps unlock greater investment in people, places and prevention.

Increasingly, we are also seeing greater co-location of services, bringing together leisure, health, community and public services within shared spaces. This should be welcomed. Co-location has the potential to improve access, create new relationships and make services more visible to communities.

However, co-location should not be mistaken for integration.

Simply placing organisations in the same building does not create shared outcomes, integrated pathways or collaborative cultures. The challenge remains translating proximity into genuine partnership. **Success should be measured not by whether services share a postcode, but by whether they share purpose, resources, accountability and outcomes.**

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Perhaps the most important lesson from the last five years is that neither public leisure nor place-based partnerships can achieve their ambitions in isolation. For much of the past decade they have operated along parallel tracks. Public leisure has focused primarily on facilities, programmes and operational delivery. Place partnerships and Active Partnerships have focused on prevention, systems leadership and whole-place change. **Yet both seek remarkably similar outcomes.**

The future cannot be a choice between public leisure and place-based partnerships. Nor can it be a choice between infrastructure and community investment.

It must be a deliberate integration of both. Public leisure and active wellbeing services provide the delivery platform through which many place-based ambitions become reality. Equally, without stronger alignment to health, prevention and community priorities, public leisure risks limiting its future relevance and influence.

The uncomfortable truth is simple. A place partnership without delivery infrastructure is unlikely to deliver sustainable change. Equally, leisure infrastructure without place-based purpose risks declining relevance.



4. Workforce design is a now a strategic priority

If investment and system integration are critical to the future of public leisure and active wellbeing, workforce development underpins both.

The sector continues to face persistent recruitment challenges, skills shortages and high staff turnover. Reliance on part-time and casual employment models, coupled with pay pressures and inconsistent development pathways, has created structural workforce challenges. Addressing them will require long-term investment in skills, careers and workforce redesign as highlighted in the CIMSPA Workforce Insights Report in 2023.

Significant progress has been made. There are clearer professional standards and career pathways for basic leisure and physical activity roles. There is a growing recognition that those delivering physical activity, health and wellbeing services are skilled professionals rather than simply operational staff even though poor pay levels for mid-level and senior operational staff are yet to reflect this.

However, the ambition set out for workforce in the 2020 blueprint is yet to be realised. **Professionalism, competence and public confidence should sit at the heart of the sector's future.** A recognised, respected and properly developed workforce is essential if active wellbeing is to be viewed as a credible public service. Yet professionalisation alone will not solve the workforce challenge. **The deeper question is whether the sector has fully grasped the scale of workforce transformation required over the next decade.**

Many organisations are attempting to redesign services while maintaining operational performance, managing financial pressures and addressing workforce shortages. **The scale of change being asked of leaders and front-line teams should not be underestimated. Are education providers able to supply the skills we will need in the future?** There is still a worrying disconnect between academia, education providers and the delivery aspects of workforce development.

Most workforce models were designed for a sector focused primarily on operating leisure facilities. Today's expectations are fundamentally different. The sector is increasingly expected to contribute to prevention, population health, reducing inequalities, community resilience, economic participation and wider place-based outcomes. These are more complex ambitions requiring different capabilities and different forms of leadership.

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The workforce needed to deliver those ambitions may look very different. Future organisations will still rely on high-quality coaches, instructors, lifeguards, managers and customer-facing teams, but they will also need people who can work across systems, building partnerships, using data and insight, supporting behaviour change, engaging communities and navigating public health and local government environments.

This is especially true as public leisure increasingly seeks recognition as a strategic contributor to prevention and health. If organisations wish to operate confidently within neighbourhood health models, place partnerships and wider public service systems, they will need staff with a deeper understanding of health inequalities, population health, commissioning, partnership development, evaluation and community engagement.

The challenge, therefore, is not simply filling vacancies. It is creating a workforce capable of delivering a broader and more complex mission. The sector cannot simultaneously position itself as a strategic contributor to health and wellbeing while relying on workforce models that do not consistently reflect the complexity, accountability and value of the outcomes being delivered.

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If active wellbeing is to be recognised as a strategic public service, its workforce must be developed, valued, rewarded and deployed accordingly.

The investment being made through Place Partnerships is encouraging but focuses primarily on system leadership. However, there remains a risk that capacity-building activity develops alongside the sector's delivery infrastructure rather than being fully integrated with it. The focus on system leadership is not the issue. **The problem is that it runs tangentially to the skills agenda and is not part of it. Our own system needs redesigning.**

For too long, workforce discussions have focused on shortages. **The more important conversation is now about redesign.**

The future success of public leisure and active wellbeing will depend not only on having enough people, but on having the right people, with the right skills, working within organisations that are clear about the role they play in improving community outcomes.

This may require difficult conversations about workforce structure, professional recognition, pay, productivity and career progression. It may even require consideration of whether a smaller, more highly skilled and better rewarded professional workforce could ultimately deliver greater impact.

The answer is unlikely to be a national workforce strategy alone. It will require local authorities, operators and partners to rethink career pathways, leadership development, pay structures and movement between sectors.

Those that invest earliest in workforce transformation are likely to realise better outcomes sooner.

The uncomfortable truth is that workforce capability, capacity and culture have not yet kept pace with strategic expectations.

The workforce challenge is no longer primarily about recruitment.

It is about transformation. Future success will depend on building a workforce capable of operating confidently across health, place and community systems, not simply managing facilities and programmes. If active wellbeing is to become a strategic public service, the workforce must evolve accordingly.

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5. The role of sport within active wellbeing

The sector increasingly recognises that grassroots sport, physical activity and active wellbeing are not competing agendas. They are interconnected contributors to healthier communities, stronger places and improved social outcomes. Yet while this principle is increasingly accepted, the relationship between sport and active wellbeing remains one of the most important unresolved questions for Blueprint 2030.

Over the past decade, national policy has increasingly shifted towards physical activity, prevention, population health and reducing inequalities. This shift is understandable. The evidence demonstrates that inactivity is a major contributor to poor health outcomes and that the greatest gains are often achieved by engaging those who are least active.

However, there is a risk that the debate becomes unnecessarily polarised.

Grassroots sports clubs remain one of the country's largest voluntary community assets. Every weekend, thousands of volunteers create opportunities for participation, belonging, social connection, skills development and community cohesion. For many people, organised sport provides a lifelong pathway into physical activity and sustained engagement.

Sports clubs build social capital. They create local identity. They support volunteering, community resilience and personal development. In many communities they are amongst the most important social institutions outside schools, workplaces and families.



The challenge is that the objectives of formal sport and active wellbeing are not always identical.

NGBs are often judged on participation within specific sports, talent pathways, competition structures and club development. Place partnerships, public health teams and active wellbeing services are increasingly focused on reducing inequalities, engaging inactive populations and improving wider health outcomes.

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Both priorities are valid, but they can create competition for finite national resources, investment and policy attention.

The question should not be whether funding should support grassroots sport or active wellbeing. The question should be how both can contribute more effectively to shared place-based outcomes.



The most successful places are likely to be those that stop viewing sport, leisure and physical activity as separate systems. Instead, they will create clearer pathways between communities, leisure services, informal activity, social prescribing, active travel and grassroots sports clubs. In this model, NGBs become not simply sporting bodies but partners in delivering healthier, more connected and resilient communities.

For Blueprint 2030, a key challenge is therefore not choosing between sport and active wellbeing, but developing a clearer national framework that aligns investment, delivery and accountability across both. Without greater alignment, there is a risk that scarce resources continue to be dispersed across parallel systems pursuing similar outcomes through different mechanisms.

The future challenge is not whether grassroots sport or active wellbeing deserves greater investment. It is whether the sector can create a sufficiently coherent national proposition that demonstrates how both contribute to prevention, population health, community resilience and stronger places.

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6. The next decade will be shaped by external change

Much of the discussion about the future of public leisure focuses on what the sector itself must do differently. However, one of the most important lessons from the last six years is that the future of public leisure will be shaped as much by external change as by internal reform.

Health reform, demographic change, artificial intelligence, sustainability, devolution and public service transformation are already reshaping the operating environment in which active wellbeing services function. **The question is not whether these changes will affect public leisure. It is how prepared organisations are to respond.**

6.1 Technology, AI and the future active wellbeing system

The next five years are likely to be influenced by technology and artificial intelligence more profoundly than any previous period in the sector's history.

Data is becoming more sophisticated, population health intelligence more powerful, and predictive analysis through AI increasingly accessible. Citizens also increasingly expect personalised services that respond to their individual needs. **Within five years, AI may transform targeting, commissioning and service design more profoundly than any policy reform.**

Artificial intelligence has the potential to transform how organisations identify need, personalise engagement, improve workforce productivity, automate routine processes and evaluate outcomes.

Yet much of the public leisure and active wellbeing sector continues to operate with fragmented systems, inconsistent data structures and varying levels of digital maturity. This presents both risk and opportunity.

The organisations leading the next phase of transformation are unlikely to be those collecting the most data. They will be those using data most effectively to understand inactivity, target inequalities, predict demand and direct resources where they can have greatest impact.

Technology and AI can enhance insight, efficiency and decision-making. **However, technology is not a strategy, nor is AI a substitute for leadership, trust, community engagement or human relationships.** The objective is not digital transformation for its own sake, but better outcomes for people and

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places. Digital exclusion also remains a significant challenge for many communities.

The future therefore belongs not to organisations that choose between technology and human relationships, but to those capable of combining both. Technology can enhance insight and productivity, but it cannot replace trust, local understanding or meaningful engagement. **Those that embrace these opportunities intelligently will be better placed to demonstrate impact, improve efficiency and deliver more targeted interventions.**

6.2 Local Government Reorganisation: A greater period of uncertainty

Until very recently, local government reorganisation (LGR) looked set to be one of the most significant drivers of change for public leisure and active wellbeing over the next decade. The creation of new unitary authorities offered a once-in-a-generation opportunity to rethink how services contribute to healthier, more resilient communities. However, the Government's recent decision to review and pause large parts of the LGR programme has introduced a new reality: uncertainty.

While the reorganisation timetable may have slowed, devolution and the underlying challenges facing local government have not. Rising demand for social care, widening health inequalities, financial pressures, workforce shortages and growing expectations of local community public services remain exactly as they were before the review was announced.

For leisure and active wellbeing services, this creates both risk and opportunity. The risk is that authorities defer difficult decisions while awaiting greater clarity on future structures. Yet the evidence emerging from across the sector suggests that those who continue to plan, collaborate and position active wellbeing strategically will be best placed, regardless of the eventual shape of local government.

Indeed, one of the most important insights from the LGR debate is that the conversation should never have been primarily about governance structures. The real question is how active wellbeing contributes to wider public outcomes. Few services can simultaneously support public health, prevention, adult social care, children's services, community resilience, economic development and place-making. That strategic value exists whether LGR progresses quickly, slowly, or takes a different form altogether.

The lesson for the sector is clear. Don't wait for organisational charts to be finalised before defining the future role of active wellbeing.

Authorities should continue developing partnerships, integrating services, strengthening prevention approaches and building the evidence base for investment.

The councils that emerge strongest from this period of uncertainty will not necessarily be those with the clearest reorganisation plans. **They will be those with the clearest vision for how active wellbeing improves lives and supports wider system priorities.**

In that sense, the recent pause in LGR should not be seen as a screeching halt. It is better understood as a reminder that structural change is only ever an enabler. The real transformation challenge remains unchanged: **positioning active wellbeing at the heart of healthier places, stronger communities and more sustainable public services.**

6.3 Sustainability, climate and place

Since 2020, sustainability has moved rapidly up the public policy agenda. Within public leisure, conversations often focus on energy costs, decarbonisation and ageing infrastructure. While these issues are important, **the relationship between active wellbeing and sustainability extends far beyond the management of buildings.**



Healthy communities and sustainable communities increasingly depend upon many of the same things. Active travel, green spaces, walkable neighbourhoods, quality placemaking, community infrastructure and access to nature all contribute simultaneously to environmental sustainability and improved wellbeing.

The most progressive authorities increasingly recognise that health, climate, transport, planning and active wellbeing are not separate agendas but interconnected components of stronger places. This creates a significant opportunity for public leisure to contribute not only to healthier lives but to more resilient and sustainable communities.

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As councils seek to balance climate commitments, regeneration ambitions and public health priorities, active wellbeing should increasingly be positioned as part of the solution to all three. Its contribution should be measured through healthier communities, stronger places and a more sustainable future. **Yet the challenge remains delivery.**

Successful systems require delivery infrastructure, leadership capacity, sustainable funding and trusted organisations. Facilities, parks, playing fields, leisure centres and community assets remain critical enablers of preventative health and active lifestyles. Without supporting this infrastructure, wider ambitions around health, place and sustainability become significantly harder to realise.

The future challenge therefore is not simply reducing carbon emissions or improving building efficiency. It is positioning active wellbeing as an integrated part of broader strategies focused on healthier, greener and more resilient places.

6.4 Looking beyond 2030

The organisations that thrive over the next decade are likely to be those that anticipate these external forces rather than simply react to them.

- Artificial intelligence will reshape decision-making.
- Demographic change will increase pressure on prevention and healthy ageing.
- Climate commitments will influence investment decisions.
- Health reform will continue to evolve.
- Devolution will transfer greater responsibility to places.
- Public expectations of services will continue to rise

Yet perhaps the most uncomfortable truth is that the scale of opportunity and disruption created by technology, artificial intelligence, sustainability and wider public service reform remains underappreciated by too many organisations.

The next decade will not be defined solely by what happens within public leisure. It will be defined by how effectively public leisure positions active wellbeing as part of the solution to the wider policy challenges reshaping society. Those organisations that recognise this early, adapt confidently and build capability ahead of change will be best placed to thrive in the years ahead.

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7. Blueprint 2030: The Leadership challenge

When I wrote a New Future, the original blueprint, in 2020, I argued that the sector had an opportunity to create a fresh chapter defined by vision, purpose, hope and meaning. Six years later, I still (despite the grey hairs!) remain optimistic.

The sector's relevance has arguably never been greater. Rising health inequalities, growing pressures on social care, increasing demand for preventative approaches, demographic change and the need for stronger, more resilient communities all point towards a greater role for active wellbeing within public policy and public service reform.

Moreover, six years on much of the shift I imagined has begun:

- We have stronger partnerships
- We have improving data
- We have better evidence
- We have more understanding about health inequalities
- We have a richer understanding of place
- We have a growing appreciation of the role that public leisure and active wellbeing can play in prevention, population health and community resilience

Much of the argument has been won. Yet evidence alone does not drive change.

The uncomfortable truth emerging from the six conclusions explored throughout this article is that public leisure and active wellbeing have not yet secured the position within policy, investment and public service reform that their potential contribution would suggest.

- The pivot to active wellbeing is real, but it remains uneven
- The health opportunity remains significant, but largely unrealised.
- Ambition continues to outpace investment
- Workforce capability has not kept pace with strategic expectation
- The relationship between grassroots sport and active wellbeing remains insufficiently aligned
- The scale of disruption and opportunity presented by technology, demographic change, sustainability and public sector reform remains underappreciated in too many places

Most importantly, public leisure and active wellbeing remain too often contributors to major policy conversations rather than shapers of them.

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This matters because the next decade will be defined by decisions being made elsewhere.

- Health and adult social care reform will continue
- Neighbourhood health models will develop
- Artificial intelligence will reshape decision-making and service delivery
- Devolution and local government reform, in whatever form they ultimately take, will continue to transfer power and responsibility towards places

These changes will proceed regardless of whether public leisure and active wellbeing secure a meaningful place within them.
The question is whether active wellbeing is positioned as part of the solution.

One of the most striking observations from the past six years is that many of the sector's long-standing ambitions now align closely with wider public policy priorities. Prevention, community resilience, reducing inequalities, population health, healthy ageing and place-based delivery are no longer niche conversations. They sit increasingly at the heart of how public services are being redesigned.
One of the greatest risks facing the sector is not financial pressure itself. It is the gradual lowering of ambition that can accompany it.

When resources are constrained, organisations naturally focus on efficiency, affordability and operational resilience. These are entirely legitimate priorities. **However, over time there is a danger that public leisure becomes viewed primarily as a service to be sustained rather than a strategic asset capable of improving health, reducing inequalities and strengthening communities.**

That would be a profound mistake.

The evidence supporting active wellbeing has never been stronger, while the public policy challenges it can help address have never been more pressing.
At precisely the moment when society is searching for more sustainable approaches to prevention, healthy ageing and community resilience, public leisure should be increasing its ambition, not narrowing it. The challenge is not simply protecting services, but ensuring they continue to evolve, innovate and demonstrate their contribution to wider public outcomes.

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Blueprint 2030 must therefore be as much about influencing the future policy landscape as responding to it.

It must give active wellbeing a stronger voice within the reforms that will shape the next decade, while ensuring the sector continues to strengthen the evidence, capability and delivery infrastructure needed to earn its place within them.

Above all, however, Blueprint 2030 must be about delivery.

The next chapter should not be defined by whether we can describe a better future, but by whether we can organise, align and deliver at a scale capable of achieving it.
Because ultimately the question is not whether sport and public leisure can improve health, reduce inequalities and strengthen communities. The evidence increasingly suggests that it can.

The real question is whether we are prepared to align investment, policy, workforce, partnerships and delivery at the scale required to realise that potential.

Local authorities, working with their system partners regardless of structure, have the potential to create stronger relationships between leisure, active wellbeing, public health, social care and place-shaping.

However, this will not happen by default. It will require leadership, clarity of purpose and a willingness to position active wellbeing as a core contributor to future public service delivery.

The 2020 blueprint was always about possibility at a time when hope was in short supply.

What we need from now to 2030 and beyond is alignment: alignment between policy and delivery, investment and outcomes, place partnerships and operational services, ambition and capability. Only then can active wellbeing realise its potential to shape healthier communities, stronger places and more sustainable public services for the next generation.

If not, we may still be having the same conversations in another five years.

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About the Author



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Over the past three decades, SLC has shaped some of the UK's most significant public leisure and active wellbeing programmes, working with more than 250 councils, securing over £800 million of investment, delivering £93 million in cashable savings and leading 850+ transformation projects.

Widely recognised as a leading voice on the future of public leisure and active wellbeing, he writes about the opportunities and challenges facing the sector as it evolves from facility management to a strategic contributor to health, wellbeing and place.

In his spare time Duncan is a Level 2 Sout East regional league hockey umpire, cycles as much as he can and mentors young people at his local secondary school, Oathall College.

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