

# South Gloucestershire's Physical Activity Strategy 2015-2020

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## Foreword

Being active is a sure and enjoyable way to improve our mental and physical wellbeing – but many of us are not active enough. There is a direct link between inactivity levels, excess weight, areas of deprivation and health inequalities. Supporting people that do little or no daily activity to become a bit more active is where the biggest health gains can be made.

The heart of this plan is making activity a natural part of people's lives, encouraging everyone in South Gloucestershire to be more active every day: therefore gaining many of the benefits that being active can bring, whatever their age or ability.

Tackling inactivity in adults will significantly decrease the risks of them developing chronic illnesses, reduce congestion on our roads and save the economy money. Increasing the number of children and young people exposed to high quality, enjoyable physical activity opportunities will increase their health and wellbeing and the number of adults with lifelong healthy behaviours.

There is lots of great work happening across South Gloucestershire, usually by people working closely together. However, sometimes this work happens in isolation and so there is a danger that, without an overarching Strategy on Physical Activity, there may be duplication of work, or opportunities to work together and share resources/ideas may be lost. Worse still, areas that need greater support may not receive enough attention, resulting in health or social inequalities.

The only way to deliver improvements in physical activity levels (and therefore residents' health and wellbeing) is to continue to expand the work we do together to support people who are already physically active and provide encouragement for those who are not. To increase physical activity there needs to be cross-sector collaboration, from providers and commissioners in transportation, planning, education, housing, sport and leisure, culture, social care, health, the voluntary and community sector, as well as public and private employers.

The Strategy will build on the excellent work that has been delivered so far by partners across South Gloucestershire and further raise the profile of physical activity and its benefits to health and the economy.



**Mark Pietroni**  
**Director of Public Health**

## 1. Introduction

This document sets out a framework for promoting physical activity in South Gloucestershire and the commitment to the long term approach of increasing the uptake of physical activity everyday within South Gloucestershire.

The process for developing this document has been one of collaboration and coordinated discussion using the platform of The South Gloucestershire Physical Activity Strategic Partnership to secure and align stakeholder commitment. This approach has energised local partners who will continue to help drive implementation forwards through detailed action plans. The partnership is supported by a range of partners who all have made vital contributions to developing the strategy, including the voluntary and the private sector, statutory organisations, Wesport and Centre for Exercise, Nutrition and Health Sciences at the University of Bristol.

We are aware of the challenge and at a local level, currently around a quarter of the adult population in South Gloucestershire are not managing 30 minutes of physical activity a week.<sup>1</sup> Whereas national guidelines suggest adults should be active for 30 minutes on at least 5 days per week.<sup>2</sup> As a local authority, we have the responsibility of championing increasing everyone's activity every day. In South Gloucestershire we want to increase the number of people being active at the levels that will promote their health and wellbeing.

Reducing physical inactivity within South Gloucestershire is a key strategic priority, this is demonstrated in: *making the healthy choice the easy choice* in South Gloucestershire's Joint Health and Wellbeing Strategy.<sup>3</sup> The Health and Wellbeing Board will be pivotal in supporting partnership actions going forward with this framework. This high level buy-in is required to ensure physical activity provision is integrated into planning and implementation across themes of social care, education, environmental planning and transport policies. Within its role on the local South Gloucestershire Clinical Commissioning Group (SGCCG), South Gloucestershire Public Health and Wellbeing Division is committed both to health improvement and to the reduction of health inequality which will help to ease the burden of chronic disease on the health and social care services.

This strategy recognises that a significant amount of good work is already happening across the district, and we want to support and scale up interventions that make people active but also to recognise the importance of integrating incidental activity in to our daily lives. The strategy also recognises that participation in physical activity can take many forms and the way people participate will continually change to reflect lifestyle pressures in order to have a sustained effect.

Being inactive has implications at every stage of the life course and also effects many aspects of life, therefore this document must be innovative and ambitious in setting out the processes which encourage more people in South Gloucestershire to be more active as a normal part of life, across their life span regardless of where they live.

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<sup>1</sup> South Gloucestershire's Joint Health and Wellbeing Strategy 2014-2016

<sup>2</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213740/dh\\_128145.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf)

<sup>3</sup> South Gloucestershire's Joint Health and Wellbeing Strategy 2014-2016

The principles that underpin this document and the proposed programmes of work will be embedded through each of the following themed domains: **Active People, Active Places, and Active Programmes.**

## 1.1 What is Physical Activity?

Physical activity includes all forms of physical movement above rest, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, housework, gardening or playing active games, as well as organised and competitive sport.<sup>4</sup>

A number of studies have shown that physical activity is an effective means of preventing the development of many non-communicable diseases including heart disease, type 2 diabetes, hypertension, obesity, dementia and other mental health conditions.<sup>5</sup>

### Our Vision:

Working together to make South Gloucestershire more **ACTIVE** every day.

**START ACTIVE:** Supporting all children and young people to have an active start in life.

**ACTIVE EVERY DAY:** Encouraging all adults to build activity into their everyday lives.

**STAY ACTIVE:** Supporting older adults to live longer and more active lives.

### Our Mission:

Improving the health and wellbeing of South Gloucestershire's population by increasing the number of people being more physically active as part of their everyday lives and reducing sedentary behaviour.

## 1.2 Purpose of Strategy

This strategy aims to encourage everyone in South Gloucestershire to be more active and therefore gain the many benefits that this can bring - whatever our age or ability. We need to spread the message so that, throughout our lives, we can all be more active every day.

The South Gloucestershire Physical Activity Strategic Partnership will work together as we recognise that no single organisation can effectively change the physical activity behaviour of the population of South Gloucestershire alone. To achieve our vision will require committed leadership and a co-ordinated approach from all partners to design physical activity into our daily lives. To achieve this ambition will require input and connection with multiple stakeholders from a wide range of sectors. This will ensure

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<sup>4</sup>Start Active Stay Active. A report on physical activity for health from the four home countries' Chief Medical Officers .Dept. of Health, 2011

<sup>5</sup> Pedersen, B. K., & Saltin, B. (2006). Evidence for prescribing exercise as therapy in chronic disease. Scandinavian journal of medicine & science in sports, 16(S1), 3-63

the vision is woven into policy, future planning processes and combine action from partners at multiple levels.

This document provides the overall direction for increasing physical activity participation in all areas within South Gloucestershire and is based on a solid understanding of national and local policy drivers which have helped set the local strategic context. The South Gloucestershire Joint Strategic Needs Assessment<sup>6</sup>(JSNA) (2013) gives full details of the state of the local area, its needs, the gaps in knowledge (e.g. children's activity levels) and recommendations for action. The JSNA explicitly addresses the need for increased population physical activity levels, especially for children and young people, and improving services for people with long term conditions and those with physical and mental disabilities. In South Gloucestershire there are large numbers of people who would benefit from being more physically active. Fortunately many opportunities already exist in daily life for people to be active. Our challenge then is to bring the two together and the example below illustrates how this might work:

- Enabling people to be more active, for example by helping sports clubs become more accessible or better quality, making active travel an easier choice, or by ensuring our natural and built environment supports active choices rather than creating barriers.
- Identifying effective current provision and sharing best practice more widely to diverse contexts; and, where provision or promotion of services does not match the needs of specific population groups, take positive action to rectify this where possible.

This document will demonstrate how we plan to strengthen and maximize the potential of many of the assets we already have, we want to build on our strengths and scale up interventions that make South Gloucestershire active.

The document headlines a portfolio of initiatives and work programmes that will be required to identify clear processes and outcome measures to get more people, more active, more often. Extended rationale will be provided in the accompanying action plan, where for each identified priority, there will be co-produced outcomes.

We plan to review and adapt the action plan annually through the Physical Activity Strategic Partnership to align against priority objectives to keep pace with change and to reflect the needs of the growing population.

### 1.3 Strategic Priority Themed Domains

To deliver on our vision and to make this plan a reality we are focusing action across three identified themed domains; **People**, **Places**, and **Programmes** (see Figure 1). These themes effect everyone that lives or works in South Gloucestershire (individual, families and community level) and irrespective of their circumstances. By working across the three domains we aim to provide the opportunity, the environment and the human capital to be sufficiently physically active as part of everyday life.

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<sup>6</sup><http://hosted.southglos.gov.uk/JSNA/South%20Glos%20JSNA%202013%20v4%20050313.pdf>



*Figure 1. The three domains identified for local action*

**ACTIVE People:** It is important to establish physical activity as a lifelong habit from an early age in order to embed positive behaviours. Leading a physically active lifestyle in to older age can have a significant impact on physical and mental wellbeing, help maintain the ability to live independently, increase opportunities for social interaction and reduce feeling of isolation. We will engage openly with our local communities because we know that by achieving even a small shift in behaviour across South Gloucestershire significant public health benefits can be gained. There exists a strong community development across the district, and this approach of engaging openly with our local communities will be critical to promote and develop opportunities across the life course to deliver sustained change. Regardless of age, increasing physical activity and particularly moderate to vigorous intensity physical activity is beneficial for *all* whether sedentary, relatively inactive, or more active.

Specifically we want to work towards ensuring that an assessment of physical activity levels is a core part of primary and secondary care health screening. We want to support people to become confident self-managers of their health and reduce risks of preventable conditions such as type 2 diabetes. There is strong evidence for the effectiveness of counselling and brief advice in primary care in increasing physical activity.<sup>7</sup> The National Institute for Health and Clinical Excellence (NICE) recommends that primary care practitioners identify adults who are inactive; deliver programmes of brief advice including follow-up; incorporate brief advice in commissioning; and implement systems to sign post to relevant physical activity options.

**ACTIVE Places:** includes the natural environment, new and existing communities, and different settings, including early years settings, schools and workplaces across South Gloucestershire. We will continue to work with our planning, transport, street care, highways maintenance and housing colleagues to create and manage favourable

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<sup>7</sup>Physical activity: brief advice for adults in primary care NICE public health guidance 44 (2013).

environments and infrastructures which are age friendly and safe, facilitating the residents of South Gloucestershire to lead lifestyles that are inclusive of physical activity, supporting walking, cycling and public transit. We need to protect and improve the quality of existing green spaces and encourage the creation of new favourable environments to maximise the use of outdoor spaces. Within South Gloucestershire we are committed to creating and maintaining a high quality public realm using cross disciplinary approaches to ensure management of our streets, traffic, and road safety, resulting in more attractive, comfortable, convivial and convenient to use places. Ensuring a high quality public realm plays a key role in creating sustainable, inclusive, mixed communities as well as making them more favourable for things like children's play, recreation, walking and cycling.

**ACTIVE Programmes:** using a whole population approach, in particular providing help to meet the needs of those who are most at risk by delivering evidence based programmes tailored towards the inactive. Working with partners in specific priority neighbourhoods to deliver co-ordinated programmes for those who are least active.

Working with South Gloucestershire's Clinical Commissioning Group on how physical activity can be implemented practically into clinical care pathways through delivery action plans, and also supporting local champions in primary and secondary care is important. This domain also includes aligning and tailoring national marketing campaigns at a local level to provide consistent messages and increase targeted marketing that would appeal to the least active groups within our communities.

## 2. Who is the Strategy for?

We want for as many people as possible to be aware of the strategy. Everyone plays a role in increasing physical activity levels and therefore health and wellbeing – whether in our school, our work, our community or home- as we travel and how we plan and use our built and natural environment. This physical activity strategy provides guidance to strategic leads, policymakers, commissioners and physical activity providers on the key approaches and priority groups we need to focus on to improve activity levels in South Gloucestershire. The strategy will provide a reference for relevant organisations to draw upon to inform their strategies and operational approaches. Working collaboratively we can make a greater impact across our communities by encouraging other organisations to align their plans to impact collectively to increase physical activity.

### 2.1 National and Local Policy Drivers

Many national advisory papers, reports and strategies have been published over the last few years which provide detailed background information and evidence and should be read in conjunction with the South Gloucestershire Physical Activity Strategy 2015-2020. They all demonstrate that physical activity is firmly in the national spotlight, showing an increasing drive to improve the health of the nation and tackle health inequalities. There is growing recognition of the need to invest in preventative health treatments with a focus on staying healthy and promoting wellbeing rather than the treatment of one of the many symptoms.

### 2.2 National Context

The Department of Health published Start Active, Stay Active<sup>8</sup> in 2011, aimed at the NHS, local authorities and a range of other organisations that develop services, advocating a partnership approach to increasing physical activity levels across the country. Known as the UK's Chief Medical Officer's guidelines<sup>9</sup> (see section 7.1) the report listed the volume, duration, frequency and type of physical activity required for the UK population to achieve the range of benefits of being active.

In January 2012, the Government published the 'Public Health Outcomes Framework'<sup>10</sup> (PHOF) which includes two key outcomes in which physical activity can play a role in increasing healthy life expectancy and reducing differences in life expectancy. The Government's national ambition for physical activity (2012) remains to achieve these two outcomes: to (year on year) reduce the numbers of adults classed as inactive and to increase the numbers meeting the UK's Chief Medical Officer's guidelines. The South Gloucestershire Physical Activity Strategy supports this ambition.

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<sup>8</sup>Department of Health (2011) Start Active, Stay Active: A report on physical activity for health

<sup>9</sup>DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers.

<sup>10</sup> Public Health Outcomes Framework 2013-2016

The same year (2012), the Department for Culture, Media and Sport's, in creating a sporting habit for life<sup>11</sup>, focused much attention on addressing the drop off rates in sport in teenage years and early adult life.

The 2012 National Policy Planning Framework<sup>12</sup> sets out principles that local plans should reflect in order to achieve sustainable development i.e., meeting current needs without compromising the ability of future generations to meet theirs. The scope of a local plan is broad but one of the key principles is promoting healthy communities - play, active recreation and sport have an obvious role as well as in enhancing community cohesion / a sense of place.

In 2013 the Government launched an all-party commission on physical activity<sup>13</sup>. The commission took evidence about transport planning and the design of the urban environment as well as sport and health. The report emphasised the need to take action to increase the amount of physical activity taken by children and adults. It included recommendations for making workplaces more active and reinforced the need to ensure that infrastructure encourages activity, incorporating cycle ways, places to walk and access to recreation. It emphasised the need to improve cross-sector working, to design physical activity back into our everyday lives and make physical activity a lifelong habit.

In 2013, UK Active produced a report entitled Turning the Tide of Inactivity<sup>14</sup> recommended a number of ideas including asking local authorities to: prioritise and resource physical inactivity programmes to the same level as other top tier public health risks; partner with all local activity and sports providers to deliver a local ambition of a 1% reduction in inactivity year-on-year for the next five years; and ensure that their green spaces are developed to make them safe, accessible and integrated into their leisure and physical activity strategies.

In 2014, UK Active partnered with the Local Government Association, Public Health England and the County Sports Partnership Network to publish Everybody Active Every Day<sup>15</sup>, a framework for national and local action to address the national physical inactivity epidemic. It identified priorities for the next 10 years which included researching gaps, building evidence, and implementing action across settings and life course and provided a range of national and international best practice on what works to raise physical activity levels. The framework looks for providers and commissioners to:

- change the social 'norm' to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives

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<sup>11</sup> Department for Culture, Media and Sport 2012-creating a sporting habit for life-Youth Sport strategy

<sup>12</sup> Department for Communities and Local Government, National Planning Policy Framework 2012

<sup>13</sup> All Party Commission on physical activity 2013-Tackling physical inactivity-A coordinated approach

<sup>14</sup>UK Active Report 2013- Turning the Tide of Inactivity

<sup>15</sup> Public Health England 2014-Everybody active, everyday: a framework to embed physical activity into daily life

- identify and up-scale successful programmes nationwide.

The Sport and Recreation Alliance's Raising the heartbeat of the nation<sup>16</sup> (2015) is the latest five-step call to action to central and local government, again emphasising the need to make physical activity part of everyone's life every day.

The role of the NHS is further defined through the NHS's Five Year Forward View<sup>17</sup> (2014) which sets out a vision for the future of the NHS to close the widening gaps in the health of the population, quality of care and the funding of services. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The 2015 Academy of Medical Royal Colleges' report Exercise – the miracle cure and the role of the doctor in promoting it<sup>18</sup> outlines not just 'why' doctors in all four nations in the UK must take a leading role in the fight against a sedentary lifestyle, but also sets out in clear and simple terms 'how' they should do that.

### 2.3 Locally

The South Gloucestershire Physical Activity Strategy forms part of and supports wider health improvement programmes across South Gloucestershire including: South Gloucestershire's Joint Health and Wellbeing Strategy 2013-2016.<sup>19</sup> This strategy is produced by South Gloucestershire's Health and Wellbeing Board and developed between the South Gloucestershire Clinical Commissioning Group, Public Health and South Gloucestershire Council. The strategy sets out a framework for commissioning health and wellbeing services across the district. Physical activity is a key priority that runs throughout the strategy.

This Physical Activity Strategy also links and will complement other strategies and initiatives:

- South Gloucestershire Sustainable Community Strategy (2026)
- Joint Strategic Needs Assessment (JSNA 2013)
- South Gloucestershire Core Strategy (2006-2027)
- South Gloucestershire Local plan (2006)
- South Gloucestershire Prevention & Self Care Plan (2015)
- Joint Local Transport Plan (2011-2026)
- Emerging South Gloucestershire Polices, Sites and Places Plan (2015)
- South Gloucestershire Strategy for Children and Young People (2012-2016)
- South Gloucestershire Healthy Weight and Obesity Strategy (2014-2020)
- Health Action Plans for individual Priority Neighborhoods
- South Gloucestershire Housing Strategy (2013-2018)

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<sup>16</sup> Sport & Recreation Alliance-Raising the heartbeat of the nation: A five step plan for a more active population 2015

<sup>17</sup> NHS England Five year forward plan 2014

<sup>18</sup> Academy of Medical Royal Colleges (2015) Exercise – the miracle cure and the role of the doctor in promoting it. <http://www.aomrc.org.uk/#>

<sup>19</sup>South Gloucestershire's Joint Health and Wellbeing Strategy 2013-2016

- South Gloucestershire Equality and Diversity Plan (2010)
- Climate Change Strategy (2013-2015)
- Developing South Gloucestershire Economic Development Strategy
- Developing South Gloucestershire Mental Health Strategy
- Developing South Gloucestershire Falls Prevention Strategy
- Developing South Gloucestershire Long term Conditions Strategy
- Developing South Gloucestershire Food Strategy
- Developing South Gloucestershire Sports Facilities Strategy (2015-2027)
- Developing South Gloucestershire Cultural Services Strategy (2015-2018)

## 2.4 Key Principles

These cross cutting principles will under-pin work streams across all three domains and are key to providing a focus towards implementation of the strategy:

- i. We recognise the role that physical activity has in improving quality of life and by embracing equality issues to ensure that opportunities are available to everyone.
- ii. We will take the long term across the life course approach, by addressing the needs of children, families, adults, elderly people, and people with disabilities as well as specific settings such as work sites, schools and Primary Care settings.
- iii. We will focus on services being planned and delivered in the context of the broader environmental, social and individual determinants of health.
- iv. We aim to decrease health inequalities by ensuring approaches are tailored to cultural sensitivities and vulnerable populations.
- v. We will ensure interventions are underpinned by best practice and the impact of service delivery is robustly evaluated using process and outcome frameworks.
- vi. We will encourage those who are inactive to become active and for those who are active to maintain and/or increase their activity levels.
- vii. We will work towards providing opportunities for everyone to become more physically active but ensure that those least likely to take part are identified and included.
- viii. We understand the importance of consultation of residents and their direct engagement in the development of programmes that increase physical activity participation.
- ix. Encouraging providers of physical activity in all contexts to promote activity using sustainable approaches focussed on fun, enjoyment, the development of fundamental skills and autonomy, helping people to build it in to their daily lives.
- x. We will ensure consistent delivery of communications about the benefits, support and opportunities available for physical activity choices in South Gloucestershire.
- xi. We will work with and support the private sector to ensure they are aware of the benefits of physical activity and are supported to promote physical activity in their workplace.

- xii. To advocate physical activity and health outcomes as being integral to economic, developmental, environmental, housing, transport, land use planning issues, and management of our assisting facilities and outdoor spaces.

### 3. How we will measure success

We recognise that there are significant challenges in measuring impact around a complex behaviour like physical activity. This is hampered by not having a standardised robust method to record the quantity and quality of physical activity that can be used in a financially viable way across a local authority area. There is a need to develop new monitoring and evaluation processes to capture data that is not already captured. Self-report is the only viable method of collecting physical activity information across the local authority area. However, we recognise the need for more robust and rigorous evaluation methods of specific local interventions and as such we will advocate integration of the Standardised Evaluation Framework for physical activity interventions<sup>20</sup> within local physical activity programmes to support high quality monitoring of progress. This information will facilitate the measurement of impact at a programme and individual level to increase the evidence base locally. We will also monitor progress and reference against national, regional and local level population surveys including data from the Active People Survey, Health Survey for England and National Travel Survey.

Taking into account the significant limitations of measuring physical activity behaviour, and recognising that not all actions will have easily quantifiable outcomes, demonstrating success will primarily focus on what we achieve and will be evidenced by programmes within South Gloucestershire.

#### 3.1 Measuring Impact Nationally

The Government's national ambition for physical activity, published in 2012, remains: to have a year on year increase in the number of adults doing 150 minutes of exercise per week (in bouts of 10 minutes or more) and a year on year decrease in those who are inactive, defined as doing less than 30 minutes of exercise per week (in bouts of 10 minutes or more).

The Public Health Outcomes Framework (PHOF)<sup>21</sup> sets out an overarching vision to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest. It focuses on two high-level outcomes:

- a) Increased healthy life expectancy
- b) Reduced differences in life expectancy and healthy life expectancy between communities.

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<sup>20</sup> National Obesity Observatory(2012) Standard Evaluation Framework (SEF) for physical activity interventions

<sup>21</sup> Public Health Outcomes Framework 2013-2016<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

The PHOF includes health improvement indicators that will demonstrate the progress being made towards getting everybody active, they include the following:

- a) The percentage of adults physically active (primary outcome, PHOF 2.13i)
- b) The percentage of adults physically inactive (secondary, PHOF 2.13ii).

The data source is Sport England's Active People Survey.<sup>22</sup>

The Public Health Outcomes Framework (PHOF) includes an indicator on the use of outdoor space for health or exercise reasons, which provides an important incentive for South Gloucestershire to ensure good quality, accessible open spaces in our local communities. The percentage of people using green space for exercise/health (PHOF 1:16). Numerator: Number of people reporting that they have taken a visit to green space for health or exercise over the previous seven days. Data source: Natural Environment Survey<sup>23</sup>

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older.

The Public Health Outcome framework has indicators for excess weight in 4-5 and 10-11 year olds.

Indicator: the percentage of children in reception (aged 4-5 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.(PHOF 2.06i).

Indicator: the percentage of children aged 10-11 classified as overweight or obese children in year 6 (aged 10-11 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.(PHOF 2.06ii).

### 3.2 Some of the key findings for South Gloucestershire:

- One in four of the adult population are classed as physically inactive, that is, they fail to achieve 30 minutes of moderate intensity activity (such as a brisk walk) per week. They fall into the Chief Medical Officer's "high risk" category and are at a much greater risk of developing serious chronic diseases.
- Just 12% of adult population have done 30 minutes or more exercise on five or six days of the last week.<sup>24</sup>
- A significantly higher proportion of adults from the priority neighbourhoods indicate that they have not done more than 30 minutes exercise on any day in the last week, compared with those from the rest of the district<sup>25</sup> (27% vs 18%).

<sup>22</sup>Active People Survey, Department of Health and Sport England, (2013), Public Health Outcomes Framework indicator 2.13i & 2.13ii - <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/9/par/E12000004/are/E06000015>

<sup>23</sup> Natural England 2012: monitor of engagement with the natural environment survey

<sup>24</sup> View Point Survey April 2014 <http://www.southglos.gov.uk/documents/Viewpoint-report-May-2014.pdf>

<sup>25</sup> View Point Survey April 2014 <http://www.southglos.gov.uk/documents/Viewpoint-report-May-2014.pdf>

- Currently the prevalence of overweight (including obese) reception children is 18.2% and in year 6 is 27.7%.<sup>26</sup>
- Four in five (80%) respondents indicate that excess weight in adults is a problem in their local area.<sup>27</sup>
- Two in five (38%) respondents indicate that they feel that a supportive built environment where physical activity is encouraged would make a big impact on getting people to become more active.<sup>28</sup>
- 18% of South Gloucestershire adults who are inactive want to do more sport. Only 25.5% of women are doing any sport at least once a week.
- Current data (South Gloucestershire Public Health and Wellbeing Online Pupil Survey 2014/15) indicates that children and young people (Key stage 2-4) report they are physically active for an average of 4 hours and 37 minutes per week. This is accepted as significant cause for action.

Figure 2 (below) displays estimates that are a starting point in understanding the costs of physical inactivity in South Gloucestershire. The five disease areas used in this estimate contribute a smaller proportion than the true total value of diseases related to physical inactivity (such as that caused through time off work related to such diseases). Other important NHS disease areas were not included in this estimate (due to a lack of population attributable fractions). These include obesity, musculoskeletal health, mental health and functional health. This means that the true costs are likely

<b>Health costs of physical inactivity</b>			
<b>Disease category</b>	<b>South Gloucestershire</b>	<b>South West</b>	<b>England</b>
Cancer lower GI e.g. bowel cancer	£319,520	£7,035,640	£67,816,189
Breast Cancer	£233,200	£6,586,966	£60,357,887
Diabetes	£628,350	£16,384,407	£190,660,420
Coronary heart disease	£1,918,430	£45,480,757	£491,095,943
Cerebrovascular disease e.g. stroke	£562,320	£16,982,310	£134,359,285
<b>Total Cost</b>	<b>£3,661,820</b>	<b>£92,470,080</b>	<b>£944,289,723</b>
<b>Cost per 100,000 population</b>	<b>£1,470,887</b>	<b>£1,756,799</b>	<b>£1,817,285</b>

Source: Sport England commissioned data from British Heart Foundation Health Promotion Research Group for PCTs, reworked into estimates for LAs by TBR  
Year: 2009/10, Measure: Health costs of physical inactivity, split by disease type

to be much higher.

*Figure 2. Health costs of physical inactivity*

### 3.3 Headline Local Targets

In South Gloucestershire we aim to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives. We need to take both a universal and a targeted approach. Building activity into everyday life can impact on all of us. But we already

<sup>26</sup> Public Health National Childhood measurement Programme <http://fingertips.phe.org.uk/profile/national-child-measurement-programme>

<sup>27</sup> View Point Survey April 2014 <http://www.southglos.gov.uk/documents/Viewpoint-report-May-2014.pdf>

<sup>28</sup> View Point Survey April 2014 <http://www.southglos.gov.uk/documents/Viewpoint-report-May-2014.pdf>

know that those who are on a low income, are female, from minority ethnic groups and those with a disability are less active than the general population. Our action plans will take this into account, targeting more effort into reducing these activity and health inequalities thus making South Gloucestershire a healthier place to live. The KPIs listed below will be reported and qualified by the accompanying action plan to this strategy.

#### **Our Vision:**

**Working together to make South Gloucestershire more ACTIVE every day.**

**START ACTIVE: Supporting all children and young people to have an active start in life.**

**ACTIVE EVERY DAY: Encouraging all adults to build activity into their everyday lives.**

**STAY ACTIVE: Supporting older adults to live longer and more active lives.**

#### **3.4 Headline Key Performance Indicators (KPI)**

KPI 1: increase the average amount of self-reported physical activity for children in key stages 2-4, measured via the on line pupil survey, from a weekly average of 4.37 hours per week to 6 hours per week. An increase in secondary aged girls' self-reported physical activity from a weekly average of 4 hours 15 minutes to 5 hours per week is an additional target. We are intending that the impact will be measured in 2016 -2017; this will give an early indicator for the overall 6 hour target.

KPI 2: to have a positive impact on the least active across the life span in South Gloucestershire reported via the local South Gloucestershire Residents View Point Survey each year.

KPI 3: support active travel and safer routes to schools by implementing 20 mph speed limits around school sites, the completion of eight schemes covering nine schools in 2015/2016, part of a rolling programme to cover all schools dependant on future programme investment.

KPI 4: support the number of children and adults undertaking Bike-ability cycle training in South Gloucestershire each year, dependant on annual programme investment from grant funding from the Department of Transport.

**A number of other KPIs will be developed as part of our detailed action planning work**

## 4. Key priorities - how we will make it happen

The following section provides headline information on our strategic priority domains of **People, Places and Programmes** and the associated work streams that will underpin getting more people more active more often across South Gloucestershire. Each priority domain will link into delivery plans that will have clearly identified processes and outcomes measures forming a framework for review against progress.

To achieve our ambitions will require input from and connection with multiple stakeholders from many sectors including; health, urban planners, local government, transport and street care sectors, housing, environmental agencies, sporting organisations and community clubs, organisations and special interest groups. We recognise that the most effective interventions are likely to be those which can become part of routine daily living, supporting people who are already active and providing encouragement for those who are not.

### 4.1 Active People - Key priorities for action

1. Working towards active living being the easy and enjoyable choice and being a normal part of daily life for people living in South Gloucestershire.
2. Encouraging doctors and other clinical professionals to play an active role by using every contact opportunity to maintain or improve patient's mental and physical health and wellbeing and specifically with disease management pathways.
3. Working with South Gloucestershire Clinical Commissioning Group to ensure that the physical activity risk assessment in clinical care pathways leads to appropriate interventions for those receiving the NHS Health Check and for those on the Chronic Disease Registers.
4. Working towards prevention and early intervention for people at risk of health inequalities resulting in poor health and long term associated conditions due to inactivity.
5. Involving communities in jointly developing locally tailored solutions to meet their needs.
6. Working together to connect people and families with high quality fun physical activity opportunities across the lifespan to be active as part of their daily lives.
7. Having a positive impact on the least active across the life course in by supporting targeted programmes with individuals who need extra support within their communities.
8. Advocating the provision of positive physical activity experiences for all children in by increasing the range of physical activity provision in schools. Establishing healthy attitudes to physical activity as part of good health from an early age.

9. Connecting with key programmes and delivery groups who are tasked with implementing change in specific communities encouraging people to stay healthy, to self-manage and prevent the development of long term conditions.
10. Encouraging people to actively travel, such as to and within the workplace, developing personalised travel plans and reducing short car trips.

## **4.2 Active Places – Key priorities for action**

1. Working across disciplines including transport, housing, street care, highways maintenance and planning to improve existing developments in South Gloucestershire, thereby making it easier for people to be physically active as they go about their daily lives.
2. Advocating that planned new developments and infrastructures support active transport, recreation and other forms of physical activity by elevating the importance of physical activity in plans that are approved.
3. Ensuring that transport systems within South Gloucestershire support active travel by providing safe, well sign-posted walking and cycling routes to workplaces, schools and community facilities and services so people can make active choices.
4. Exploring wider physical and social settings to maximise community assets to embed physical activity opportunities in to daily activities.
5. Provision of a high quality public realm in South Gloucestershire will provide open spaces where children, teenagers and older people freely use variety of spaces for a range of activities.
6. Advocating the maintenance and protection of public green space and the public realm to a high quality standard, to be safe, attractive and welcoming including developing the potential of assets we already have.
7. Working with employers to reduce extended periods sitting in the work place and support individuals to maximise active travel, creating opportunities for an active work force.

## **4.3 Active Programmes - Key priorities for action**

1. Making physical activity visible by promoting clear, consistent, simple value-based messages widely, being creative with the use of social media and new technologies to signpost and connect people, families and key audiences to opportunities to be more active every day.
2. Supporting community participation amongst those with the lowest levels of physical activity by facilitating co production of interventions, putting local people's ideas at the heart of planning physical activity to meet their needs and remove barriers.
3. Integrating prevention messages into the training of volunteers, including Community Health Champions, who can provide support for people in terms of creating physical activity plans and goals as well as supporting them into physical activity opportunities, building participant self-worth and self-efficacy.
4. Focusing on upscaling local initiatives which demonstrate that their action has the most potential to support and increase daily activity within the community.

5. Advocating that providers of physical activity seek to promote fun, enjoyment, mastery and autonomy and help people to build activity into their everyday lives.
6. Working with South Gloucestershire Clinical Commissioning Group to support the development of effective pathways to tackle the preventative long term condition agenda for conditions such as diabetes type 2, falls prevention, obesity and depression.
7. Working with Primary Care to ensure physical activity is core to health screening individuals and sign posting to all appropriate physical activity opportunities.
8. Ensuring sports and leisure opportunities are visible and accessible among populations with levels of highest inactivity especially women, disabled and ethnic minorities.
9. Aligning and linking with national campaigns, for example, Change4Life and tailor at a local level and for specific settings.
10. Promoting partnership working on programmes including Walking for Health, local parkruns, school gates running, recreational running groups and routes within South Gloucestershire.

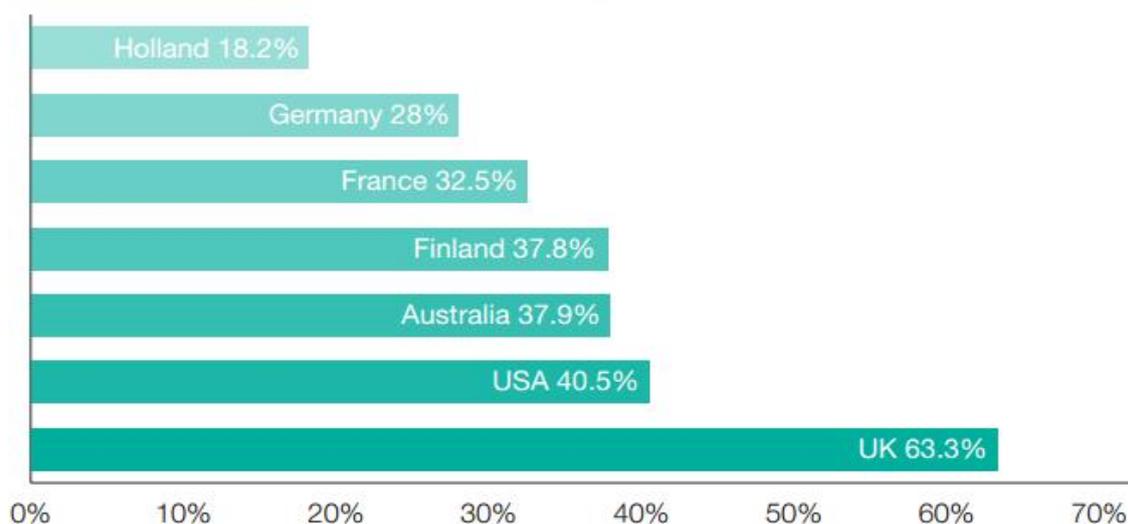
## 5. The Burden of Inactivity?

It is only in the past 50 years that physical fitness and activity have become non-essential in our daily lives. National statistics show year-on-year declines in walking and cycling rates as car ownership continues to increase, we have less active jobs, more labour saving appliances and more screen based technology for home entertainment. The result is that we walk less, sit more, and allow gadgets to do the work for us.

Physical inactivity directly contributes to one in six deaths in the UK:<sup>29</sup> the same number as smoking.<sup>30 31</sup>

In some communities only one in ten adults are active enough to stay healthy. While measurement differences limit direct comparisons, the problem is worse in the UK than many other countries (see graph below).

International comparison of physical inactivity (at ages 15 and over)



Data source: from 122 World Health Organization member states and a specific criteria for inactivity

<sup>29</sup> Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219–29

<sup>30</sup> Wen CP, Wu X (2012). Stressing harms of physical inactivity to promote exercise. *The Lancet Online* SO140-6736 (12) 60954-4

<sup>31</sup> Health & Social Care Information centre (2014) *Statistics on Smoking, England - 2014*. Leeds: Health and Social Care Information Centre.

Around half of all women and a third of men in the UK may be damaging their health as a result of a lack of physical activity.<sup>32</sup> It's an unsustainable situation, and one that costs the UK an estimated £7.4 billion a year.<sup>33</sup> <sup>34</sup>If current trends continue, the burden of health and social care will destabilise public services, and take a significant toll on quality of life for individuals and communities.<sup>35</sup> Despite the multiple health gains associated with a physically active lifestyle, there are high levels of inactivity in England:

- Over one in four women and one in five men do less than 30 minutes of physical activity a week, so are classified as 'inactive'
- Physical inactivity is the fourth largest cause of disease and disability in the UK.<sup>36</sup>

## 5.1 A brief snapshot

1. The link between physical inactivity and obesity is well established. With more than half of adults and almost a quarter of children now classified as overweight or obese<sup>37</sup> <sup>38</sup> many people would benefit from being more active every day as it helps to maintain a healthy weight and improves health, regardless of weight.
2. Only 21% of boys and 16% of girls aged 5-15 in England do the amount of physical activity they need for good development.<sup>39</sup>
3. Persuading inactive people to become more active could prevent one in ten cases of stroke<sup>40</sup> and heart disease<sup>41</sup> in the UK.
4. Depression is increasing in all age groups; inactive individuals have three times the rate of moderate to severe depression of active people.<sup>42</sup> Being active is central to our mental health.<sup>43</sup>
5. More than 1 in 17 adults in the UK<sup>44</sup> are living with diabetes, of which more than 90% have type 2 diabetes. Being active can reduce the risk of developing this

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<sup>32</sup>Health Survey for England, 2012

<sup>33</sup>Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health* 33 (4): 527-535.

<sup>34</sup>Ossa D and Hutton J (2002) *The economic burden of physical inactivity in England*. London: MEDTAP International.

<sup>35</sup>Public Health England *Everybody Active Every Day—an evidence-based approach to physical activity 2014*

<sup>36</sup>Murray et al. (2013) UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet* 381: 997-1020.

<sup>37</sup>Public Health England (2014). *Child weight data factsheet*.

<sup>38</sup>PHE (2014) *Data Factsheet: Adult Physical Activity*. London: PHE.

<sup>39</sup>Health and Social Care Information Centre (2013) *Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults*. Leeds: Health and Social Care Information Centre.

<sup>40</sup>Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219–29

<sup>41</sup>Diabetes mellitus. A meta-analysis of controlled clinical trials. *Journal of the American Medical Association* 286:1218–1227.

<sup>42</sup>PHE, UK Health Forum (2014) *Blackfriars Consensus on promoting brain health: reducing risks of dementia in the population*.

<sup>43</sup>Weyerer S (1992). Physical inactivity and depression in the community. Evidence from the Upper Bavarian Field Study. *International Journal of Sports Medicine* 13:492-6.

<sup>44</sup>Diabetes UK (2014). *Diabetes: Facts and Stats*

illness by 30-40%.<sup>45</sup> Those living with it can reduce their need for medication and the risk of complications by being more active.<sup>46</sup>

6. 1 in 8 women in the UK are at risk of developing breast cancer at some point in their lives.<sup>47</sup> By being active every day they could reduce their risk by up to 20%. Being active could also improve the lives of those living with cancer.<sup>48 49</sup>
7. Dementia affects 800,000 people in the UK. Repeated studies have shown that being active every day can reduce the risk of vascular dementia and also have an impact on non-vascular dementia.<sup>50</sup>

## 5.2 The extent of the problem

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<sup>45</sup> DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officer.

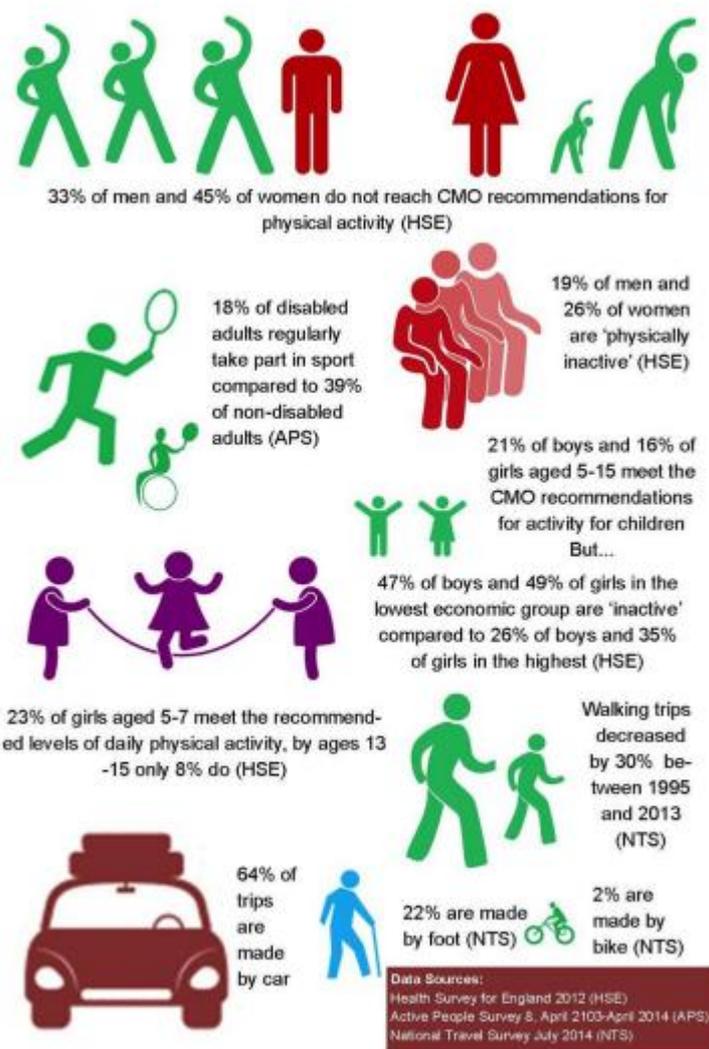
<sup>46</sup> Boule NG, Haddad E, Kenny GP, et al. (2001) Effects of exercise on glycemic control and body mass in Type 2 Diabetes mellitus. A meta-analysis of controlled clinical trials. *Journal of the American Medical Association* 286:1218–1227.

<sup>47</sup> Cancer Research UK (2012). 'Breast cancer – risk factors'

<sup>48</sup> DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officer.

<sup>49</sup> Breakthrough Breast Cancer (2014) Physical Activity and Cancer Risk

<sup>50</sup> PH UK Health Forum 2014 Blackfriars Consensus on promoting brain health: Reducing risks for dementia in the population 2014



### 5.3 A brief definition of sedentary behaviour

Sedentary behaviour is not simply a lack of physical activity but is a cluster of individual behaviours where sitting or lying is the dominant mode of posture and energy expenditure is very low. Sedentary behaviours are multi-faceted and might include behaviours at work or school, at home, in transit and in leisure time. Typically, sedentary behaviours include screen-watching such as watching TV, using a computer, or travelling by car, sitting to read, talk, do homework or listen to music.<sup>51</sup> Many children do multiple forms of sedentary screen-viewing at the same time,<sup>52</sup> which indicates the need to consider contemporary ways that people are sedentary when attempting to change this behaviour.

<sup>51</sup>Start Active Stay Active. A report on physical activity for health from the four home countries' Chief Medical Officers .Dept. of Health, 2011

<sup>52</sup> <http://www.ncbi.nlm.nih.gov/pubmed/21884723>

More than 40% of women and 35% of men spend over 6 hours a day sitting still. Those aged 16-24 and 64-75 have similar amounts of sedentary time.<sup>53</sup> Although many of us become more sedentary as we get older, this is not inevitable. There is a three-year difference in life expectancy between minimally active and inactive people.<sup>54</sup> This incentivises a focus on the most inactive; identifying these individuals and investing resources appropriately to support us all to be active every day.

## 6. Common inequalities<sup>55</sup>

### **Economic**

- People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.<sup>56</sup>

### **Geographic**

- South East England has the highest proportion of men and women meeting recommended levels of physical activity; North West England has the lowest.<sup>57</sup>

### **Age**

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<sup>53</sup>Kevin S. Heffernan et al. (2010) Self-Reported Sitting Time Is Associated With Higher Pressure From Wave Reflections Independent of Physical Activity Levels in Healthy Young Adults. *Journal of Applied Physiology*

<sup>54</sup>DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers

<sup>55</sup>Public Health England Everybody Active Every Day-an evidence-based approach to physical activity 2014

<sup>56</sup>NICE (2014) Physical activity return on investment tool.

<sup>57</sup>Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre.

- Physical activity declines with age to the extent that by the age of 75 years only one in ten men and one in 20 women are active enough for good health.<sup>58</sup>
- Between 2008 and 2012, the proportion of children aged 2 to 15 years meeting recommended physical activity levels fell from 28% to 21% for boys and 19% to 16% for girls.<sup>59</sup>

### Disability

- Disabled people are half as likely as non-disabled people to be active.<sup>60</sup>
- Only one in four people with learning difficulties take part in physical activity each month compared to over half of those without a disability.<sup>61</sup>

### Race

- Only 11% of Bangladeshi women and 26% of men are sufficiently active for good health compared with 25/37% of the general population.<sup>62</sup>

### Gender

- Men are more active than women in virtually every age group.<sup>63</sup>
- Girls are less likely to take part in physical activity than boys and participation begins to drop even more from the age of ten to eleven.<sup>64</sup>

### Sexual orientation and gender identity

- Half of all lesbian, gay, bisexual and transgender people say they would not join a sports club, twice the number of their heterosexual counterparts.<sup>65</sup>

## 6.1 Physical activity and associated health and social benefits

Being active is hugely beneficial. There are many social, individual and emotional reasons to promote physical activity – not just for our health: it can also improve other aspects of our daily lives:

- It prevents and helps to manage over 20 conditions and diseases including coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers.<sup>66</sup> It can also be part of the treatment for these conditions.<sup>67</sup>

<sup>58</sup> Active People Survey 8, April 2013-April 2014.

<sup>59</sup> The Health and Social Care Information Centre (2010) Health Survey for England - 2009 Trend tables. [www.ic.nhs.uk/pubs/hse09trends](http://www.ic.nhs.uk/pubs/hse09trends) Accessed 20th April 2014

<sup>60</sup> PHE (2014) Child Physical Activity Data Factsheet. P7. London. Data sourced from Health Survey for England 2012.

<sup>61</sup> Sports England (2014) Active People Survey 8 (2013/14).

<sup>62</sup> Sport England Active People Survey December 2013 (sport once a month, any sport, any duration)

<sup>63</sup> PHE (2014) Data Factsheet: Adult Physical Activity. London: PHE.

<sup>64</sup> PHE (2014) Data Factsheet: Child Physical Activity. London: PHE.

<sup>65</sup> Joint Health Surveys Unit (2006). Health Survey for England 2004: Health of Ethnic Minorities. The Information Centre: Leeds.

<sup>66</sup> National Institute for Health and Clinical Excellence (NICE) (2013). Physical activity: brief advice for adults in primary care

<sup>67</sup> Macmillan (2011) The importance of physical activity for people living with and beyond cancer: A concise evidence review.

- It has a positive effect on wellbeing, mood, and sense of achievement, relaxation and release from daily stress.<sup>68</sup>
- It reduces the risk of depression, dementia and Alzheimer's disease.<sup>69</sup>
- It improves the health of those with a physical or mental disability.<sup>70</sup>
- In childhood it aids healthy growth and development, maintenance of energy balance, mental wellbeing and social interaction. In adolescence, activities that stress the bone are important for bone health and reduce the risk of osteoporosis.<sup>71</sup>
- Sport can improve educational attainment, teach important life skills, divert young people from crime and foster social inclusion.<sup>72 73</sup>
- Active children are less likely to smoke, to use alcohol/get drunk or take illegal drugs.<sup>74</sup>
- Increasing physical activity levels has been shown to reduce the risk of premature death by 20 – 30%.<sup>75</sup>
- Being active can help older people to maintain independence and promotes happiness and mental health and wellbeing.
- Active travel such as walking and cycling can reduce congestion and improve productivity in the workplace.
- It reduces the strain on NHS budgets: inactivity costs South Gloucestershire millions a year through disease treatment, sickness absence and premature death.
- When compared to those who are active, an inactive person, on average, spends 38% more days in hospital and visits their GP 6% more often.

Green space is linked to greater levels of physical activity and associated health benefits. A study examining obesity levels across a number of European countries found that people living in areas with large amounts of green space were three times as likely to be physically active than people living in areas where there is little green space.<sup>76</sup> Similarly, a study designed to test the association between green space and changes in the body mass index (BMI) of predominantly economically disadvantaged children found that, after controlling for ethnicity, gender, age and socioeconomic status, children living in areas with more green space had lower BMI scores than children living in areas with less green space. Higher levels of green space were associated with lower BMI scores over a two-year period. This may be the result of increased physical activity and time spent outdoors.<sup>77</sup> The provision, accessibility

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<sup>68</sup> National Institute for Health and Clinical Excellence (NICE) (2013). Physical activity: brief advice for adults in primary care

<sup>69</sup> Department of Health (2011) Start Active, Stay Active: A report on physical activity for health

<sup>70</sup> US Department of Health and Human Services (2008). Physical Activity Guidelines for Americans.

<sup>71</sup> Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health

<sup>72</sup> Castelli, D.M. Hillman, C.H. Buck, S.M. Erwin. H.E. (2007); Physical fitness and academic achievement in 3rd- and 5th-grade students

<sup>73</sup> Sport England (2013) Economic Value of Sport. <http://www.sportengland.org/media/177230/economic-value-of-sport.pdf>

<sup>74</sup> Physical Activity Task Force (2002); Let's Make Scotland More Active – A Strategy for Physical Activity.

<sup>75</sup> Academy of Medical Royal Colleges (2015) Exercise – the miracle cure and the role of the doctor in promoting it. <http://www.aomrc.org.uk/#>

<sup>76</sup> Ellaway A, MacIntyre S, Bonnefoy X. Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal*. 2005;331(7514):611-2.

<sup>77</sup> Bell JF, Wilson JS, Liu GU. Neighbourhood greenness and 2-year changes in body mass index of children and youth. *Am J Pre Med*. 2008;35(6):547-53

and maintenance of safe and attractive green space is therefore critical to this strategy. However, it is not the whole solution. A large proportion of South Gloucestershire is non-green space and opportunities for promoting physical activity in these environments should be developed.

A study in Bristol which examined the association between objectively measured access to green space, frequency of green space use, physical activity and the probability of being overweight or obese, found that, after controlling for socioeconomic status, area deprivation and other neighbourhood characteristics, people who lived further away from urban green spaces were less likely to visit them than those who lived nearby, less likely to meet the recommended guidelines for physical activity and more likely to be overweight or obese. People who frequently visited green spaces were more likely to be physically active and less likely to be overweight or obese.<sup>78</sup>

Businesses with active workforces are more productive, have lower sickness rates and lower staff turnover.<sup>79</sup>

Being active plays a key role in brain development in early childhood.<sup>80 81</sup>

Research conducted in Bristol and Bath led by one of the South Gloucestershire Physical Activity Strategic Partnership members points to how we might best motivate people in South Gloucestershire to be active. In these studies, adults whose motivation for being active was driven by fun, enjoyment, seeing oneself as an “active person” or valuing the benefits of being active, were more active (measured objectively), more likely to meet physical activity recommendations and had better wellbeing than those who were motivated through more negative drivers such as guilt or compliance with demands (such as those of a doctor or family member).<sup>82</sup>

These findings also transfer to children in primary schools; motivation based on enjoyment and inherent satisfaction of being active was more strongly related to time spent being active than other motivations.<sup>83</sup> The research also found that children who feel competent, that being active is their decision, rather than a chore and felt connected with others were more likely to find fun and value in being active. This research, suggests that considering the *quality* of children’s and adults’ motivation for exercise and physical activity is important when establishing “what works” approaches in this strategy. Messages for adults should promote intrinsic goals based on health, social and skill development and motivation which is personal rather than forceful. Messages for children should focus on finding the fun in physical activity and giving

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<sup>78</sup> Coombes E, Jones PJ, Hillsdon M. The relationship of physical activity and overweight to objectively measured green space accessibility and use. *Social Science & Medicine*. 2010;70(6):816-22.

<sup>79</sup> British Heart Foundation National Centre (2012) Sedentary behaviour - evidence briefing.

<sup>80</sup> Maude P (2010) Physical literacy and the young child. In: Whitehead M, editor. *Physical literacy throughout the lifecourse*. p. 100-16. Oxon: Routledge

<sup>81</sup> Ginsburg KR (2007) The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Paediatrics* 119:182-91.

<sup>82</sup> Sebire SJ, Standage M, Vansteenkiste M, et al.: Examining intrinsic versus extrinsic exercise goals: Cognitive, affective and behavioural outcomes. *Journal of Sport & Exercise Psychology*. 2009, 31:189-210.

<sup>83</sup> Sebire SJ, Jago R, Fox KR, et al.: Testing a self-determination theory model of children's physical activity motivation: a cross-sectional study. *International Journal of Behavioral Nutrition and Physical Activity*. 2013, 10.

them choice and a sense of competence. Such messages are likely to avoid short-term, quick-fix motivation and foster happier and sustained participation in activity.

## 7. Current recommendations for Physical Activity - how much is enough?

The guidelines allow for a greater flexibility for achieving the recommended levels of physical activity with a life course approach, a stronger recognition of the role of vigorous intensity activity, the flexibility to combine moderate and vigorous intensity activity, an emphasis upon daily activity and new guidelines on sedentary behaviour.

### 7.1 The Chief Medical Officer's Guidelines on Physical Activity<sup>84</sup>

**For early years (under 5s):**

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<sup>84</sup> DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers.

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

*These guidelines are relevant to all children under 5 years of age, irrespective of gender, race or socio-economic status, but should be interpreted with consideration for individual physical and mental capabilities.*

#### **For children and young people (5-18 years):**

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

*Based on the evidence, the guidelines can be applied to disabled children and young people, emphasising that they need to be adjusted for each individual based on that person's exercise capacity and any special health issues or risks.*

#### **For Adults:**

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more –one way to approach this is to do 30 minutes on at least 5 days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

*Based on the evidence, the guidelines can be applied to disabled adults, emphasising that they need to be adjusted for each individual, based on that person's exercise capacity and any special health or risk issues.*

#### **For Older Adults (65+ years):**

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10

minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

*Based on the evidence, the guidelines can be applied to disabled older adults emphasising that they need to be adjusted for each individual based on that person's exercise capacity and any special health or risk issues.*

## 8. What is the evidence?

Guidance providing evidence based recommendations on how to get the nation active every day is published by The National Institute for Health & Care Excellence<sup>85</sup> (NICE) and has and will continue to provide national guidance and advice be used to inform and plan local services for health and social care. The evidence shows that positive change needs to happen at every level, to everyone, in every locality. Local Health and Wellbeing Boards have the right knowledge and understanding of their local community and the assets they can build on to implement this guidance and make it a reality.

### **Existing NICE guidelines:**

- PH6 2007 Behaviour change: the principles for effective interventions
- PH8 2008 Physical activity and the environment

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<sup>85</sup>The National Institute for Health and Care Excellence (NICE) <https://www.nice.org.uk/>

- PH13 2008 Promoting physical activity in the workplace
- PH17 2009 Promoting physical activity for children and young people
- PH41 2012 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation
- PH42 2012 Obesity: working with local communities
- PH44 2013 Physical activity: brief advice for adults in primary care
- PH49 2014 Behaviour change; individual approaches
- PH54 2014 Exercise referral schemes to promote physical activity
- PH84 2015 Quality Standard; Physical Activity: encouraging activity in all people in contact with the NHS.

## 9. How will we achieve the outcomes: Governance?

The aim of this plan is to secure collective commitment to addressing physical inactivity within South Gloucestershire, to demonstrate effective leadership in driving the appropriate systems, culture and process changes. However monitoring success will be a challenge. Establishing a comprehensive delivery plan will demonstrate clear accountability and risk management against each priority domain to ensure effectiveness of service provision. We will review our performance, learn from experiences, build on achievements and adapt the plan as necessary. We will gather evidence from our local initiatives and build on what we know works within our communities of South Gloucestershire. This will be achieved by implementing routine data collection at base line, exit and follow up for programmes to demonstrate impact in the short and long term. We will encourage stakeholders: to use the data that has been collected to shape and refine physical activity programmes, interventions and future services.

We are committed to the Physical Activity Partnership reviewing our local plan annually and adapting to keep pace with change and monitor progress against key priorities. A named lead officer will be responsible for the strategic oversight of each priority and to report contributions against relevant priorities for that 12 month period. Many of the priority actions in year one will be used to set a baseline position and outline more specific priority targets. An annual progress report will be produced and presented to the Health and Wellbeing Board. This would then be translated to public facing communication to broadcast progress and champion success.