

**be active
be healthy**

**A plan for getting
the nation moving**

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the nation moving**

Foreword	3
Activity and health	4
Executive summary	5
Chapter one: Why physical activity matters	8
Chapter two: Our ambition for a more active England – what will success look like?	18
Chapter three: Informing choice and promoting activity	24
Chapter four: Creating an active environment	36
Chapter five: Supporting those most at risk	42
Chapter six: Energising delivery	46
Chapter seven: Consulting on how the new alliance should work	56
Annex 1 Detailed local area costs of physical inactivity	59
Annex 2 Linkages between physical activity and other programmes	63
Annex 3 Equality Impact Assessment	64
Notes	71



foreword



Physical activity is something that matters to all of us.

At every life-stage it is important that we build physical activity into our daily routines. It is a basic foundation for healthier lifestyles.

The Chief Medical Officer has advised us that adults should aim to achieve at least 30 minutes of moderate intensity activity on five or more days of the week (60 minutes every day for children and young people). We know that many are a long way from that – indeed, around one fifth of men and a third of women are even doing less than one session of 30 minutes' physical activity a week. So we have a long way to go to reap the benefits of a more active nation.

Earlier this year, we launched Change4Life. Its message is simple: we must all "eat well, move more and live longer". What we need is a lifestyle revolution.

Be Active, Be Healthy forms part of this revolution. By working with policy makers, local government and grassroots organisations, we can help to put physical activity at the heart of every community, so that individuals are healthier, businesses more productive, and our environment too is improved.

This is even more important as we prepare to host the Olympic Games and Paralympic Games, which will showcase the best athletic talent and will provide inspiration and opportunities for all of us to take part in sport and be more active.

We will therefore build upon the review of sport and physical activity which was reflected by Sport England's new strategy to develop a world-leading community sport system and paved the way for an ambitious cross-government target to get 2 million more people active by 2012.

With the support of the new Physical Activity Alliance, a range of initiatives across the spectrum of physical activity and new investment in the delivery infrastructure, *Be Active, Be Healthy* will transform local communities and help us build a fitter, healthier and happier nation.

Alan Johnson
Secretary of State for Health

Alan Johnson,
Secretary of State
for Health



activity and health

The health benefits of physical activity are significant and well recognised.

Regular physical activity of moderate intensity, such as brisk walking, can bring about major health benefits as well as significant cost savings for the NHS. Increasing levels of physical activity would contribute to achieving reductions in coronary heart disease and obesity, hypertension, depression and anxiety. Even relatively small increases in physical activity are associated with some protection against chronic disease and improved quality of life.

Physical activity can help all of us to lead healthier and even happier lives, irrespective of age.

People who are physically active reduce their risk of developing major chronic diseases – such as coronary heart disease, stroke and type 2 diabetes – by up to 50%, and the risk of premature death by about 20–30%.

Physical activity:

- is associated with a reduction in the overall risk of cancer; has a clear protective effect on colon cancer and is associated with a reduced risk of breast cancer in women after the menopause;
- reduces the risk of diabetes – physically active people have a 33–50% lower risk of developing type 2 diabetes compared with inactive people, with a particularly strong preventive effect for those at high risk of developing diabetes;
- is important for helping people to maintain weight loss over several months or years. (Those who include physical activity as part of their weight loss plan have a better chance of long-term success. Physical activity brings important reductions in risk of mortality and morbidity for those who are already overweight or obese);
- can help protect against osteoporosis and have beneficial effects in those with osteoarthritis and low back pain;



- in childhood has a range of benefits, including healthy growth and development, maintenance of energy balance, psychological well-being and social interaction; and
- is associated with reduced risk of depression and dementia in later life, is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication, particularly in the longer term. More generally, physical activity helps people feel better and feel better about themselves, as well as helping to reduce physiological reactions to stress.¹

The benefits, though, can go well beyond our own health and well-being. With higher transport costs and concerns about global warming, more cycling and walking as part of daily life can save money and help the environment. Fewer car journeys can reduce traffic, congestion and pollution, feeding back into the health of communities.

Physical activity also offers us opportunities for more social interaction – whether it is by joining a walking group, being part of a team engaging in sport or simply leaving the car at home for short, local trips.

This plan sets out for the very first time estimates for the direct health-related costs of physical inactivity for primary care trusts (PCTs) in the context of the wider impact on the economy. Most importantly, it also sets out all the ways in which individuals, employers, local authorities, PCTs and the voluntary sector can work in partnership to improve the levels of physical activity in the population as a whole.

Liam Donaldson

**Chief Medical Officer
Professor Sir Liam Donaldson**

Professor Sir
Liam Donaldson,
Chief Medical Officer



Executive summary



- *Be Active, Be Healthy* establishes a new framework for the delivery of physical activity aligned with sport for the period leading up to the London 2012 Olympic Games and Paralympic Games and beyond. It also sets out new ideas for local authorities and primary care trusts (PCTs) to help determine and respond to the needs of their local populations, providing and encouraging more physical activity, which will benefit individuals and communities, as well as delivering overall cost savings. This plan is largely focused on adults, as children and young people's physical activity is being taken forward through a number of other specific government initiatives.
- *Be Active, Be Healthy* includes a breakdown of the estimated healthcare-related costs of physical inactivity to illustrate the potential gains to be made by investing in the promotion of healthy, active lifestyles.
- Together with the case for investment in physical activity, we recognise the once in a lifetime potential of the London 2012 Olympic Games and Paralympic Games as part of a 'decade of sport' to inspire individuals to make a commitment to activity. We will break new ground in delivering a health legacy for the Games, which will contribute to the Government's Legacy Action Plan (LAP) target for 2 million more adults active by 2012.²
- Action to achieve this target will be driven by a range of government departments. The Department for Culture, Media and Sport will lead on getting more people active through sport, working with the Department for Children, Schools and Families (DCSF), on sport for young people. Other departments will deliver programmes that contribute to increasing wider physical activity, including the Department of Health, Department for Transport (DfT), Department for Environment, Food and Rural Affairs (Defra), and Communities and Local Government alongside other key partners. National initiatives, including the Government's Free Swimming Programme, Walking the Way to Health and Change4Life will provide important impetus to achievement of the 2 million target.

“To achieve our ambitions for a healthier, fitter nation by 2012 and beyond, we will need a world-class delivery infrastructure for physical activity.”



- From January 2009 the coverage of the Active People Survey has been extended to include dance and active conservation/gardening in addition to an active travel measure included in the original survey. This will enable us to develop a robust baseline and future reporting measure for the LAP target to get 2 million more adults active.

Promoting activity

- Change4Life is a new £75 million society-wide movement launched in January 2009 that will help every family in England eat well, move more and live longer by changing behaviour. While the programme is starting with at-risk families, ultimately it will be broad enough to welcome everyone who wants to get involved.
- Recreational walking offers a popular and accessible opportunity to be active. In partnership with Natural England we will expand significantly the Walking the Way to Health scheme, establishing stronger links with primary care and other partners. This initiative currently benefits more than 30,000 people each week.
- We will work with DfT, Defra and the private sector on a message to highlight the true costs to the individual of short car journeys.

- In support of this, together with active travel partners and employers, including the NHS, we will pilot a campaign that enables employers to incentivise active commuting and other forms of active travel for business purposes.

- Alongside walking, cycling can provide an alternative to the school run or shorter car trips to the office or the shops. We will work with a consortium of partners, including commercial sponsors and expert bodies such as Cycling England and British Cycling, to develop a range of new initiatives under the Bike4Life brand that will boost participation in all forms of cycling.

- After walking, swimming is one of the most popular forms of physical activity.³ As part of the £140 million Free Swimming Programme for children and older adults, we will be working with the Amateur Swimming Association and Sport England to develop an integrated suite of measures to get more new swimmers into the pool, including a Learn to Swim package to achieve 100,000 more swimmers. We will also fund a national network of County Swimming Co-ordinators to promote swimming in every local area.



- In recognising the unique contribution that dance can make to health and well-being, the Department of Health will establish a working group to identify what role dance can play at national, regional and local level with an initial focus upon older adults.
- There is evidence to demonstrate that health practitioners are well placed to encourage their patients to be more active. We will therefore continue to develop our Physical Activity Care Pathway (PACP) model that targets a brief intervention at inactive adults to encourage sustained behaviour change. There will be a phased dissemination of the PACP and the Let's Get Moving resource across England from spring 2009.
- Activity levels fall dramatically after the age of 16, and therefore the Department of Health in partnership with the Fitness Industry Association and local authorities will be piloting Fit for the Future, an incentive scheme to offer 5,000 16–22-year-olds subsidised gym memberships linked to frequency of use.
- The environment has an important influence upon our levels of physical activity. We will use the forthcoming national planning policy review to assess the need to strengthen planning policy, or provide additional guidance, on open space, sport and recreation, to help tackle obesity and support healthy communities.
- We will work with Walk England and local communities to support and encourage communities to develop a total of 2012 Active Challenge Routes across England, close to where people live and devised and developed by communities sharing in the Olympic vision.

- The passage of Marine and Coastal Access legislation would create new opportunities for active conservation in coastal areas. Therefore, we will work with the Peninsula Medical School to pilot the Blue Gym initiative for active conservation in both inland waters and the coastal and marine environment.

Energising delivery

- To achieve our ambitions for a healthier, fitter nation by 2012 and beyond, we will need a world-class delivery infrastructure for physical activity. A solid foundation is already in place. We will therefore seek to retain and resource those elements of the existing delivery network that can contribute to the wider delivery of physical activity and remain fully aligned with the delivery of sport.
- We will commission an evidence-based tool allowing PCTs to stratify the cost burden of disease arising from physical inactivity for sub-groups of their population and, subject to feasibility, will extend this model to take account of the impact of generic interventions upon prevalence and cost.
- More specifically, we will work with World Health Organization (WHO) Regional European Office and UK partners including the Outdoor Health Forum to fund and develop a Health Economic Assessment Tool (HEAT) for walking, which will provide comprehensive justification for investment in walking, to sit alongside the existing WHO HEAT tool for cycling.⁴
- We have allocated new funding of £1 million in 2008/09 to help County Sports Partnerships to develop ongoing plans for the delivery of physical activity and will provide a

further £3 million in 2009/10 to maintain the seamless co-ordination of physical activity alongside sport.

- We will continue to fund the Regional Public Health Groups to co-ordinate physical activity across the region, alongside support for the co-ordination of obesity programmes.
- We will constitute an Expert Reference Group to advise on the evidence base, including new and emerging evidence, as it relates to implementation of this plan and the development of future policy.
- We are working with all the major organisations drawn from across the physical activity sector, which have come together to form a new Physical Activity Alliance. The Alliance will campaign for physical activity, develop its own physical activity campaigns and initiatives, will help to boost local and regional delivery and act as a national partner to Government. To our knowledge it is the first time that the entire physical activity sector has come together in any country to form such a powerful alliance to promote physical activity.
- An Interim Steering Group for the Physical Activity Alliance will oversee a consultation across the sector to understand how the Alliance can best add value and support delivery.

chapter one

Why physical activity matters

This plan establishes a new framework for the delivery of physical activity alongside sport for the period leading up to the London 2012 Olympic Games and Paralympic Games and beyond. It also sets out new ideas for local authorities and primary care trusts to help determine and respond to the needs of their local populations, providing and encouraging more physical activity, which will benefit individuals and communities, as well as having the potential to deliver overall cost savings.





“Physical activity can help all of us to lead healthier and even happier lives, irrespective of age.”

However, the public sector cannot do this alone. The plan is also intended to bring together a much broader alliance of stakeholders, including business and the voluntary sector, as each has an important part to play if everyone is to benefit from a more active and fitter nation.

Be Active, Be Healthy has been jointly produced by the Department of Health (DH) and a range of other government departments, working closely with national bodies with an interest in physical activity, as well as regional and local partners, to set out our ambitions and vision for a more active nation. It is largely focused on adults, as children and young people’s physical activity is being taken forward through a number of other specific government initiatives, namely the PE and Sport Strategy for Young People, the Play Strategy,⁵ *Healthy Weight, Healthy Lives*,⁶ Healthy Schools and Extended Services in Schools and the Travelling to School Initiative.

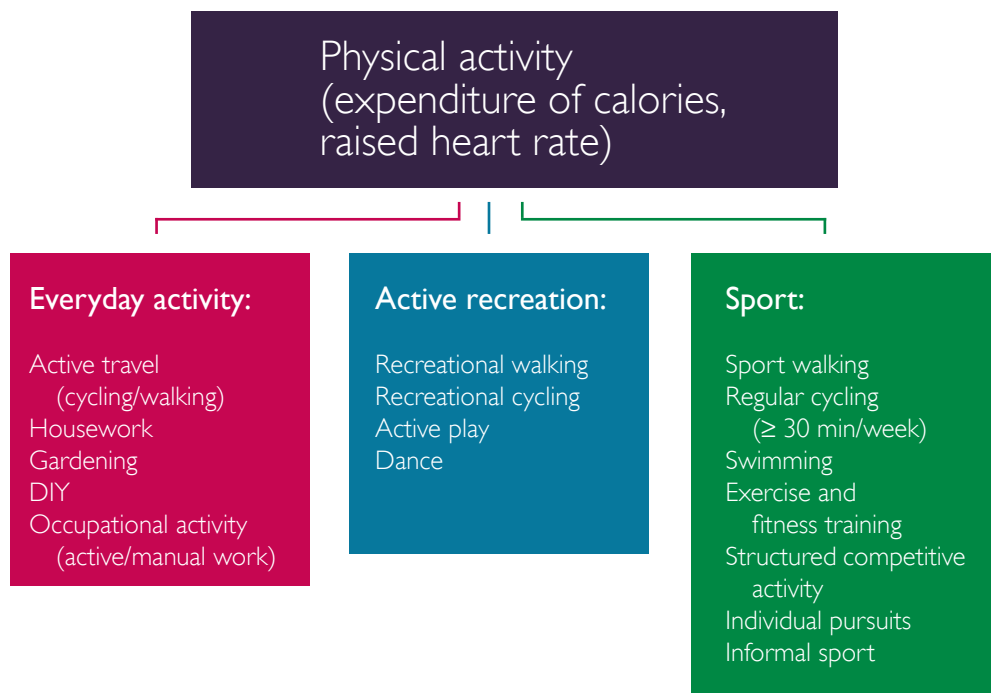
We have carried out an equality impact assessment as part of the policy development process. This is set out at Appendix 3. We shall publish an impact

assessment on the overall strategy set out in this Plan by the end of March 2009 and develop more detailed impact assessments as we move through the implementation phase on each of the individual new proposals.

1.1 What is physical activity?

Physical activity includes all forms of activity, such as ‘everyday’ walking or cycling to get from A to B, active recreation not undertaken competitively, such as working out in the gym, dancing, gardening or families playing together, as well as organised and competitive sport.

What unites all physical activity is its effect upon our bodies, raising our heart rate, bringing about an immediate and often beneficial physiological response and improving our overall well-being. Indeed, the mental health benefits of physical activity are often overlooked.⁷





1.2 Why be active?

Increasing levels of physical activity contributes to achieving reductions in risks of coronary heart disease and obesity; hypertension, cancer; osteoporosis, depression and anxiety. People who are physically active reduce their risk of developing stroke and type 2 diabetes by up to 50%, and the risk of premature death by about 20–30%.⁸ Physical activity can help all of us to lead healthier and even happier lives, irrespective of age.

While there is a need to increase levels of physical activity across the whole population, it is especially true for those who lead sedentary lifestyles. Those most at risk include older people who experience a notable decline in activity after the age of 55; women, 70% of whom are not doing enough to benefit their health; some black and ethnic minority sub-groups; and young adults who experience a drop-off in activity from the age of 16.⁹

People with disabilities are also at particular risk from inactivity. Disabilities ranging from physical and neurological to sensory impairments and learning disabilities all create different barriers to participation in physical activity.

1.3 How much activity?

The Chief Medical Officer's Report *At least five a week*¹⁰ established the following recommendations for health-enhancing physical activity in 2004:

- Children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day.
- For general health benefit, adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity on five or more days of the week.
- The recommendations for adults are also appropriate for older adults. Older people should take particular care to keep moving and retain their mobility through daily activity.

- The recommended levels of activity can be achieved either by doing all the daily activity in one session, or through several shorter bouts of activity of 10 minutes or more.

A dose-response relationship exists between physical activity and all-cause mortality. From a public health perspective, helping people to move from an inactive level to low to moderate activity levels will produce the greatest reduction in risk.



I.4 Taking stock of how active we are as a country



In order to increase physical activity at all levels and achieve the biggest overall health improvement, it is important to understand the distribution of physical activity across the whole population.

Levels of physical activity (including sport, occupational activity, housework and DIY) in both adults and children are regularly measured through the Health Survey for England. Other surveys capture a different range of physical activity, such as Sport England's Active People Survey, which reports primarily against sport and active recreation.

i) Adults

Key health indicators are the proportions of the adult population, aged 16 and over, achieving 30 minutes of continuous physical activity of at least moderate intensity on less than one day, 1–4 days and 5 days a week.

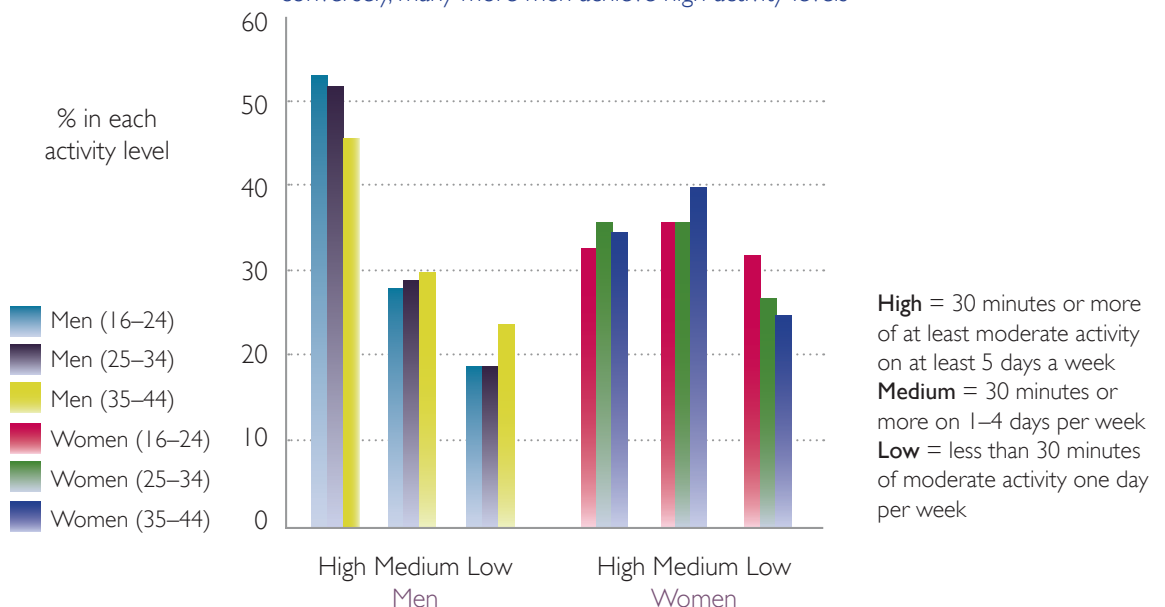
40% of men and 28% of women meet the Chief Medical Officer's recommendations for physical activity. This represents an increase from levels recorded in 1997 (32% and 21% respectively).¹¹

Participation in physical activity declines significantly with age for both sexes, while the prevalence of those achieving less than 30 minutes of at least moderate intensity activity increases with age and is markedly higher in some groups.¹² Only 17% of men and 13% of women between the ages of 65 and 74 meet the Chief Medical Officer's recommendation for physical activity.

This drops to 8% and 3% of men and women respectively over the age of 75.¹³

Different patterns of activity levels for men and women aged 16–44

Many more women than men in these age groups achieve less than 30 minutes; conversely, many more men achieve high activity levels

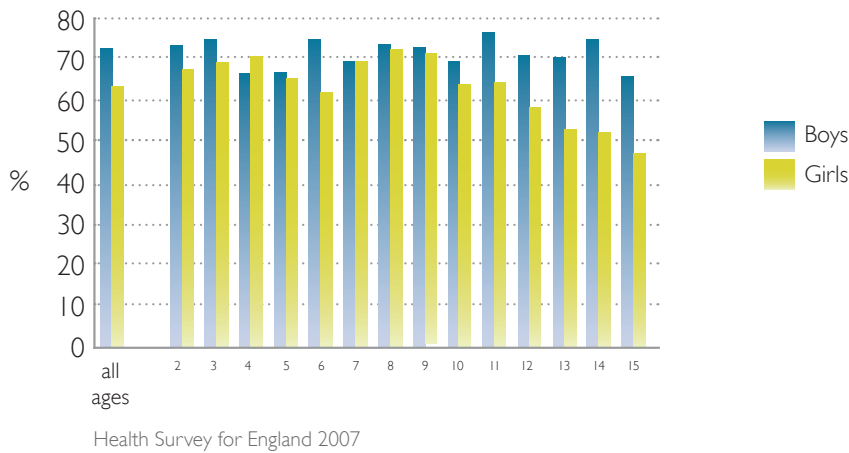


Health Survey for England 2006

ii) Children and young people

Boys achieve higher levels of physical activity than girls. Boys have similar levels of activity across age groups, while for girls participation generally decreases during teenage years.¹⁴

Proportion achieving physical activity guidelines



“Participation in physical activity declines significantly with age for both sexes.”

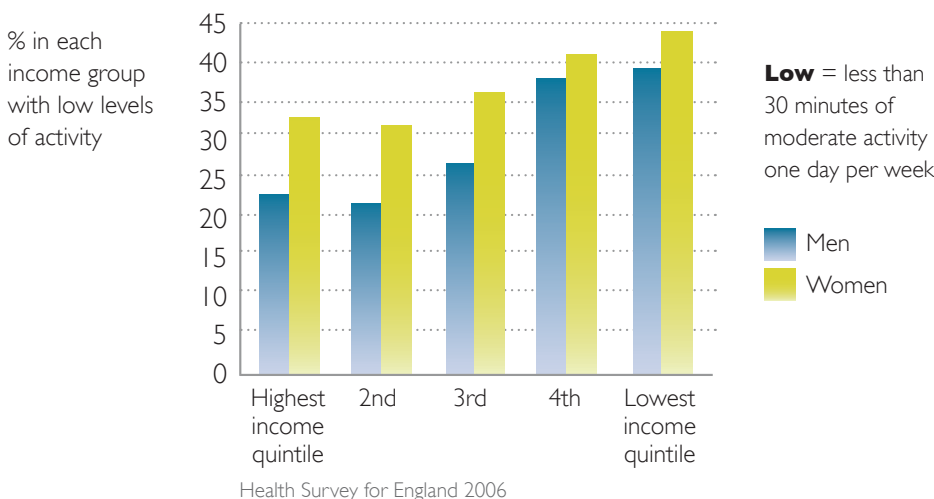
iii) Inequalities and physical activity

Levels of physical activity also show an association with ethnicity. With the exception of Black Caribbean and Irish populations, all other minority ethnic groups have lower rates of adherence to the Chief Medical Officer’s recommendations on physical activity

for adults. Inequalities are greatest for South Asian women. Only 11% of Bangladeshi and 14% of Pakistani women were reported to have done the recommended amounts of physical activity, compared with 25% in the general population.¹⁵

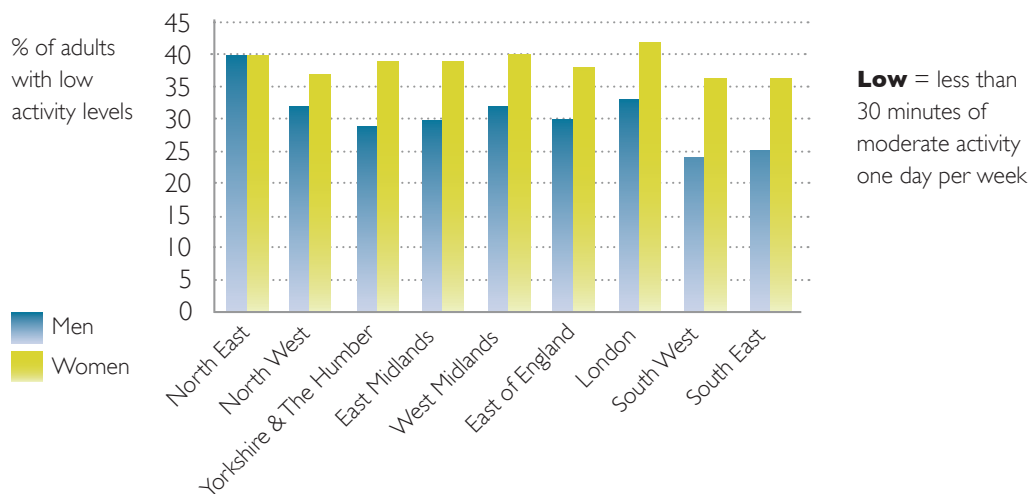
Physical activity levels and household income

Low levels of physical activity are associated with household income, with the lower income groups being more likely to have low activity levels



Low activity levels across regions

Percentage of adults with low activity levels across regions (Government Offices)



Health Survey for England 2006

“Estimates for the annual costs to the NHS as a result of physical inactivity are between £1 billion and £1.8 billion.”

iv) How are the regions shaping up?

Participation in sport and physical activity varies by region and locality. While this reflects differences in demography and geography (for example, rural versus urban settings), it is important that the co-ordination of physical activity at a regional level builds upon best practice and addresses barriers associated with a range of inequalities.

v) How do we stand in comparison with other developed countries?

International comparisons of physical activity levels are made difficult by differences in measurement techniques. Nevertheless, our preliminary analysis confirms perceived trends (for example, associated with economic development) and highlights countries that have bucked those trends.

Estimates drawn from two datasets, Eurobarometer and the International Physical Activity Prevalence Survey for developed nations, place Great Britain just outside the top 20 most active nations. The analysis is complex; however, a comparison of best practice informed by this research will form part of our future work.

The Netherlands, in particular, would appear to lead Europe in maintaining high levels of physical activity by embracing active travel policies. Looking beyond Europe, New Zealand shows high levels of adults meeting national guidelines for physical activity and Canada stands out as the only country that has achieved a sustained increase in physical activity levels of approximately 0.75% per annum.



vi) How does this relate to the Legacy Action Plan target?

Progress against the Government's target for 2 million more adults active by 2012 will be measured by Sport England's Active People Survey. In 2007/08 11.73 million people chose to participate in physical activity at least three times a week, for a minimum of 30 minutes and at moderate intensity, through sport, active recreation and active travel.¹⁶ This figure reflects a significant increase in the number of adults who regularly play sport of more than half a million over the past two years. From January 2009, the coverage and reporting of the Active People Survey has been extended to include other forms of physical activity that people choose to do, which will contribute to the overall 2 million target.

1.5 Inactivity costs

Inactivity has a cost to it, which it is important to quantify when considering the case for investment.

Cost to the nation

The economic burden of inactive lifestyles results from the additional costs to the NHS of the treatment of long-term conditions and associated acute events such as heart attacks, strokes, falls and fractures, as well as the costs of social care arising from the loss of functional capacity.

Inactivity also leads to costs to the wider economy from sickness absence and premature death of productive individuals, costs to the individuals themselves, and the costs of lost productivity of their carers. Turning this on its head, the economic benefits of physical activity can even extend to other sectors of the economy such as our industrial competitiveness, transport and the environment.

Estimates for the annual costs to the NHS as a result of physical inactivity are between £1 billion and £1.8 billion. The costs of lost productivity to the wider economy have been

estimated at around £5.5 billion from sickness absence and £1 billion from premature death of people of working age.¹⁷ Taken together, these costs total approximately £8.3 billion every year.

These figures represent conservative estimates for the costs of inactivity based upon available published data and they exclude the cost implications of other diseases and health problems influenced by physical activity, such as osteoporosis and falls – which affect many older people.

Calculating the cost of physical inactivity

We commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to prepare estimates of the primary and secondary care costs attributable to physical inactivity for PCTs and strategic health authorities (SHAs) across England.

The results based upon 2006/07 demonstrate an average healthcare cost of physical inactivity for each PCT of £5 million per year. Results for individual PCTs are listed in Annex 1. A more detailed breakdown of the cost of physical inactivity for each of the main disease categories related to inactivity for each PCT and SHA, together with the data in Annex 1, can be downloaded at www.dh.gov.uk from March 2009.

These data are intended as a starting point in understanding the cost of physical inactivity in a particular PCT. In comparing any given PCT's value with that of another, the possible unequal role of other factors, for example smoking prevalence, will need to be investigated further before determining an appropriate course of action.

We believe the projected cost savings should the whole population reach a sufficient level of physical activity provide an important starting point for further analysis of the economic case for local investment in evidence-based interventions.

THE COST OF FALLS



Fractures from falls have a significant impact on the independence of older people, reducing their ability to walk unaided and to carry out activities of daily living. Falls are the leading cause of accidental death in England of older people and fractured hips cost the NHS and social services £1.8 billion a year in England.¹⁸

A modest investment nationally along lines set out in the National Service Framework and National Institute for Health and Clinical Excellence (NICE) guidelines could produce a 1% reduction in the rate of hip fracture (equal to an annual saving of approximately £200 million for the NHS), reduced admissions to long-term care and improved outcomes for older people.¹⁹

case study



1.6 The cost-effectiveness of physical activity interventions

The return on investment in physical activity can be significant and in some cases can be realised in the short term. Individuals can gain benefits from becoming more active, even if they have previously been inactive until middle age and beyond. Indeed, exercise in the prevention of coronary heart disease has been described as “today’s best buy in public health”.²⁰

The benefits of physical activity for cardiovascular disease appear to be just as strong for older people as they are in middle age and strength-training programmes in older people can produce significant improvements in muscle strength, leading to improvements in functional mobility and a reduction in falls.²¹

We will commission an evidence-based tool allowing PCTs to stratify the cost burden of disease arising from physical inactivity for sub-groups of the population. Subject to feasibility, we will extend this model to take account of the impact of generic interventions to promote physical activity upon prevalence and cost.

Economic modelling commissioned by Cycling England has calculated that a 20% increase in cycling by 2015 would save £107 million in reducing premature deaths, £52 million in lowered NHS costs and £87 million by shrinking absences from work.²²

We will work with World Health Organization (WHO) Regional European Office and UK partners including the Outdoor Health Forum and to fund and develop a Health Economic Assessment Tool (HEAT) for walking, which will provide comprehensive justification for investment in walking, to sit alongside the existing WHO HEAT tool for cycling.²³

The Department of Health is seeking to embed routine physical activity assessments and brief interventions in primary care. Following the publication of the supporting NICE guidance²⁴ the Department of Health has commissioned a feasibility study including an economic evaluation of the Physical Activity Care Pathway (PACP) pilot. The PACP assesses a patient’s activity levels before delivering a brief intervention to encourage behaviour change in those adults who are at risk of inactive lifestyles.

1.7 The evidence base

The National Institute for Health and Clinical Excellence (NICE) leads the evaluation of public health evidence for physical activity interventions with the support of the Public Health Collaborating Centre²⁵ for Physical Activity for NICE.

NICE reviews have examined evidence for the effectiveness of commonly used methods to increase physical activity, promoting physical activity in the workplace, promoting/creating built or natural environments that encourage and support physical activity. Recent public health guidance from NICE focuses on the promotion of physical activity for children and young people.²⁶ Other guidance concerning obesity, as well as the prevention and management of a range of long-term conditions, contains recommendations for physical activity.

Recent reviews on effectiveness conducted by NICE have highlighted significant gaps in the evidence base for interventions on physical activity in a number of areas. One common limitation was the lack of a robust self-report physical activity measure. Currently in the UK, different programmes use a variety of measures to collect physical activity data, and so this limits our ability to compare and collate results to inform better practice.

In response, Loughborough University and a number of key agencies (the Big Lottery Fund, the British Heart Foundation, Natural England, NHS Scotland, the Scottish Government, the Sports Council for Wales, Sport England, Sustrans and the Welsh Assembly Government) are developing a single-item question on physical activity for use in programme evaluation and monitoring. Final results from this work are due in early 2009 and we will support the application of this research to future evaluation and monitoring of interventions.



chapter two





Our ambition for a more active England – what will success look like?

2.1 Guiding principles

Physical activity has the potential to create a healthier, happier and wealthier nation. To unlock this potential, we believe that we need to be guided by four overriding principles:

- Informing choice and promoting activity
- Creating an ‘active’ environment
- Supporting those most at risk
- Strengthening delivery.

Informing choice and promoting activity



The majority of adults fail to exercise at a level that brings the full range of general health benefits. While we are free to make our own lifestyle choices, there is a role for Government in communicating the facts about physical activity and dispelling the myths. Messages also need to be tailored to specific population groups to take account of their priorities and the specific barriers they face.

We are presented with opportunities to be active throughout our daily lives, for example getting off the bus one stop earlier. Providing the 'nudge' to prompt using the stairs rather than the lift or the information to support longer-term activity plans, however, is not just a job for Government. Voluntary, private sector or community organisations are often best placed to address diverse audiences.

It is also important that commissioners of services are provided with the information to inform their decisions, based upon the physical activity needs and the best interventions for the communities they serve, through robust prevalence data and appraisal of the evidence.

Creating an 'active' environment

The quality of our environment has a direct influence upon levels of physical activity. The opportunity to explore safe, attractive and interesting parks or streetscapes can be a significant motivator for recreational walking and cycling. Equally, good urban design that takes account of the needs of cyclists and pedestrians, offering safety and convenience, helps tip the balance in favour of active travel for shorter journeys.

'Natural' environments offer important settings for health-enhancing physical activity. As well as the health benefits associated with physical activity, they have been shown to reduce chronic stress and enhance a sense of well-being. Active use of the outdoors can strengthen communities and create a sense of place in which people

feel they belong. Natural space has a restorative effect on adults suffering from depression or anxiety.

There are also important synergies between healthy, active lifestyles and sustainability, for example walking and cycling can help to reduce carbon dioxide and particulate emissions. A more active environment is a more sustainable one.

Supporting those most at risk

For a sizeable proportion of the population, inactivity is threatening their health and it is important that we respond to this to support these individuals in accordance with their specific needs.

Physical activity has been identified by several NICE Guidelines as contributing to the management of long-term conditions, for example type 2 diabetes.²⁷

Strengthening delivery

In recent years a framework for the local delivery of physical activity alongside, and complementary to, organised sport has been established. In many areas, County Sports Partnerships (CSPs) have provided the focus. This has released new investment by PCTs in physical activity and sport for health benefits, often under match-funding arrangements to support physical activity programmes that are outcome-led and sustainable.

Regional structures for physical activity have also emerged, bringing together a broad range of local stakeholders, including health services, to develop regional physical activity strategies.

We recognise that existing structures have evolved from the bottom up and are performing well. Overall we will work carefully to ensure subsidiarity, so that each part of the delivery infrastructure at national, regional and local level is focused on what it is best placed to do, and that we boost overall effectiveness as much as possible at all levels.

2.2 Our ambition

We stand on the threshold of a decade of sport in Britain, commencing this year with World Twenty20 cricket, through the London 2012 Olympic Games and Paralympic Games, to the Ryder Cup and the cricket World Cup. In particular we will harness the inspiration of the London Games to challenge children and adults to make a commitment to activity. No previous Olympics have achieved any lasting increase in physical activity, but through careful planning, investment and evaluation **we will break new ground in delivering a health legacy for the Games, which will contribute to the Government's Legacy Action Plan (LAP) target for 2 million more adults active by 2012.**

Local areas are best placed to deliver physical activity opportunities relevant to their target groups and that reach out to communities at risk of inactivity. We will therefore explore opportunities for local partnerships to align their existing commitments to promote physical activity alongside sport with the full range of activities that define the LAP target. In particular, we would expect any new investment in physical activity by the NHS and its partners to address the economic costs of inactivity via the strengthened delivery arrangements set out in this plan, to contribute to the 2 million more adults active target.

Action to achieve the LAP target will be co-ordinated nationally by a range of government departments. The Department for Culture, Media and Sport (DCMS) will lead on getting more people active through sport, working with DCSF on sport for young people. Other departments will support programmes that contribute to increasing wider physical activity, including DH, the Department for Transport (DfT), the Department for Environment, Food and Rural Affairs (Defra), and Communities and Local Government alongside other key partners.

The private and voluntary sectors have already responded to calls for a healthier and more active nation.

A broad range of organisations, who share a common interest in increasing physical activity, have come together to create a Physical Activity Alliance (described fully in Chapters 6 and 7). More than 12,400 grassroots organisations, charities and retailers have also signed up to the Government's Change4Life campaign, encouraging families to eat well, move more and live longer. The Fitness Industry Association in particular has announced the launch of a national campaign aimed at inspiring and enabling many more people to be more active in their local communities.

While the CMO's 'five times a week' recommendation should remain the ultimate goal for all adults, the Legacy Action Plan target, based upon 3 x 30 minutes of sport and/or wider physical activity a week, is a key staging point to a healthy and active population. The programmes and schemes outlined in the LAP will benefit the whole population. **We are committed to 'shifting the curve' of adult physical activity – not simply concentrating upon those on the cusp of '3 x 30 minutes' – and will therefore also seek significant progress by 2012 against a range of indicators set out in Chapter 6.**

Alongside the significant general health benefits, this will contribute to the Government's aspiration to shift the weight distribution in the population to a healthy weight, particularly if it is combined with healthier food choices.

2.3 We aspire to being world class

Examples from other countries, towns and cities that have increased population activity levels provide valuable insights into approaches that work. We are keen to help everyone learn from this.

What characterises international success has been a long-term strategy with strong co-ordination between physical activity and sports sectors, including commitment to sustained messaging campaigns.

Informing Choice – Canada: the ParticipACTION campaign

ParticipACTION was one of the longest-running communication campaigns to promote physical activity. The campaign ran from 1971 and for 30 years 'nudged' Canadians of all ages, sizes and shapes to make physical activity a part of their everyday lives. The campaign had a small staff and a small budget, but it achieved significant year-on-year shifts in knowledge and behaviour among the Canadian public. ParticipACTION used a variety of media, including public service announcements on TV, as well as press, public relations and print, but without ever paying for media exposure.





The Netherlands and cycling

Getting the infrastructure right for physical activity – balancing the needs of all road users and where appropriate developing traffic-free routes for walking and cycling – can make a significant difference to the way in which people choose to travel.

The Netherlands – and Amsterdam in particular – has a worldwide reputation for catering for bicycles as the dominant form of urban transport. A total of 27% of all trips are undertaken by bike in the Netherlands, compared with 1% in the UK.²⁸ Even more remarkable is that cycling is a mode of everyday transport enjoyed equally by women and men, young and old, rich and poor. This is in contrast to countries with low cycling rates where it is mainly the preserve of young fit men.

Trend data since the late 1950s show that the Netherlands saw a steep decline in cycle use as the car became a more popular mode of transport. But the Dutch government tackled this issue head on with a succession of pro-bike policies culminating in the Dutch Bicycle Master Plan.²⁹ These policies have ensured that the bike has become a core part of urban transport.

Since October 2005, Cycling England has been working with towns and cities across England to demonstrate how increased investment can transform cycling levels. The Cycling Demonstration Towns programme is intended to show the impact of investing at similar levels to the best in Europe.

In particular, the campaign drew upon the furore around an advert which said that “the average 30 year old Canadian was only as fit as the average 60 year old Swede”.



ParticipACTION worked hard to support community action on physical activity and to forge alliances with non-health agencies. The three primary areas of emphasis were media campaigns, public education and special events.

Surveys have shown that the ParticipACTION brand achieved extremely high awareness: in 1985, 84% of a random sample of the Canadian adult population recognised the logo/brand. Of these, over 60% said that the campaign had helped them to do more physical activity. There were also consistent increases in national levels of physical activity between 1981 and 1995. Although these cannot be directly attributed to ParticipACTION, it seems extremely likely that this consistent long-term campaign has had a direct impact.

It is therefore of little surprise that ParticipACTION was reinstated in October 2007. The new campaign aims to inspire people to ‘move more’ and is based on McGuire’s hierarchy of change model. Phase 1 highlights the dangers and cost of inactivity, whereas Phase 2 will use Canadian icons to tell their stories. Young people who have demonstrated the greatest improvement in their physical activity levels will have the opportunity to enter a competition to be a torch-bearer at the Winter Olympics in 2010.



2.4 We will name and acclaim across the country

We will work at all levels of delivery supported by a new Physical Activity Alliance and Expert Reference Group to promote excellence across England from which others can learn.

The NHS is already working with a range of partners to harness physical activity for short-term health outcomes.

COPING THROUGH FOOTBALL

Coping Through Football is an innovative project that seeks to demonstrate how two sports charities can work with the health service to create a sustainable recovery model for people with enduring mental health problems. The aim of the project is to provide a model of best practice that other mental health trusts across the country can implement as an example of how sport and health can work together to meet mutual objectives.

Working through a Management Group comprising the Leyton Orient Community Sports Programme, North East London Mental Health Trust (NELMHT) and London Sports Forum for Disabled People, the project targets 18–35-year-olds within the Waltham Forest community healthcare system.

Two coaching sessions are provided each week led by staff from the Leyton Orient Community Sports Programme. The London Playing Fields Foundation and NELMHT have worked closely on developing a monitoring and evaluation tool to oversee each participant's development within the programme. The 2007/08 Annual Report includes an evaluation of the first year of the project, highlighting its success in engaging with the target group.

The project offers a range of exit opportunities to enable participants to continue their involvement in coaching, refereeing, playing or administration roles and ultimately will provide a route to recovery.

NORTHUMBERLAND FISHNETS PROJECT

The Northumberland Fitness Involvement Safety and Health Networks (Fishnets) project is increasing the number of people who are helped to live independently, reducing emergency hospital admissions for older people and the number of falls leading to fractures and hospital treatment. The Department of Health Partnerships for Older People pilots are testing new ways to improve older people's well-being.

Participants in the 30 pilot sites engage in a 12-week incremental exercise schedule and are referred to the programme either because they have already had a fall or because they are at risk of falling. Following engagement in the falls prevention programme, participants are encouraged to become involved in regular sport and physical activity.

Early project evaluation indicates that:

- there has been a 12% reduction in hip fractures in year one;
- care homes are reporting up to a 30% reduction in falls;
- local evaluations of quality of life among older people identify positive responses; and
- initial indications are that there has been a positive impact on hospital admissions and emergency bed days, with a subsequent reduction in costs to PCTs.

A wide range of partners are also involved including Northumberland County Council and the district councils in the county, Age Concern and other community organisations, local leisure centres and residential homes.

For more information visit www.northumberlandfishnets.org

MCCAIN FOODS TRACK AND FIELD INITIATIVE

Through a long-term partnership arrangement with UK Athletics, McCain Foods will invest £5 million over five years in extending the appeal and reach of athletics to ordinary families in addition to £5 million to support competitive athletics. This alliance will enable McCain to make a positive impact by inspiring and enabling both athletes of the future and those who do not see themselves as athletes but who want to be more active to become involved in a great community sport.

Through the Track and Field campaign, McCain will be making athletics more accessible to families and young people. To date Team GB athletes have hosted four of the Track and Field roadshows in major cities, attracting thousands of people. The roadshows aim to stimulate an interest in athletics and encourage people to have a go at fun activities such as inflatable shot put and a mini running track.

Starting in 2009, McCain Track and Field Sports Days will showcase local athletics facilities at a number of family-friendly events throughout the country to attract people who would not normally come near a running track. The days will be organised by up to 50 networks of neighbouring clubs and will be promoted through local media and advertising, the McCain website and retail product packaging.

chapter three

Informing choice and promoting activity

This chapter sets out actions in train or planned to support the first principle of informing choice and promoting physical activity.





3.1 Informing and supporting choice for all

Change4Life

Change4Life is a new society-wide movement launched in January 2009 that will help every family in England eat well, move more and live longer by changing behaviour.

Change4Life will tap into new ideas and opportunities, share best practice and offer additional resources – a special helpline, a website full of healthy eating ideas, tips on how to be more active, a database of local activities, and marketing toolkits for use in local communities.

While the programme is starting with at-risk families, ultimately it will be broad enough to welcome everyone who wants to get involved.

WORKING IN PARTNERSHIP

We are inviting national partners where possible to align their activity to Change4Life. In some instances, this may involve simply adding the Change4Life logo to existing materials so that they are co-branded; in others, it may involve developing new initiatives where Change4Life (or a sub-brand) is more prominent. We have published a set of



Change4Life Principles and Guidelines for Government and the NHS, which include instructions on the use of the main Change4Life logo, sub-brands (such as Walk4Life, Cook4Life and Swim4Life) and the potential to create a sub-brand for local healthy living initiatives.

We would also like those people running local activities (such as weight management programmes, toddler activity groups and walking groups) to align and combine with Change4Life, sharing best practice and using new ideas, resources and opportunities to help build a national, recognisable movement.

Other information to guide and inform lifestyle decisions is available through NHS Choices, a one-stop-shop for all NHS-accredited health information and services. The NHS Mid-life LifeCheck, which is expected to go to open pilot in early 2009 with national roll-out later in the year, will empower the user to assess their lifestyle, make choices about change and, if they wish, use the online health service to plan to increase their levels of physical activity.



Engaging with key target groups

A challenge facing all local partnerships is how to engage with priority groups without widening health inequalities. Audience segmentation tools, which also encompass minority ethnic groups, have been developed to support Change4Life. We have held events across the regions to help harness this social marketing approach for local delivery.

Sport England has also undertaken market segmentation on adults (aged 18 and over) who participate in sport and has developed a range of pen portraits to characterise groups who might readily be re-engaged in sport or wider physical activity.

As well as awareness of the benefits of physical activity being raised, people need to know how to access local opportunities to get more active. Many local authorities provide web-based and written information on leisure services, including sport and active recreation. The Physical Activity Care Pathway has piloted the use of a map of parks and green spaces, presenting opportunities for outdoor physical activity.

PUBLIC HEALTH GROUPS



Several regional public health groups have developed a step-by-step guide for physical activity professionals to develop a smarter approach to delivering physical activity interventions. The *Promoting Activity Toolkit*³⁰ comprises information on the types of physical activities that the seven least active segments from the Sport England market segmentation data would be most likely to take part in, their triggers for becoming active and the social marketing messages that would be most effective in encouraging physical activity within these least active groups.

case study

3.2 Everyday activity

Creating opportunities for activity

Many areas offer programmes of directed or structured physical activity to provide people with the confidence, knowledge and skills to become more active. For example, the Cycling and Health Innovative Pilot Projects (CHIPPs), with funding from Cycling England and DH, is a scheme involving Nottingham City and Northamptonshire PCTs that will investigate how the National Health Service can engage in cycling promotion through cycle training and local champions.

WORKING IN PARTNERSHIP

ASDA has committed to supporting Bike4Life to promote cycling as a fun, safe activity that all the family can do.

ASDA Chief Executive Officer Andy Bond will cycle from Land's End to John O'Groats in August 2009 to raise £1 million for a new charity that will be set up to make cycling easier and more affordable for families living in deprived communities. This ride will be supported by a strong promotional campaign and events for customers and colleagues in all of ASDA's stores.

Walking is the most popular recreational activity for adults according to Sport England's Active People Survey. In particular, guidance from NICE³¹ recommends that older people should be offered a range of walking schemes of low to moderate intensity to improve mental well-being. The Walking the Way to Health Scheme led by Natural England and the British Heart Foundation supports around 540 local health walk schemes across the country, delivering nearly 2,000 walks to more than 30,000 people each week.

We will work in partnership with Natural England to scope a significant expansion of the Walking the Way to Health scheme, establishing stronger links with primary care and other partners, and building on the success of this established volunteer-led programme.

“Walking is the most popular recreational activity for adults.”



Promoting active travel

There are a number of ways in which we are aiming to encourage active travel; however, a great deal of work is already in hand through existing partnerships. A consortium of the leading walking, cycling and health organisations, Travel Actively,³² has come together to deliver 50 practical projects over 4 years with a target of getting 2 million more adults active by 2012. Travel Actively is a £30 million project of which £20 million has come from the Big Lottery Fund's Well-being programme.

There are clear synergies between active travel and other government priorities, such as driving down CO₂ emissions, reducing congestion on our roads, regeneration and community engagement. Cost is also an important driver for all of our transport choices, often as a result of fluctuating fuel prices.

We will work with DfT, Defra and the private sector on a message to highlight the true costs to the individual of short car journeys.

Aligned closely with existing campaigns to Act on CO₂ and Change4Life, the aim will be to shift the mode of local journeys of less than 2 miles from car to walking/cycling, using innovative delivery channels and key facts to demonstrate how local trips are bad for you, the environment, your pocket and your car.

Getting people to change their everyday behaviour is complex and the evidence suggests that interventions that offer individually tailored advice and support, goal setting and feedback are particularly effective.

bike 4 life

We will therefore work with active travel partners and large employers, including the NHS, to pilot a campaign that enables employers to incentivise active commuting and other forms of active travel for business purposes.

Alongside walking, cycling can provide a viable alternative to the school run or shorter car trips to the office or the shops. **We will work with a consortium of partners, including commercial sponsors and expert bodies such as Cycling England and British Cycling, to develop a range of new initiatives under the Bike4Life brand that will boost participation in all forms of cycling.**



LONDON FREEWHEEL

In September 2007 and again in 2008, London hosted a hugely successful Freewheel event targeted at families, children and novice cyclists to give them a taste of cycling in a safe, fun environment. An estimated 50,000 people participated in a 12km circuit of traffic-free roads in central London – past Buckingham Palace and the Tower of London and along the Embankment.

The event included four 'feeder' routes from hubs located 5–10km from the central route. These routes were marshalled and signed and had a series of led rides, guided by regular cyclists, to give an experience of 'live' traffic but in a controlled environment.

A significant proportion of those who took part in 2007 met the target demographic – 27% of participants were new to cycling and 32% were families with young children. Some 10% of the participants took up commuting cycling as a result of the programme with a further 20% considering it.

case study

Active workplace

The workplace is a key setting in which many people spend the majority of their waking hours. Physical activity can make an important contribution to the health and well-being of the working population, for example through primary and secondary prevention of musculo-skeletal disorders and common mental health problems. The Well@Work programme,³³ which assessed the effectiveness of 32 workplace pilots across all nine English regions between 2004 and 2007, provided important learning for the promotion of physical activity in the workplace.³⁴



In November 2008, the Government published its response to Dame Carol Black's review of the health of the working age population *Working for a healthier tomorrow*. This includes a number of key initiatives, which include helping to make the working age population more active.³⁵

We will encourage and support the NHS to become an exemplar for the promotion of healthy active workplaces across the public sector.

From the official UK sponsors of the 2012 Games to local firms who sponsor junior football teams, business is already playing a valuable role in encouraging participation in sport and physical activity. **We welcome the creation of a steering group by Business in the Community. The group are collectively developing a toolkit, created by employers for employers. This toolkit provides practical guidance in promoting physical activity in companies as part of an integrated health and well-being programme.**

3.3 Sport and active recreation

Sport

In June 2008 Sport England published its new strategy for 2008–11,³⁶ which is based on the delivery of three key outcomes:

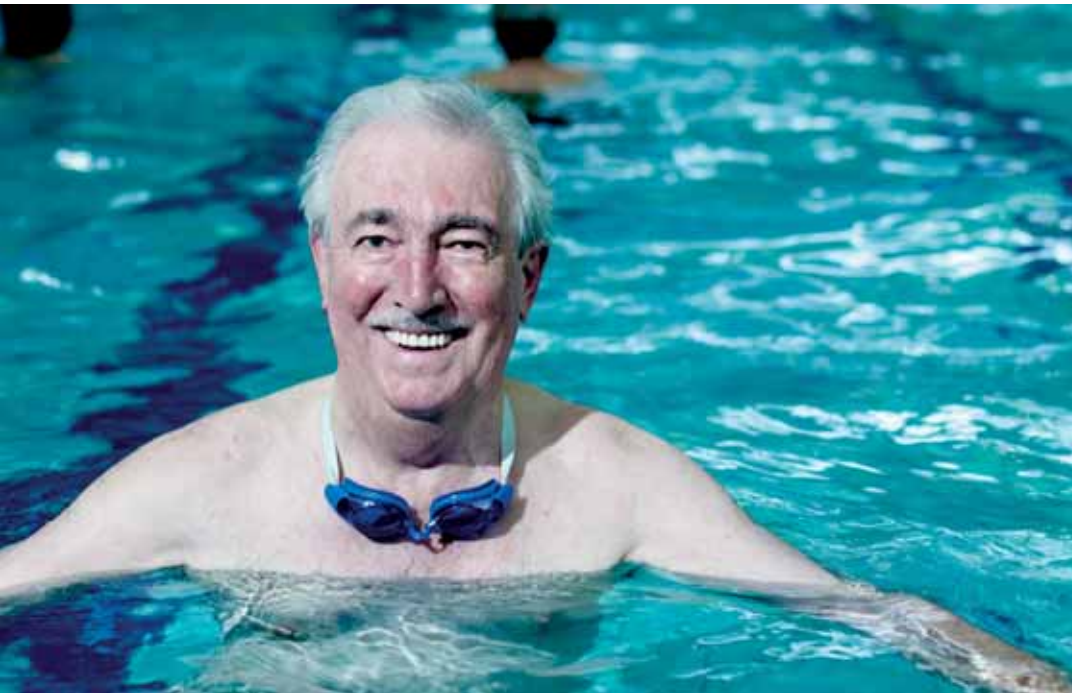
- **Grow** – a substantial and growing number of people from across the community play sport;
- **Sustain** – everyone who plays sport has a quality experience and is able to fulfil their potential; and
- **Excel** – talented people from all backgrounds are identified early and nurtured, and have the opportunity to progress to the elite level.

Sport England's new role is to focus exclusively on developing and investing in sport and it has set specific and measurable targets including getting 1 million people playing more sport by 2012/13.

Being more physically active is often the platform for people to become involved in more structured activity. Research shows that one of the most significant reasons why people do not take part in sporting activity is because they do not consider themselves to be healthy enough.³⁷

Being involved in sporting activity that includes receiving coaching or being part of a team or in a structured group can also help people to stay physically active on a regular basis. The social interaction and 'belonging' to a group or team, learning a new skill or improving on your own terms can all increase an individual's motivation and commitment to turn up regularly and take part in organised sport.

“Physical activity can make an important contribution to the health and well-being of the working population.”



MONICA SUTTON – TYPE 1 DIABETES TO INDOOR ROWING CHAMPION

Monica Sutton, aged 58 from Sheffield, developed type 1 diabetes in her early twenties, which contributed to weight gain and made her feel uncomfortable, unfit and less confident.

In May 2003 when weighing approximately 20 stone, Monica decided to give indoor rowing a go after injuring her foot. Although extremely conscious of her size, she joined a 'crew class' of rowers using indoor rowing machines at the gym and quickly discovered a competitive side to her personality. Through rowing regularly, the weight fell away and her times improved. In November that year she achieved a bronze medal at the British Indoor Rowing Championships. Monica says: "I wore my medal around Sheffield for days, I even wore it to the supermarket!"

Spurred on by her weight loss, Monica is now an active member of Doncaster Rowing Club starting in fours and eights and more recently trying her hand in a single. "My self-esteem has grown hugely," she says. "This impacts on every part of my life; in my work and at home. Many women in their fifties may feel that taking up sport isn't for them. I say find the sport that's right for you, that makes you tick. Then go for it! Indoor and outdoor rowing are now a very important part of my life. They have brought fitness, improved self-esteem, weight loss and a huge circle of friends."

It is therefore important to create strong links, particularly at the community level, between physical activity and sporting pursuits. For example, there are examples of individuals taking up recreational walking and moving on to jogging, then regularly taking part in 5 and 10km events and even running marathons.

In addition, as people get older, they may want to stay fit through casual rather than structured activities. In order to safeguard these links, Sport England will work through County Sports Partnerships to link sports national governing bodies' plans to local delivery, and to maintain close partnerships with relevant agencies such as PCTs, local authorities and other local sport and physical activity partnerships.

Free swimming

Swimming is the most popular participation activity in the UK after walking, with at least 20 million people in England swimming each year. It has clear health and social benefits, universal appeal and low barriers to participation.

In June 2008 the Government announced a £140 million investment in the Free Swimming Programme, a cross-government initiative that

builds on innovation at a local level and supports local authorities' existing commitment to swimming, including many current schemes that provide some form of subsidised swimming for various target groups.

Over 80% of local authorities have signed up to deliver free swimming for those aged 60 or over from April 2009. In total 292 councils are to offer free swimming to the over 60s while 211 will open their pools for free to both the over 60s and those aged 16 or under.

As part of the Free Swimming Programme, we will be working with the Amateur Swimming Association and Sport England to develop an integrated package of measures to get more new swimmers into the pool and make a significant contribution to our target for 2 million more adults active by 2012. This will draw upon the learning of the Everyday Swim Programme led by the Amateur Swimming Association and funded by Sport England.

- A Learn to Swim package will be developed, which will enable local authorities to target lessons at particular groups, such as those in deprived areas. We will provide funding for 100,000 new adult swimmers.

case study

“Play is one of the best ways for children to expend calories and, as a family-based activity, it links closely with Change4Life messages.”

- A national network of County Swimming Co-ordinators will offer expert advice and support to local authorities and pool operators in making the most of the government investment, including helping them to identify and deliver on priorities such as reaching out to deprived areas and vulnerable groups.

As part of the PE and Sport Strategy for Young People, the Government is working with the Amateur Swimming Association and primary schools to ensure that all children learn to swim 25 metres and to be safe in the water by the age of 11, as set out in the National Curriculum.

WORKING TOGETHER

swim 4 life

The grocery brand Kellogg's will support the Swim4Life programme in a number of ways. It will be providing an additional £240,000 a year for the next three years, to be invested in new Swim Active projects that encourage reluctant swimmers into the water. This new activity, and other activities developed with the Amateur Swimming Association, will be co-branded Swim4Life.

Fit for the Future pilot

In recognising that activity levels fall dramatically after the age of 16, the Department of Health in partnership with the Fitness Industry Association and local authorities will be piloting an incentive scheme (Fit for the Future) – to offer 5,000 16–22-year-olds subsidised gym memberships linked to frequency of use. The scheme will be targeted at those who are at risk of inactive lifestyles and living in areas of deprivation.

The pilot will give the Department of Health an insight about the extent to which a cost subsidy will have a positive influence on young people's behaviour and inform future policy development of subsidy schemes. The pilot, commencing in April 2009, will run for 12 months in targeted areas in five local authorities (Manchester, Bristol, Newcastle, Torbay and Suffolk).

WORKING TOGETHER

The Fitness Industry Association is committed to working with its 2,500 members to actively promote Change4Life. It will create More Active4Life, a Change4Life promotion for summer 2009, which will involve members opening their doors to new exercisers, free of charge, to try a range of activities.





Promoting dance

There are a growing number of projects across the country that draw upon the important benefits of dance for health. The Government would like to build on this to reach out to groups who favour this type of activity, and who otherwise would not be active.

In recognising the unique contribution that dance can make to health and well-being, DH will establish a working group to identify the role of dance at national, regional and local levels.

Although the working group will make a broad assessment across the life course, an early focus will be on how dance can encourage older people to become more active and particularly on preserving mobility and independence and preventing falls.

3.4 Children and young people's physical activity

Promoting family activity and play

Children value the opportunity to play and be active with their parents. There is also a wide range of research highlighting the many benefits of play on the emotional, social, cognitive and physical development of children and young people. Play is one of the best ways for children to expend calories and, as a family-based activity, it links closely with Change4Life messages. As a 'gateway to sport', play can contribute to the achievement of the target of offering children and young people five hours of sport a week.

WORKING TOGETHER

PepsiCo as an organisation is committed to supporting Play4Life by producing a print/outdoor advertisement to promote the benefits of active play and increased activity, using the wealth of sporting talent contracted to it.

play 4 life

“The Government wants all schools in England to develop a school travel plan to reduce car use for the journey to school and allow more children to be active.”

The Government's Play Strategy³⁸ sets out the Government's commitment to:

- invest £235 million to deliver 3,500 new or refurbished play areas, plus 30 staffed adventure playgrounds, by 2011;
- put safe, exciting play facilities that children want at the heart of new residential and social housing developments and school capital programmes; and
- ensure that children are safe when they travel around and play in their neighbourhoods, including by working with the third sector and community policing to improve the supervision of children playing.

Building upon Every Child Matters, which sets out the Government's approach to the well-being of children and young people from birth to age 19, the updated Child Health Promotion Programme for the first five years of life was published in March 2008. The guidance will now be extended to cover school-age children and young people up to 19 and will

be published in 2009. The Child Health Promotion Programme framework fully embeds a range of public health areas, including the importance of promoting physical activity. In particular, Sure Start Children's Centres provide an important setting for the promotion of physical activity for children and parents alike.

The forthcoming Child Health Strategy will set out the Government's vision for children and young people's health and well-being for 2020, and will specify the work to deliver this.



Active schools

Physical activity in school and beyond the school day is also being delivered through the PE and Sport Strategy for Young People, Travelling to School initiative, Extended Schools and the National Healthy Schools Programme.

The National Healthy Schools Programme provides a support structure ensuring that schools have the plans and policies in place for a more active lifestyle for the whole school population. For this to continue, we are determined that all schools will become Healthy Schools. Currently, nearly 4 million children and young people attend a Healthy School. From 2009 an enhanced programme will be introduced for Healthy Schools, to help schools meet the proposed Ofsted pupil well-being indicators, and also implement an outcomes-based model of universal and targeted interventions as part of the wider government vision of the 21st century school.

Young people in further education (FE) colleges should also be encouraged to be more physically active and to incorporate this both into their learning day and into travel to and from college. The Healthy FE Programme will help to

identify innovative ways of doing this and will share good practice across the FE sector. The Programme will link into the work of the new FE Sports Co-ordinators.

PE and Sport Strategy for Young People

Inspiring young people through sport will be a key legacy of London 2012. The Government's PE and Sport Strategy for Young People aims to create a world-class system of PE and sport for children and young people. Central to this is the opportunity for every youngster aged 5 to 16 to participate in five hours of PE and sport per week, contributing to the Chief Medical Officer's recommendation that children and young people should accumulate 60 minutes or more of at least moderate intensity physical activity every day. Through Sport Unlimited, for example, the strategy aims to get many more young people involved and active in sport, including less traditional sports. The strategy also extends to three hours of sport per week for 16–19-year-olds.

For 5–16-year-olds (children in statutory schooling), the offer will be made up of two hours of high-quality

curriculum PE and sport; and three further hours of sport beyond the school day delivered through a range of school, community and club providers.

We will work with Sport England and the Youth Sport Trust to promote the PE and Sport Strategy for Young People, especially within the National Healthy Schools Programme. Close working will be needed between School Sport Partnerships and CSPs and their PCTs and local authorities.

School travel

Many children and young people have said they would like to be able to walk or cycle to school.³⁹ The joint Department for Children, Schools and Families (DCSF) and DfT Travelling to School Initiative sets out how the Government wants all schools in England to develop a school travel plan to reduce car use for the journey to school and allow more children to be active. As at March 2008 over 17,000 schools (69%) had an approved school travel plan and by 2010 we want all schools in England to have a travel plan in place.

In support of Healthy Weight, Healthy Lives and to inform a future national project, DH will pilot a scheme during the summer of 2009 to get more families walking, particularly those in deprived areas and vulnerable groups.



chapter four

Creating an active environment

NICE Guidance published in January 2008 sets out recommendations – based on evidence of effectiveness and cost-effectiveness – on how to improve the physical environment in order to encourage and support physical activity.⁴⁰ This chapter looks at how we will work towards creating a more active environment.



“Streets, parks, towpaths and traffic-free routes form the backdrop of much ‘everyday’ physical activity.”



4.1 Creating active environments

Well-designed public spaces can also help children to stay healthy, keep safe and tackle obesity by providing them with opportunities for physical activity.

DH will work with DCSF, Communities and Local Government and others to provide web-based guidance specifically relating to spaces and facilities for children and young people’s play and informal recreation. This will be launched by Communities and Local Government in early 2009, and will help local authorities to develop effective local strategies for play space, bringing together various standards and good practice on safe and child-friendly placemaking (shaping the local environment to reflect the needs of communities).

Holistic approaches to promote physical activity, including infrastructure improvements, will be tested and validated alongside healthy eating initiatives across nine communities in England. *Healthy Weight, Healthy Lives: a cross-government strategy for England*⁴¹ (published in January 2008) included a commitment to invest £30 million between 2008/09 and 2010/11 in a Healthy Community Challenge Fund. Manchester, Halifax, Thetford, Sheffield, Tower Hamlets, Tewkesbury, Dudley, Middlesbrough and Portsmouth will test out their ideas on what further action needs to happen to make regular physical activity and healthy food choices easier for their population.

DfT has also funded six Cycling Demonstration Towns since 2005 and cycling levels have risen on average by 30%. The programme was expanded in June 2008 to 18 cities and towns, meaning that around 2.5 million people will experience a level of spend only seen in the best European cycling cities through infrastructure improvements and promotion to support more people to take up cycling.

Streets, parks, towpaths and traffic-free routes form the backdrop of much ‘everyday’ physical activity but, unlike the gym or running track, it can be difficult for individuals to gauge their levels of physical activity or even to understand what moderate intensity physical activity feels like.

We will work with Walk England to support and encourage communities to develop a total of 2012 Active Challenge Routes across England, close to where people live, and devised and developed by communities inspired by the 2012 Olympic Games and Paralympic Games.

Markings and signage will be used to identify one-mile routes, serving as the basis for an individual, walking-based fitness test⁴² and linking to NHS promotion of walking.

Currently 90% of the population of England is within 20 minutes’ travel time of at least two different facilities that are most in demand by the public, including swimming pools, playing fields, synthetic turf pitches, health and fitness centres and sports halls. **Building on this, the Government will work with Sport England, National Governing Bodies of Sport and others on proposals to improve the quality of playing pitches.**

The Government will also work with these stakeholders to produce guidance for sports clubs on the planning process. The aim of the document will be to provide advice on improving the quality of sports clubs’ planning applications.

For some population groups, access to appropriate sports facilities can provide an important adjunct to their physical or social care. **We will ensure that opportunities for joint investment by health and other agencies based around the collaboration of health and sports centres are considered whenever possible.**

BRISTOL PRIMARY CARE TRUST AND ACTIVE TRAVEL

In October 2006, Bristol City Council (BCC) and Bristol PCT jointly appointed a new Director of Public Health. This development marked a significant strengthening of co-ordination between BCC and Bristol PCT. A five-year Active Bristol programme, championed by the Director of Public Health through the Local Strategic Partnership, was launched in 2008. It aims to bring about a significant and sustainable increase in the number of Bristol people who are physically active.

Initiatives for Active Bristol have been focused on transport, including:

- funding from the PCT for two Bike It officers to work primarily with schools in deprived areas;
- promotion of 20mph speed limits in residential areas – to be implemented in two large areas of the city through the Bristol Cycling City programme;
- increased support for Health Walks, targeting people aged 50 plus;
- funding by the PCT for a part-time appointment of a transport and health specialist within the transport department; and
- a targeted programme to promote active travel in deprived neighbourhoods that is informed by a social marketing strategy.



We will explore how a new Physical Activity Alliance from across the physical activity sector can create the capacity for greater collaboration between Directors of Public Health and those who shape the local environment.

4.2 The built environment

Planning Policy Guidance Note 17 recognises the importance of well-designed and well-implemented planning policies for open space, sport and recreation in order to deliver a range of government objectives, including health and well-being. It requires local planning authorities to assess the opportunities and needs for open space, sport and recreation and to undertake audits of existing provision. This provides a solid basis for establishing an effective strategy for local areas, which safeguards existing facilities and redresses deficiencies through the planning process.

We will use the forthcoming national planning policy review to assess the need to strengthen planning policy, or provide additional guidance on open space, sport and recreation, to help tackle obesity and support healthy communities.

The master planning of major new housing and mixed-use development schemes has a vital role in providing easy access to a choice of opportunities for sport and physical activity. *Active Design*,⁴³ aimed at urban designers, master planners and architects, is an innovative set of design guidelines to promote opportunities for sport and physical activity in the design and layout of new developments.



“Adults who live nearer to green space... are not only less obese and more active but also live longer.”

DH is currently developing a support package for future and current planners, to help them better understand the public health implications of planning. This will link into the new £3.2 million Play Shaper training programme to be delivered by a new national partnership to every local authority by March 2011, which will focus on helping the professionals who design and manage our neighbourhoods to understand the importance of play and of safe, child-friendly spaces.

4.3 Green spaces

High-quality green spaces are good for people and places. Adults who live nearer to green space, particularly if it is of high quality, are not only less obese and more active but also live longer.⁴⁴

The Government is committed to improving the quality of parks and green spaces so that everyone has access to good-quality green spaces, close to where they live.

The Urban Green Spaces Team in Communities and Local Government is responsible for driving forward actions required to

achieve our aims of raising standards in quality and increasing access to and engagement with green spaces.

This includes the Green Flag Award Scheme, which is the national benchmark for parks and green spaces and helps improve quality across the country, as more spaces reach the standard every year. Communities and Local Government will continue to support the growth of the scheme and its role as a national standard in order to improve management and maintenance practices, even where a space is not entered for an award.

4.4 Physical activity in a natural environment

Contact with nature has been shown to improve people’s physical and mental health. Specifically, it increases physical activity, reduces stress and strengthens communities. In October 2008 NICE issued new guidelines for health professionals, which highlighted the mental health benefits to older people of led walks in the natural environment.

Contributing to an attractive and diverse natural environment also strengthens the cohesion and well-



being of communities. BTCV's Green Gyms have used conservation volunteering to successfully increase people's physical activity and promote good mental health and well-being. The benefits of working in the Green Gym have been evaluated by Oxford Brookes University and demonstrate increased fitness, better mental health and a strong retention rate of 70% of participants after six months. BTCV is extending the Green Gym concept to enable over 500,000 people to become more active by 2012.

Similarly, nature can stimulate us to be more active in coastal areas. The Marine and Coastal Access Bill has been introduced to Parliament with the potential significantly to increase coastal access. There are 4,400km of coastline around England and Wales which receive 200 million visits each year, 27% of them for walking on beaches and coastal paths.

The passage of the Marine and Coastal Access legislation would create new opportunities for active conservation in coastal areas. **Therefore we will work with the Peninsula Medical School to pilot the Blue Gym initiative for active conservation in both inland waters and the coastal and marine environment.**

Each year there are around 1,000 million visits to the 10,000km of canals, lakes and rivers in Great Britain. In particular, waterway paths link the centres of towns and cities with surrounding countryside. In doing so they pass through inner city areas with high instances of multiple deprivation. Some 68% of the 10% most deprived districts in the country are within 5km of a British Waterways canal or river. *Waterways for Tomorrow*⁴⁵ sets out the Government's policy on the inland waterways and describes how they can contribute to the promotion of recreation and health.



chapter five

Supporting those most at risk

This chapter looks at how to best respond to those for whom inactivity is putting their health at risk or has already contributed to a long-term health condition.



5.1 Reaching out to those most at risk

While many people can be encouraged to choose activity and will seek out opportunities for active recreation or sport, others may be at particular risk from inactivity or may need more help and encouragement to become active.

Physical activity can benefit the treatment of particular health conditions, for example in those recovering from coronary heart disease or for patients with long-term conditions such as chronic obstructive pulmonary disease. In some cases physical activity can offer patient choice where outcomes are comparable to other more traditional treatments, for example as an alternative to pharmaceutical treatment for mild to moderate depression. Other patients may require professional support to help them exercise safely.

Exercise referral schemes exist across the country to meet these needs, and research is under way in Wales and at a number of sites across England to close the evidence gap concerning the cost-effectiveness of exercise referral to promote physical activity.

A number of resources will be available online from early 2009: the British Heart Foundation National Centre for Physical Activity and Health toolkit on design, delivery and evaluation of current practice, research and policy; guidance for referring healthcare professionals, commissioners and exercise professionals; and a guide to evaluating schemes.

Supporting those more at risk also means targeting those deprived communities where the health need is greatest, but where access to facilities is often the worst. Local areas will need to identify those most at risk by working through their Joint Strategic Needs

Assessment, and to develop social marketing approaches that will ensure that key messages reach those communities.

National Service Frameworks for improving specific areas of care and NICE Guidance have highlighted the value of physical activity for primary and secondary prevention in long-term conditions. There is also evidence to demonstrate that health practitioners are well placed to encourage their patients to be more active. NICE Guidance⁴⁶ recommends brief interventions (brief advice) in primary care, which highlight the health benefits of physical activity and local opportunities to be active for those adult patients who are not active at the '5 x 30 minutes' level.

We will therefore continue to develop a national Physical Activity Care Pathway (PACP) – based upon the 'Let's Get Moving' resource and the 2007/08 London pilots – that identifies those who are inactive and offers a patient-centred brief intervention to encourage sustained behaviour change.

We will also encourage wider adoption of the General Practice Physical Activity Questionnaire (GPPAQ) to embed the promotion of physical activity into primary care.

The vascular checks programme for those aged 40–74, which will roll out from 2009/10, will assess an individual's risk of heart disease, stroke, diabetes and kidney disease and provide them with the necessary lifestyle advice and interventions to maintain or reduce their risk.⁴⁷ Physical activity has an important role to play in both primary and secondary prevention of vascular disease and we will

optimise the links between the vascular checks programme and the PACP.

We will also explore alternative ways of delivering the pathway, for example via social care or pharmacies. We will consider the synergies between the PACP and other care pathways/interventions, for example for obesity and Stop Smoking services.



The PACP targets patients aged 16–74 who are most at risk of ill health and chronic disease due to inactive lifestyles.

Building on NICE Guidance, the PACP encourages health professionals to screen patients by using the GPPAQ and to undertake a brief intervention with those not meeting activity recommendations. The brief intervention will explore what opportunities there may be to increase activity levels and to set goals based on these.

Recommended activities may be self-directed (such as walking more often or at a higher intensity) or structured (such as local leisure centre classes).

DH has recently undertaken a feasibility pilot of the PACP in 14 London surgeries. Although we are only piloting delivery by health professionals in clinical settings, we will consider alternative settings in future phases of the project.

case study

5.2 Physical activity and mental health

In line with the NICE clinical guidelines for depression, patients of all ages with mild depression should be advised of the benefits of following a structured and supervised exercise programme.

The Time to Change programme led by Mental Health Media, Mind and Rethink with funding from Big Lottery and Comic Relief, including Mind's Get Moving project, will enable people both with and without mental health problems to improve their health by being more active, as well as raising awareness of the important mental health benefits of physical activity and reducing the stigma that surrounds mental health.

We will support the Get Moving project and work to help organisations delivering mental health services develop their own capacity to promote physical activity as well as access local, community-based opportunities for physical activity, through the Activator programme being led by Central YMCA.

5.3 Active ageing

Active ageing can make a significant contribution to the quality of life and dignity of older people: the physical, mental and social benefits of physical activity can reduce the risk of injury and increase independence. A-soon-to-be-published new cross-government ageing strategy will help to realise these benefits.

The provision of direct payments to disabled people aged 16 or over in lieu of social care services will create new opportunities for individuals to access structured physical activity opportunities in order to overcome social isolation, maintain independence and benefit chronic conditions.

case studies

SHIFT

Shift is the DH-funded programme tackling the stigma and discrimination associated with mental health. Shift is also working to ensure that football is used to improve the well-being of people with mental health problems and experiencing breakdown discrimination. In October 2008 Shift, in partnership with the Football Association and the Professional Footballers Association, organised 'Mad about Football' – the first national five-a-side competition and conference in Manchester.

EVERYDAY SWIM: JUNIOR DISABILITY LEARN TO SWIM LESSONS

Demand for junior disability lessons was highlighted in Telford and Wrekin through consultation with disabled young people conducted by the Access 2 Activities and Let's Get Physical teams.

Local swimming teachers completed the ASA Level 1 Certificate for Teaching (Disabilities) course to build capacity to deliver lessons for disabled people, and taster lessons were offered at pools during the summer. Due to popular demand, junior (3–15 years) disability lessons were added to the existing Learn to Swim scheme at four public pools from September 2007. In total, 38 children with disabilities participated in this programme.

5.4 Supporting those with disabilities

People with disabilities are at particular risk from inactivity. For some people adaptations to equipment or facilities and/or structured opportunities for physical activity may be necessary to support participation. For example, the Inclusive Fitness Initiative (IFI), with support from Sport England and the English Federation of Disability Sport, is developing accessible and inclusive environments, including the installation of fitness equipment accessible for people with disabilities. IFI aims to have launched 1,000 inclusive fitness facilities across the UK by the opening ceremony of the 2012 Olympic Games and Paralympic Games in London.

Swimming also provides an environment that can be readily adapted to the needs of those with disabilities, and the Everyday Swim pilot in Telford has specifically focused upon this area.



chapter six

Energising delivery

To achieve our ambitions for a healthier, fitter nation by 2012 and beyond, we will need a first-class delivery infrastructure for physical activity. Much is already in place.

This chapter sets out our vision.



To achieve our ambitions, we will seek to retain and resource those elements of the existing delivery network that can contribute to the wider delivery of physical activity and remain fully aligned with the delivery of sport.

We are also clear about the building blocks at local, regional and national levels, which will need to be fit for purpose and support one another.

6.1 Local delivery

This plan sets out a range of new national initiatives to promote physical activity, for example the PACP, which creates new commissioning opportunities. However, the real drive and momentum to unlock the benefits of physical activity will, and should, come from local prioritisation and local investment.

Local areas are best placed to understand the health priorities of their local communities and the gaps in existing provision, as well as the approach most likely to address local needs. For example the barriers and opportunities for physical activity will be different for

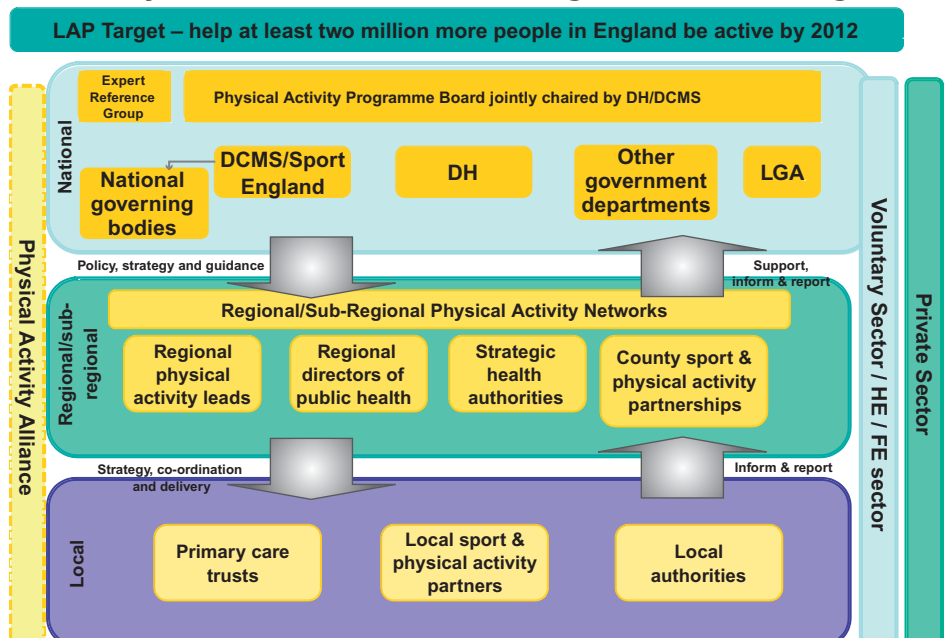
rural and urban areas or will vary with levels of deprivation.

Leadership in the local area will come from PCTs and local authorities and other members of the Local Strategic Partnership working together towards common objectives; however, a wide range of partners will need to be involved. Many areas already have well-developed local strategies for physical activity involving a range of partners and feeding into Local Area Agreements (LAAs).

The Government has reformed its policy and accountability frameworks to create the right mechanisms for local areas to understand the health needs of their communities and prioritise strategies and spending accordingly. Therefore, as a result of this plan, we would expect local areas to:

- understand the costs of ill health and the associated social care that arise from low levels of inactivity, and review prioritisation and investment plans in that light through the Joint Strategic Needs Assessment process;
- take account of the current and future costs of child and adult obesity, both closely linked to physical activity levels;

Delivery infrastructure for achieving the 2 million target



- build upon existing LAAs – in particular those that have prioritised National Indicator (NI) 8 (adult participation in sport and active recreation) and NIs 55 and 56 (children’s overweight and obesity levels) – to optimise health outcomes in accordance with the eight steps to effective commissioning,⁴⁸ and
- work through County Sports Partnerships (CSPs) to build effective local partnerships to deliver a comprehensive local physical activity offer as appropriate, building upon all three guiding principles set out in Chapter 2.

The levers and framework for local action

The Government has created a framework of planning policies and priorities for commissioners and service providers, to ensure the health and well-being of local communities. These offer important channels for local physical activity strategies responding to community needs.

- The **NHS Next Stage Review**⁴⁹ sets out proposals to enable a major improvement in quality of care and patient experience through the NHS. PCTs are encouraged to commission comprehensive well-being and prevention services.
- Child obesity is a national priority for local delivery, and the 2009/10 **NHS Operating Framework**⁵⁰ expresses the desire for PCTs to pay special attention to obesity as one of the most serious and growing health challenges for children. This requires PCTs to work with local authority and regional partners to support parents and families in making healthier choices.
- The Local Government and Public Involvement in Health Act 2007 requires PCTs and local authorities to produce a **Joint Strategic Needs Assessment** of the health and well-being of their local community. A clear understanding of the economic and health costs of physical inactivity should feed into

the Joint Strategic Needs Assessment and inform the priorities and targets set by the LAA.

- **The Sustainable Communities Strategy** is the overarching plan for promoting and improving the economic, social and environmental well-being of an area, and is a vehicle for considering and deciding how to address difficult and cross-cutting issues such as physical activity.
- **Local Area Agreements** set out the priorities for a local area agreed between central government and the local authority and its partners in the Local Strategic Partnership. They help to deliver the ambitions for the place and people set out in the Sustainable Communities Strategy. NI 8 (adult participation in sport and active recreation) has been included as a designated target in 80 out of 150 LAAs, and captures participation in moderate intensity recreational walking and cycling, alongside at least moderate intensity sport.⁵¹ Physical activity can also play a role in delivering against several other NIs, as well as locally set targets. Examples of the former are:

NI 55	Children in Reception Year: overweight and obesity levels
NI 56	Children in Year 6: overweight and obesity levels
NI 57	Children and young people's participation in PE and sport
NI 110	Young people's participation in positive activities
NI 175	Access to services and facilities by public transport, walking and cycling
NI 186	Per capita reduction in CO ₂ emissions
NI 198	Mode of travel to school

STOKE-ON-TRENT FLOOR TARGET ACTION PLAN ON PHYSICAL ACTIVITY

Following a joint Sport England West Midlands and Sport Across Staffordshire and Stoke-on-Trent sports summit, partners from across the city, including the city council, PCT and Local Strategic Partnership, undertook to produce a strategy to address low levels of participation across the city. This subsequently led to the development of the Floor Target Action Plan (FTAP), which was actively supported by the Staffordshire and Stoke-on-Trent CSP. The FTAP target is to have 30% of Stoke-on-Trent's 16+ population participating in at least 3 x 30 minutes of moderate intensity physical activity per week. The CSP worked with key partners to write the strategy and contributed to the analysis of Sport England's Active People Survey and market segmentation data for Stoke-on-Trent.

case study

6.2 County Sports Partnerships

CSPs have already proven their worth in co-ordinating local delivery, providing advocacy, and influencing and leveraging investment in physical activity. In many areas, CSPs with Sport England support have supported the adoption of sport and active recreation indicators in LAAs.

Many CSPs have evolved over recent years to successfully co-ordinate the local planning of wider physical activity and sport, and we wish to see this continue. **We have therefore allocated new funding of £1 million in 2008/09 to help CSPs develop ongoing plans for the delivery of physical activity and will provide a further £3 million in 2009/10 to maintain the seamless co-ordination of physical activity alongside sport.**



We will expand the remit of CSPs and use the new generic term 'County Sport and Physical Activity Partnerships' (CSPAPs) to reflect their ongoing role in the co-ordination and delivery of physical activity. Specifically, we will look to CSPAPs to co-ordinate local programmes and investment to deliver physical activity and active recreation alongside sport, drawing upon the levers and framework for local action set out above.

We will expect all CSPAPs in receipt of funding to prepare business plans that take account of the guiding principles set out in Chapter 2, address the full spectrum of physical activity and describe how local action will contribute to the Legacy Action Plan (LAP) target for 2 million more adults active by 2012.

We will expect CSPAPs to broaden the partnership wherever possible to engage with health and other sectors that contribute to physical activity, for example transport.

In turn, we will encourage all PCTs to engage with their local CSPAP, for example by seeking the representation of a senior PCT official on the CSPAP board.

CSPAPs will also need to be well embedded in wider local partnership working and help to deliver the LAA.

We will work with the CSP Network to ensure the communication of best practice across all 49 partnerships.

In many areas, Community Sport Networks (CSNs)/Community Sport and Physical Activity Networks (CSPANs) operate as localised delivery networks according to local needs and are supported from above by their CSP. We would expect PCTs and CSPAPs to continue to engage with those local networks.

CSPAPs also have a lead role in local planning and delivery of the PE and Sport Strategy for Young People, working alongside the network of 450 School Sport Partnerships. There will be many areas where their work, if well joined up, can benefit both adults and young people.

6.3 Regional co-ordination

The regions provide a vital link between local partnerships and national policy by:

- creating regional networks for physical activity;
- communicating national policy;
- disseminating best practice;
- working across the Government Office; and
- measuring physical activity and monitoring progress.

Regional Directors of Public Health lead the Regional Public Health Group, including the DH presence in the Government Office and the Regional Public Health Observatory. The regions have a strategic and enabling role in support of physical activity, which ties in directly with their responsibilities for health improvement, including Healthy Weight regional programmes.

The regions provide an important link between the national physical activity programme and front-line delivery of the LAP target for 2 million more adults active by 2012. Specifically, they will need to oversee and support CSPAPs in their role to co-ordinate and deliver physical activity at a local level.

Regional Directors of Public Health and their staff are also well placed to work across the regional Government Office in support of joint initiatives, for example building health into major new developments and ensuring that physical activity is a consideration in the development of local transport plans.

We will continue to fund DH in the regions to co-ordinate physical activity across the region, alongside support for the co-ordination of obesity programmes.

Every region now hosts a Physical Activity Co-ordinator post, whose role is to create strong regional

stakeholder networks, link national and regional strategies for physical activity, and collate evidence of effective collaboration and best practice, which can be disseminated at a region-wide level.

While the regions have developed approaches specific to their own needs, reflected in regional physical activity strategies, much of their work involves common issues. For example, understanding the potential impact of London 2012 has been a priority for several regions. **We will encourage regional Physical Activity Co-ordinators to continue to collaborate to address common issues and explore how individual regions might lead on specific themes, for example exercise referral or active travel.**

Regional Physical Activity Networks already exist in different formats across the nine English regions. These comprise a broad range of regional and local stakeholders. We will encourage the new Physical Activity Alliance, described in Chapter 7, to establish a close working relationship with these networks, indeed some members of the Alliance will already be participating in regional networks.

Support for local authorities and their strategic partners in the delivery of their LAA commitments, through improved efficiency, innovation and better engagement with citizens, is provided through Regional Improvement and Efficiency Partnerships (RIEPs). Where wider physical activity and sport has been identified as a priority, RIEPs can work closely with local authorities and other strategic partners to co-ordinate regional improvement needs in the delivery of services.

Each of the regional Public Health Observatories is well placed to provide comparative information, both at a PCT/local authority level and across smaller areas, referenced to regional or national data. We will work with the National Obesity Observatory and the Association of Public Health Observatories to embed the indicators for physical activity into regional datasets.

DEVELOPING A HEALTH LEGACY: A REVIEW OF THE EVIDENCE BASE



In order to understand the potential legacy outcomes from hosting the London 2012 Olympic Games and Paralympic Games, the Physical Activity Network West Midlands (PANWM) commissioned a systematic review of the evidence base for developing a 2012 health and physical activity legacy on behalf of five DH Regional Public Health Teams (West Midlands, East Midlands, London, South East and East Regions).

The Centre for Sport, Physical Education and Activity Research at Canterbury Christ Church University will publish a report early in 2009 summarising the evidence. This will help inform national, regional and local organisations of the best international evidence available regarding the processes, outcomes and evaluation procedures to secure a true health and physical activity legacy from the 2012 Olympic Games and Paralympic Games.

The research provides a basis for maximising the opportunities in the run-up to the 2012 Olympic Games and Paralympic Games and will be used to guide the development of the regional 2012 health legacy plans across England.

case study



The National Obesity Observatory will support the delivery of this plan through provision of data, evidence and support tools, for example by hosting the tool for stratifying the cost burden of disease and the impact of interventions when available (see 1.6).

6.4 At national level

Working in partnership

While DH has a leadership role in the promotion of physical activity, delivery is impossible without the co-operation of a wide range of organisations. We will work with other government departments, PCTs, local authorities, schools, colleges and universities, and the private and voluntary sectors to realise the wider benefits of physical activity, contributing to a range of government priorities. The links across to other key areas are set out in Annex 2.

More than 12,400 grassroots organisations; charities including Cancer Research, Diabetes UK and the British Heart Foundation; companies such as

OTHER NATIONAL PLANS

The **Welsh Assembly Government** is currently developing a physical activity action plan that will contribute to the delivery of Climbing Higher; the Welsh Assembly Government's strategy for sport and physical activity. The plan will be published in spring 2009.

Scotland has had a national physical activity strategy since 2003 and is five years through implementation of the strategy's 20-year targets. The Scottish Executive will be making recommendations for the future implementation of the strategy based on the current review, and will publish a report in the early part of 2010.

case study

Tesco, ASDA, PepsiCo, Kellogg's and ITV; the Association of Convenience Stores; and the Fitness Industry Association have signed up to Change4Life. Business is already playing its part in promoting healthy active lifestyles both for employees and for the population at large. For example, Nationwide Building Society through its Health and Lifestyle programme has a number of interlinked processes in place to care for the well-being of its employees, their families and the communities in which it operates, including a subsidised gym and support for employee sports clubs. We will continue to support the work of Business in the Community's Physical Activity Steering Group as part of its Business Action on Health campaign.

We will co-operate with the devolved administrations to share best practice and develop common solutions. This could include the standardisation of physical activity recommendations and key messages, and the development of joint programmes of work that benefit all four countries.

London 2012 provides us with a unique opportunity to promote healthier lifestyles and the benefits of physical activity. Key activities such as walking, cycling and swimming, which contribute to a wide range of important health benefits, are also Olympic sports and provide a showcase that can help to encourage young people and adults to change their lifestyles. We saw that the success of Team GB's cyclists had the effect of raising interest in cycling and a resulting increase in bicycle sales and cycle club membership, now at an all-time high. We will want to capitalise on this and work closely with the Government Olympic Executive, the London Organising Committee of the Olympic Games and Paralympic Games, London 2012 Partners and the regions, to help reinforce messages about the wider benefits of people taking more exercise in their daily lives.

We have established a cross-government Physical Activity Programme Board, jointly led by DH and DCMS, to oversee delivery of this plan, including progress against the

2 million LAP target, and to co-ordinate the regional/local delivery of physical activity alongside sport.

The Board will work closely with key external stakeholders in the field of sport and physical activity and will receive independent advice and challenge from an Expert Reference Group.

The remit of the Physical Activity Programme Board will be limited to physical activity in adults aged 16 and over; as programmes to promote physical activity in children and young people have their own, separate, governance arrangements. We will explore a role for the Obesity Programme Board to co-ordinate physical activity policy for children and young people, including the optimal policy alignment and linkages to the Physical Activity Programme Board, the PSA 12 Child Health and Well-being Board, and the relevant programmes.

We will constitute an Expert Reference Group to advise on the evidence base, including new and emerging evidence, as it relates to implementation of this plan and the development of future policy.

An early task of the Expert Reference Group will be to advise on the nature and scope of a review of the Chief Medical Officer's recommendations for physical activity, in order to respond to international developments in this area, including the opportunity to work with the devolved administrations to reach a UK-wide consensus.

Healthy Weight, Healthy Lives announced the creation of a potential new body, as a national partner to help drive forward the Government's commitments relating to wider physical activity. We are working with a wide range of organisations drawn from across the physical activity sector, which have come together to form a new Physical Activity Alliance. The Alliance will help to boost local and regional delivery and act as a national partner to Government. (The detail of this important new step is set out in Chapter 7.)

6.5 Surveys

Self-reported physical activity levels are a proxy measure for fitness, which is a key health determinant.

The Health Survey for England measures across all domains of physical



activity, in the context of other health-related questions, to provide national and regional data on the proportion of children, young people and adults meeting the Chief Medical Officer's recommendations for physical activity.

We will continue to monitor all domains of physical activity through the most appropriate survey tool.

Sport England's Active People Survey has focused upon leisure-time physical activity that adults might choose to do, i.e. sport and active recreation.

From January 2009, the coverage of the Active People Survey has been extended to include dance and active conservation/gardening in addition to an active travel measure included in the original survey. This will enable us to develop a robust baseline and future reporting measure for the 2 million LAP target.



6.6 We will measure progress

No previous Olympics have achieved any lasting increase in physical activity, but through careful planning, investment and evaluation we will break new ground in delivering a health legacy for the Games, which will contribute to the Government's LAP target for 2 million more adults active by 2012.

In Chapter 2 we set out our commitment to 'shift the whole curve' of adult physical activity to realise a wider health legacy from the 2012 London Olympic Games and Paralympic Games. We will monitor the impact of these programmes through a series of diagnostic indicators measured through the Health Survey for England. Key outcomes will be to reduce the proportion of those most at risk of inactivity, increase the numbers achieving the Chief Medical Officer's recommendations, and boost overall physical activity for all groups against a 2008 baseline.

By 2012 we expect to have:

- **lifted 1 million people out of inactivity by reducing the proportion of the population achieving 30 minutes of continuous physical activity on less than one day per week;**
- **helped 200,000 more people to realise the general health benefits of achieving 30 minutes of physical activity on five or more days per week; and**
- **increased the average weekly duration of physical activity by approximately 5% over the baseline.**



While these indicators will reflect prioritisation of investment to tackle health inequalities and realise health benefits for those who are least active, they are not intended to supplement the current NI set. We will measure progress against these indicators at national and regional levels, and consult with DH in the regions and the Public Health Observatories to assess whether they provide an adequate measure to ensure targeting of hard-to-reach groups.

6.7 Two million more adults active

The LAP set a new cross-government target for 2 million more adults active by 2012, that is to say those aged 16+ achieving three sessions of at least 30 minutes of at least moderate intensity activity per week. The 2 million target will measure change across sport, active recreation (including dance, active conservation and gardening) and active travel (walking and cycling).

As part of the wider LAP target, Sport England's new strategy published in June 2008 includes a target to increase regular participation in sport (defined as three sessions of moderate intensity sport each week) by 1 million more people by 2012/13. This will contribute to the wider 2 million target.

Sport England's Active People Survey, extended to include dance, active conservation and gardening, will be adopted as the most appropriate survey tool for the 2 million target and for Sport England's target for 1 million more people active through sport.

In recognition of the fact that many people both play sport and participate in other forms physical activity, the 2 million target will combine sessions of sport and physical activity. Someone who plays tennis, attends a dance class and walks their children to school once a week would therefore count towards the target, if they are active at a moderate intensity for at least 30 minutes on each occasion.

Baselines for the 2 million and sports targets will be established using the 2007/08 Active People Survey, with the wider 2 million target being informed by additional data collected on dance and gardening from January 2009 onwards. The target outcomes will be informed by data collected over 2012/13 (covering the period October 2012 to October 2013).





chapter seven

A woman with dark hair in braids, wearing a purple zip-up jacket over a light green t-shirt, is smiling warmly. She is standing outdoors in what appears to be a stadium or sports field, with blue seating and a green field visible in the background. The text is overlaid on the right side of the image.

Consulting on how the new alliance should work

This chapter will explore how the proposed new arrangements can be made to work as effectively as possible.

7.1 Role of the Physical Activity Alliance

The Government is supporting the creation of an alliance of organisations that share the common aim of increasing participation in physical activity in England.

This is a significant and groundbreaking development, reflecting the Government's commitment to building a wider Coalition for Better Health, which brings together private and voluntary sector organisations from across the three major domains of physical activity (indoor, outdoor and active travel) and beyond. The Physical Activity Alliance will add value to the local delivery of physical activity by co-ordinating the activities of its members at all levels and unlocking new resources, for example by working with private sector sponsors.

The role and responsibilities of the Physical Activity Alliance will be as follows:

- To provide a single voice for the physical activity sector in England, including developing and promoting the evidence base for physical activity and promoting the sector to government, to industry and to the public.
- To work with established local and regional networks to support delivery of physical activity at a local level.
- To strengthen the impact of physical activity funding and promotions by co-ordinating activities and campaigns (for example, encouraging active ageing).
- To build upon the strengths and assets of individual members to create solutions that offer a range of activities within a common, evidence-based framework (for example, creating community-based physical activity opportunities for patients with long-term conditions).

- To develop projects and promotions across the physical activity sector that could not be achieved by member organisations acting individually (for example, adoption of common evaluation frameworks).
- To develop national partnerships to increase the capacity and resources to promote physical activity, with particular focus on the private sector.
- To undertake discrete national projects commissioned by the Government.

7.2 Optimising the role of the Physical Activity Alliance in the new, enhanced delivery infrastructure – a consultation

The focus of Chapter 6 is about how we make the changes, so that we build on strengths of the existing infrastructure and energise more comprehensive delivery. We have determined the role of the Alliance, but we want to consult on how it should best operate. The consultation will seek ideas and input from the physical activity sector, and will be undertaken by the Interim Steering Group⁵² for the Physical Activity Alliance.

The Interim Steering Group will oversee the consultation across the sector (including those directly involved in delivery) to understand how the Alliance could best add value and support. The consultation will help define governance options, legal structures, funding models and organisational structure for the new organisation.

The consultation will be carried out primarily through a series of interviews and workshops with the main stakeholders in the physical activity field but will also seek views from the wider public. The following are key questions to be consulted on:

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

annex I

Detailed local area costs of physical inactivity

The Department of Health commissioned the British Heart Foundation Health Promotion Research Group at Oxford University to prepare estimates of the primary and secondary care costs attributable to physical inactivity for PCTs across England. The results based upon 2006/07 demonstrate an average healthcare cost of physical inactivity for each PCT of £5 million per year.

The cost data for this analysis were taken from the National Programme Budget Project (NPBP) and were related to five diseases defined by WHO as having some relation to physical inactivity. The population attributable fractions for physical inactivity in developed, low mortality European countries were applied to

the cost per disease from the NPBP 2006/07 for these diseases.

It is important to note that applying the same population attributable fraction to each PCT's NPBP data implies that the relative contribution of other factors is equal across all PCTs.

Given the significant residual contribution of other factors, this simplifying assumption means that the resulting PCT-level figures should be interpreted carefully, in conjunction with local knowledge. They are intended as a starting point in understanding the cost of physical inactivity in a particular PCT. In comparing any given PCT's value with another's, the possible unequal role of other factors will need to be investigated further before determining an appropriate course of action.

PCT	Whole PCT cost	Total cost/ 100,000 population
Ashton, Leigh and Wigan PCT	5,907,880	1,955,772
Barking and Dagenham PCT	2,943,050	1,754,949
Barnet PCT	4,147,240	1,248,695
Barnsley PCT	4,032,280	1,758,318
Bassetlaw PCT	1,793,790	1,678,243
Bath and North East Somerset PCT	2,776,750	1,528,534
Bedfordshire PCT	4,488,160	1,109,072
Berkshire East PCT	5,636,330	1,499,327
Berkshire West PCT	2,840,920	631,440
Bexley PCT	3,421,670	1,631,317
Birmingham East and North PCT	5,290,100	1,319,721
Blackburn with Darwen PCT	2,406,430	1,605,807
Blackpool PCT	2,110,220	1,489,837
Bolton PCT	5,279,860	1,984,410
Bournemouth and Poole Teaching PCT	4,666,470	1,443,200
Bradford and Airedale Teaching PCT	7,526,720	1,534,503
Brent Teaching PCT	4,691,800	1,728,734
Brighton and Hove City PCT	3,077,340	1,175,235
Bristol PCT	6,222,140	1,528,376
Bromley PCT	3,575,280	1,164,473
Buckinghamshire PCT	6,355,930	1,296,734
Bury PCT	3,547,930	1,955,364
Calderdale PCT	984,000	506,207
Cambridgeshire PCT	6,964,500	1,191,067
Camden PCT	1,871,310	822,326
Central and Eastern Cheshire PCT	7,478,590	1,685,875
Central Lancashire PCT	7,912,140	1,795,451

PCT	Whole PCT cost	Total cost/ 100,000 population
City and Hackney Teaching PCT	2,961,980	1,299,661
Cornwall and Isles of Scilly PCT	7,441,280	1,414,410
County Durham PCT	8,306,820	1,667,976
Coventry Teaching PCT	3,621,860	1,131,467
Croydon PCT	4,128,350	1,229,038
Cumbria Teaching PCT	8,277,950	1,671,901
Darlington PCT	1,461,850	1,498,596
Derby City PCT	3,287,640	1,212,123
Derbyshire County PCT	12,211,420	1,775,848
Devon PCT	10,909,480	1,514,537
Doncaster PCT	5,108,800	1,745,041
Dorset PCT	6,024,930	1,560,640
Dudley PCT	5,118,020	1,696,619
Ealing PCT	4,412,320	1,390,631
East and North Hertfordshire PCT	6,059,140	1,113,731
East Lancashire Teaching PCT	6,058,860	1,632,170
East Riding of Yorkshire PCT	4,959,590	1,641,678
East Sussex Downs and Weald PCT	6,480,120	1,989,818
Eastern and Coastal Kent PCT	10,707,460	1,494,963
Enfield PCT	3,546,180	1,328,994
Gateshead PCT	3,392,310	1,759,296
Gloucestershire PCT	7,538,260	1,307,300
Great Yarmouth and Waveney PCT	3,694,820	1,677,169
Greenwich Teaching PCT	3,992,100	1,681,925
Halton and St Helens PCT	5,978,070	1,995,670
Hammersmith and Fulham PCT	2,358,380	1,346,269
Hampshire PCT	18,146,760	1,441,538
Haringey Teaching PCT	2,738,380	1,164,287
Harrow PCT	3,288,730	1,665,129
Hartlepool PCT	1,389,350	1,541,650
Hastings and Rother PCT	4,030,460	2,357,587
Havering PCT	3,368,580	1,415,417
Heart of Birmingham Teaching PCT	3,678,030	1,290,505
Herefordshire PCT	2,512,970	1,421,074
Heywood, Middleton and Rochdale PCT	4,543,880	2,211,812
Hillingdon PCT	3,699,890	1,518,427
Hounslow PCT	3,621,120	1,658,744
Hull Teaching PCT	4,243,220	1,588,287
Isle of Wight NHS PCT	1,779,420	1,263,443
Islington PCT	2,553,780	1,382,634
Kensington and Chelsea PCT	2,027,740	985,732
Kingston PCT	2,373,210	1,400,835
Kirklees PCT	4,600,310	1,193,500
Knowsley PCT	2,209,930	1,490,065
Lambeth PCT	3,719,690	1,333,050
Leeds PCT	10,189,600	1,405,352

PCT	Whole PCT cost	Total cost/ 100,000 population
Leicester City PCT	6,190,220	2,063,166
Leicestershire County and Rutland PCT	10,867,920	1,707,614
Lewisham PCT	3,797,260	1,537,938
Lincolnshire Teaching PCT	15,035,270	2,143,603
Liverpool PCT	10,078,710	2,240,560
Luton PCT	2,372,920	1,303,179
Manchester PCT	11,105,780	2,360,260
Medway PCT	2,657,920	983,883
Mid Essex PCT	5,141,410	1,468,240
Middlesbrough PCT	2,675,280	1,889,135
Milton Keynes PCT	2,416,300	1,056,108
Newcastle PCT	4,689,760	1,811,705
Newham PCT	4,521,710	1,712,743
Norfolk PCT	13,267,480	1,857,730
North East Essex PCT	6,109,370	1,998,106
North East Lincolnshire PCT	2,230,810	1,377,579
North Lancashire Teaching PCT	4,812,630	1,490,440
North Lincolnshire PCT	2,499,580	1,605,176
North Somerset PCT	3,399,200	1,756,066
North Staffordshire PCT	3,768,920	1,852,887
North Tyneside PCT	3,023,780	1,522,816
North Yorkshire and York PCT	9,404,170	1,234,688
Northamptonshire Teaching PCT	9,170,500	1,433,729
Northumberland Care Trust	4,034,010	1,303,783
Nottingham City PCT	4,969,660	1,709,038
Nottinghamshire County Teaching PCT	9,793,010	1,555,908
Oldham PCT	4,218,280	1,916,329
Oxfordshire PCT	8,063,700	1,308,343
Peterborough PCT	2,054,390	1,365,969
Plymouth Teaching PCT	4,148,250	1,670,526
Portsmouth City Teaching PCT	2,634,760	1,438,926
Redbridge PCT	4,413,030	1,934,530
Redcar and Cleveland PCT	1,917,240	1,480,391
Richmond and Twickenham PCT	2,028,350	1,077,385
Rotherham PCT	4,379,060	1,799,165
Salford PCT	4,821,830	2,206,020
Sandwell PCT	4,536,090	1,525,500
Sefton PCT	5,947,150	2,177,072
Sheffield PCT	7,627,930	1,472,394
Shropshire County PCT	4,924,370	1,723,561
Solihull Care Trust	2,954,390	1,477,239
Somerset PCT	7,887,850	1,533,533
South Birmingham PCT	4,185,860	1,225,731
South East Essex PCT	3,854,460	1,168,411
South Gloucestershire PCT	3,551,200	1,486,772
South Staffordshire PCT	8,387,660	1,449,039

PCT	Whole PCT cost	Total cost/ 100,000 population
South Tyneside PCT	2,631,060	1,760,766
South West Essex PCT	3,555,480	907,911
Southampton City PCT	3,680,490	1,547,608
Southwark PCT	3,273,750	1,377,250
Stockport PCT	5,255,520	1,874,234
Stockton-on-Tees Teaching PCT	2,106,130	1,120,663
Stoke on Trent PCT	5,779,600	2,285,629
Suffolk PCT	10,173,100	1,729,787
Sunderland Teaching PCT	4,753,070	1,724,739
Surrey PCT	12,786,390	1,210,025
Sutton and Merton PCT	4,529,050	1,234,925
Swindon PCT	2,596,180	1,378,930
Tameside and Glossop PCT	4,189,600	1,870,491
Telford and Wrekin PCT	2,244,850	1,382,382
Torbay Care Trust	2,430,290	1,731,050
Tower Hamlets PCT	3,783,030	1,781,121
Trafford PCT	3,885,430	1,827,122
Wakefield District PCT	9,487,980	2,848,354
Walsall Teaching PCT	4,316,880	1,759,629
Waltham Forest PCT	3,909,610	1,724,141
Wandsworth PCT	3,059,250	1,125,664
Warrington PCT	3,509,380	1,818,756
Warwickshire PCT	7,173,170	1,374,368
Western Cheshire PCT	3,867,440	1,589,936
West Essex PCT	3,978,240	1,540,652
West Hertfordshire PCT	6,197,290	1,151,403
West Kent PCT	10,256,940	1,574,984
West Sussex PCT	12,703,860	1,650,688
Westminster PCT	2,336,610	947,542
Wiltshire PCT	6,025,980	1,343,633
Wirral PCT	5,080,940	1,619,449
Wolverhampton City PCT	4,252,720	1,779,024
Worcestershire PCT	5,640,510	1,033,112

annex 2

Linkages between physical activity and other programmes

Area of impact	Type of impact	Level of impact
Cardiovascular disease (heart disease, stroke and kidney disease.)	Reduces risk factors	High
Type 2 diabetes	Primary prevention	High
Mental health	Improves well-being	High
Cancer	Protective	Medium
Obesity	Burns calories	Medium
Sport	Supports stronger infrastructure for sport	Medium
Social care	Supports greater independent living for older people	Medium
Environment	Reduction in CO ₂ through active travel	Medium
Transport	More cycling and walking and fewer car journeys reduces congestion	Medium
Economy	Generates cost savings and helps promote healthier workplaces and hence improved productivity	Medium
Children and young people	Through PE and Sport for Young People, Healthy Schools and Healthy Further Education, enable children and young people to achieve their full potential	Medium
Business	Encourages healthy workplaces and therefore high productivity	Medium/low

annex 3

Equality Impact Assessment

The Government remains committed to assessing impacts through the impact assessment process, including the health impacts of its policies upon the public, private and third sectors. Additionally we are committed to assessing the impact on equality, including race, disability and gender; and have undertaken an Equality Impact Assessment, which will be published on the Department of Health website. Full impact assessments on the policies contained in this plan will be carried out as these policies are taken forward.

I Introduction

This Equality Impact Assessment (EQIA) considers the potential impact of the Government's strategy for physical activity on people according to their age, disability, ethnic group, religion or belief, gender and sexual orientation. Wherever possible, the assessment is supported by robust scientific and research evidence. It aims to assess whether the new strategy is likely to have any adverse effects on any of these groups and highlights areas where the evidence suggests that the Government and local delivery partners may need to focus resources on particular groups in society to ensure equality of opportunity. This EQIA also highlights areas where there continue to be gaps in the evidence base and where further research might usefully be commissioned.

Be Active, Be Healthy focuses largely on adults, as children's and young people's physical activity is being taken forward through a number of other specific government initiatives, namely the PE and Sport Strategy for Young People (PESSYP); the recently published Play Strategy;⁵³ Healthy Weight, Healthy Lives; Healthy Schools; and the Travelling to School Project. In order to provide context, particularly in relation to the transition from childhood to adulthood, this EQIA rehearses some of the evidence for children and young people. However, it does not consider in detail the impact of *Be Active, Be Healthy* on children and young people.

While there is a need to increase physical activity across the whole population, this is especially true for those who lead the most sedentary lifestyles. Those most at risk include older people who experience a notable decline in activity after the age of 55; women – 70% of whom are not doing enough physical activity to benefit their health; certain black and minority ethnic groups; and young people who experience a marked drop-off in activity after the age of 16. People with disabilities are also at particular risk from inactivity for a variety of reasons – these are explored in more detail later in this EQIA.

The table below summarises the issues that were considered in conducting this EQIA and the basic conclusions that were reached. The conclusions are explained more fully in the summary of evidence.

2 Summary Of evidence

The following chapter details the evidence that was taken into account for the Equality Impact Assessment of *Be Active, Be Healthy* on the basis

of age, disability, ethnic group, religion or belief and gender. It was not possible to make a robust assessment of the potential impact of *Be Active, Be Healthy* on the basis of sexual orientation as little evidence exists. However, the EQIA draws some conclusions based on local research studies. There is scope to commission new research in this area.

Other limitations in the evidence base are identified in this EQIA and we will work closely with stakeholders, including the newly established Expert Reference Group, to identify where gaps in knowledge and evidence continue to exist and establish how best to address those gaps, including commissioning new research. It is acknowledged that any future work in this area will need to have due regard to equality of opportunity.

Be Active, Be Healthy sets out commitments for a number of national initiatives intended to increase participation in physical activity. We are committed to conducting separate Equality Impact Assessments on these individual initiatives as they come onstream during 2009/10 and 2010/11.

2.1 Age

There is evidence which shows that rates of physical activity decrease with age. Indeed, there is a marked decline in activity after the age of 55. The proportion of men meeting the Chief Medical Officer's recommendations on physical activity decreases markedly with age from 53% among men aged 16–24 to 8% among men aged 75 and over. The proportion of women sufficiently active to benefit their general health remains stable for women aged 15–54 (29–31%) and decreases thereafter to 4% among women aged 75 and over.⁵⁴

Be Active, Be Healthy recognises that individuals can gain benefits from becoming more active, even into older age. For example, the benefits of physical activity for cardiovascular disease appear to be just as strong for older people as they are in middle age, and strength-training programmes in older people can produce significant improvements in muscle strength, leading to improvements in independence, quality of life, functional mobility and a reduction in falls and hip fractures.

	AGE	DISABILITY	ETHNIC GROUP	GENDER	RELIGION OR BELIEF	SEXUAL ORIENTATION
Do different groups have different needs in relation to <i>Be Active, Be Healthy</i> ?	Yes	Yes	Yes	Yes	Yes	No
Is there evidence that <i>Be Active, Be Healthy</i> may adversely affect equality of opportunity?	No	No	No	No	No	No
Is there evidence that <i>Be Active, Be Healthy</i> will affect different population groups differently?	Yes	Yes	Yes	Yes	Yes	No
Is there public concern about actual, perceived or potential discrimination against a particular group or groups in relation to physical activity?	No	No	No	No	No	No
Is there insufficient evidence to make a robust assessment?	No	No	No	No	Yes	Yes

Be Active, Be Healthy also highlights local initiatives, such as the Northumberland Fishnets project, from which others can learn. The project is increasing the number of people helped to live independently, reducing emergency hospital admissions by older people and reducing the number of falls leading to fractures and hospital treatment (for more information, see page 23). The plan also recognises the significant contribution that dance can make to public health and commits the Department of Health to establishing a working group to identify what role dance can play at national, regional and local level. An early focus will look at how dance can encourage older people to become more active with an emphasis on falls prevention.

For children and young people, the Chief Medical Officer recommends that they should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscle strength and flexibility. In 2007, more boys (72%) than girls (63%) met the Chief Medical Officer's recommended targets for physical activity. A similar proportion of boys met the targets across all age groups, but for girls the proportion steadily declined after the age of nine.⁵⁵

The Health Survey for England 2007 also looked at behaviour, knowledge and attitudes towards physical activity. When asked how much physical activity children should do, only 1 in 10 children aged 11–15 suggested that it should be 60 minutes on all seven days per week, i.e. at the minimum level recommended by the Chief Medical Officer. A further 8% of boys and 3% of girls overestimated the minimum recommendations. Girls were more likely than boys aged 11–15 to want to do more physical activity (74% and 61% respectively). This proportion declined with age among boys, but not among girls. The most frequently mentioned sports and activities boys would like to do more were ball sports (39%), riding a bike and swimming (both 35%). For

girls the most frequently mentioned sport was swimming. This EQIA does not consider the impact of *Be Active, Be Healthy* on children and young people for the reasons given in the Executive Summary.

Figures show that levels of activity begin to decline from the time an individual leaves school. This sustained trend is commonly referred to as the Wolfenden Gap after a report (*Sport and the Community*) by the Wolfenden Committee, published in 1960, that drew attention to the gap between opportunities for participation in physical activity for young people at school and after leaving school. We know that this drop in participation is more drastic among certain groups, young women in particular:

England has one of the steepest drop-out rates in sports participation in terms of age in Europe, with poor 'transition management' between school, university and community sport (COMPASS 1999, *Sports Participation in Europe*). In recognising that activity levels fall dramatically after the age of 16, the Department of Health, in partnership with the Fitness Industry Association and local authorities, will be piloting an incentive scheme to offer 5,000 16–22-year-olds subsidised gym memberships linked to frequency of use. The scheme will be targeted at those who are at risk of inactive lifestyles and living in areas of deprivation. A robust evaluation will consider the effect on take-up, increases in physical activity and self-reported health outcomes, and address risks identified below to inform a possible wider roll-out of the scheme.

2.2 Disability

Be Active, Be Healthy states that people with disabilities are at particular risk of inactivity. Disabilities ranging from physical and neurological to sensory impairments and learning disabilities all create different barriers to participation in physical activity.

The Active People Survey 2007/08 showed that only 9.1% of people aged 16 years and over with a limiting long-standing illness or disability had participated in at least 30 minutes of moderate intensity sport or active recreation (including recreational walking) on three or more days per week. This is compared with 23.6% of all adults.

Work funded by the Department of Health through the Section 64 General Scheme of Grants (section 64 of the Health Services and Public Health Act 1968) and undertaken by the Federation of Disability Sports Organisations in Yorkshire and the Humber included a survey across nine established groups that provide services for physical, sensory and learning impaired people of varying ages. Findings included the following:

- A large proportion of the participants stated that health problems prevented them from being physically active.
- Half of the participants had not been physically active in the last 12 months. Only a fifth of participants had taken part in sport and recreation, with only a small proportion stating they did not like sport and recreation.
- Around half of the participants stated that a lack of choice and information about opportunities prevented them from being physically active.

2.3 Ethnic group

In 2004, 37% of men and 25% of women in the general population met the Chief Medical Officer's recommendations on physical activity. Among minority ethnic groups, Irish (39%) and Black Caribbean (37%) men had the highest observed rates of adherence to the recommendations. Among women, Black Caribbean, Black African and Irish groups had the highest rates (31%, 29% and 29% respectively).

With the exception of Black Caribbean and Irish populations, all other minority ethnic groups have lower rates of adherence to the Chief Medical Officer's recommendations on physical activity for adults. Inequalities are greatest for South Asian women. Only 11% of Bangladeshi and 14% of Pakistani women were reported to have done the recommended amounts of physical activity, compared to 25% in the general population.⁵⁶

In relation to sport, the Active People Survey 2007/08⁵⁷ showed that black and minority ethnic groups (17.6%) were less likely to participate in regular sport on at least three days of the week for 30 minutes' moderate intensity, compared to the white population (21.73%). This 'inactivity gap' has widened slightly from 2006 (18.6% and 21.2% respectively).

2.4 Gender

Participation in physical activity differs by gender and decreases with age. Forty per cent of men and 28% of women meet the minimum recommendations for physical activity in adults. The proportion achieving these levels of physical activity has shown a gradual increase between 1997 and 2006.

However, about a quarter of adults aged 16–64 (27% of men and 29% of women) thought they knew the current recommendations for physical activity, but when asked how much physical activity they thought people their own age should do, fewer than 1 in 10 adults specified a level equivalent to the Chief Medical Officer's minimum recommended target. Attitudes to physical activity were very similar between men and women aged 16–64: 44% of men and 45% of women thought that they could get enough physical activity in their daily lives without specific activities such as jogging or going to the gym. Women were slightly more likely than men to want to do more physical activity than at present (69% and 66% respectively).

The barriers to doing more physical activity differ between men and women. These include work commitments (45% of men, 34% of women) and lack of leisure time (38% of men, 37% of women). Caring for children or older people is cited by a quarter of women (25%) but only 13% of men. Other barriers to doing more physical activity include a lack of money (13% men, 16% women).

For children and young people, the gender differences are also marked. In 2006, boys aged 2 to 15 were more likely than girls to meet the recommended levels of physical activity, with 70% of boys and 59% of girls reporting taking part in 60 minutes or more of physical activity in the previous week.

2.5 Religion or belief

There is very little evidence on the impact of religion or belief on participation in physical activity. However, anecdotal evidence suggests that barriers, such as cultural attitudes towards acceptable forms of dress, may exist for some women from certain faiths in pursuing particular types of physical activity in public.

The Everyday Swim pilots funded by Sport England seek to address the barriers to participation for particular community groups. For example, in Lewisham these have been identified as young people, older people and BME communities. Statistically, in Lewisham these are the groups who appear to be missing out on the benefits of aquatic exercise.

2.6 Sexual orientation

There is no obvious sexual orientation dimension to participation in physical activity and little available research evidence. However, a study of the lives, experiences and needs of lesbian, gay, bisexual and trans (LGBT) people in Brighton and Hove by Count Me In Too⁵⁸ (a research partnership between Spectrum and the University of Brighton) highlighted the following:

- 79% of LGBT people in the sample would like to be more physically active;
- 44% of those who said that they would like to be more physically active indicated that a major reason stopping them from achieving this goal was a lack of time. Almost a third (30%) said that cost was a factor stopping them from being more active;
- 43% of trans respondents to the survey indicated that a lack of trans-friendly spaces stopped them being more active; and
- compared with 8% of men who wanted men-only spaces, 22% of women said that a lack of women-only spaces stopped them achieving this goal.

3 The risk and potential for equality of opportunity in *Be Active, Be Healthy*

Be Active, Be Healthy sets out the Government's framework for the delivery of physical activity for adults, alongside sport and based upon local needs, with particular emphasis upon the health legacy of the London 2012 Olympic Games and Paralympic Games.

Be Active, Be Healthy aims to promote increased physical activity across all groups in society but, as the plan recognises, it is primarily for local authorities and primary care trusts to assess, determine and respond to the needs of their local populations in providing and encouraging more physical activity. It is their primary responsibility to ensure that there is the right mix of opportunities on offer to promote physical activity across diverse population groups.

The Government is supporting the creation of a Physical Activity Alliance of organisations that share the common aim of increasing participation in physical activity. We have encouraged organisations representing the interests of BME communities, women and people with disabilities to contribute to the Alliance and support the delivery of physical activity at a local level.

Be Active, Be Healthy includes a range of specific commitments, some of which support targeted interventions at specific population groups. For a sizeable proportion of the population – across all strands of equality – inactivity is a serious threat to their health and it is important that we respond to this to support individuals in accordance with their specific needs. For example, the vascular risk assessment and management programme for those aged 40–70 will assess an individual's risk and provide them with the necessary lifestyle advice and interventions to maintain or reduce their risk. Physical

activity has an important role to play in this and we will optimise the links between the vascular checks and the Physical Activity Care Pathway.

As *Be Active, Be Healthy* recognises, a challenge facing local delivery agencies is how to engage with priority groups without widening existing health inequalities. Consumer Insight work, which was carried prior to the launch of Change4Life, highlights the importance of understanding barriers to participation in physical activity for different segments of the population. Qualitative research with six ethnic minority communities was undertaken: the Pakistani, Bangladeshi, Black African, Gujarati Hindu, Punjabi Sikh and Black Caribbean communities. Change4Life (www.nhs.uk/change4life) is the Government's flagship programme that aims to prevent people from becoming overweight by encouraging them to eat better and move more. The Change4Life campaign will make the subject of weight and physical activity a hot topic and will urge the population to make changes to its diet and levels of activity.

The Department of Health has held events across the regions to help harness this social marketing approach for local delivery. Messaging and campaigns to promote physical activity should, of course, reflect the local demographics. Nevertheless, these should draw upon national brands, campaigns and publicity wherever relevant, including Change4Life and its sub-brands, to resonate with the national movement.

Risks and benefits

The following sub-sections identify, where possible, potential risks and benefits for equality of opportunity for specific population groups. The overall assessment of this EQIA is that *Be Active, Be Healthy* will benefit everyone to some extent.

3.1 Age

For children and young people, in recognising that activity levels fall dramatically after the age of 16, the Department of Health will be piloting an incentive scheme that will offer 5,000 16–22-year-olds subsidised gym memberships linked to frequency of use. The scheme will be targeted at those who are not currently engaged, who are at risk of inactive lifestyles and who are living in areas of deprivation.

For older people, the evidence is clear that there is a decline in activity after the age of 55. Therefore, the Government has invested in a Free Swimming Programme that will offer Free Swimming to older adults aged 60 and over, including free lessons for those unable to swim. Participation in the Free Swimming initiative is optional for local authorities. However, over 80% of local authorities have signed up to deliver Free Swimming for those aged 60 and over from April 2009. In total, 292 councils are to offer free swimming to the over-60s while 211 will open their pools for free to both the over-60s and those aged 16 and under. The Free Swimming initiative will be thoroughly evaluated before the Government decides if further funding will be made available in the next Comprehensive Spending Review period.

As part of the Free Swimming Programme, we will be working with the Amateur Swimming Association to develop an integrated package of measures to get more new swimmers into the pool. This will draw upon the learning of the Everyday Swim Programme led by the Amateur Swimming Association and funded by Sport England.

A Learn to Swim package will be open to all adults and will enable local authorities to target lessons at particular groups, such as those in deprived areas. We will provide funding for 100,000 new adult swimmers and 49 Free Swimming Co-ordinators will offer expert advice and support to local authorities and pool operators, helping them make the most of the Government's investment.

Be Active, Be Healthy includes a focus upon 'everyday' physical activity and specific investment to increase the availability of led walks through the Walking the Way to Health scheme, which will be accessible to many older adults. New work will also identify the potential for dance to encourage older people to become more active with a focus on preserving mobility, independence and prevention of falls.

While the interventions outlined above will be beneficial only to older people, *Be Active, Be Healthy* includes policies that should benefit all age groups. It also makes a commitment to explore how co-ordination of physical activity for school age children might be overseen by the forthcoming Child Health Programme.

3.2 Disability

The evidence suggests that people with disabilities are at particular risk of inactivity. The approach in *Be Active, Be Healthy* recognises the barriers faced by disabled people and highlights particular projects and interventions which will benefit all those with disabilities. For example, the plan includes a commitment to support work to help organisations delivering mental health services to develop their own capacity to promote physical activity as well as accessing local, community-based opportunities for physical activity.

Holistic approaches to promote physical activity, including infrastructure improvements, will be tested and validated alongside healthy eating initiatives across nine communities in England. *Healthy Weight, Healthy Lives: a cross-government strategy for England* (published January 2008) included

a commitment to invest £30 million between 2008/09 and 2010/11 in a Healthy Community Challenge Fund. Manchester, Halifax, Thetford, Sheffield, Tower Hamlets, Tewkesbury, Dudley and Middlesbrough will test out their ideas on what further action needs to be taken to make regular physical activity and healthy food choices easier for their population.

People with disabilities are at particular risk from inactivity. For some people, adaptations to equipment or facilities and/or structured opportunities for physical activity may be necessary to support participation. For example, the Inclusive Fitness Initiative (IFI), with support from Sport England, is developing accessible and inclusive environments, including the installation of fitness equipment accessible to people with disabilities. IFI aims to have launched 1,000 inclusive fitness facilities across the UK by the opening ceremony of the 2012 Olympics in London.

Swimming also provides an environment that can be readily adapted to the needs of those with disabilities and the Everyday Swim pilot in Telford has specifically focused on this area.

3.3 Ethnic group

The evidence suggests a higher prevalence of physical inactivity among some black and minority ethnic groups, with the exception of Irish and Black Caribbean populations. Broadly, it is acknowledged that BME groups are less likely to participate in sport and physical activity than the general population. A briefing paper produced by Sporting Equals⁵⁹ summarises the evidence and highlights some of the key barriers to participation in sport and physical activity by BME groups. For example:

- A lack of affordable facilities:⁶⁰ 67% of ethnic minorities live in the 88 most deprived local authority areas and 68% of Pakistani and Bangladeshi families live in poverty. Studies have suggested that up to 57% of BME groups are excluded from participation in sport on the grounds of poverty.
- Lack of safe and culturally accessible facilities such as women-only sessions:⁶¹ fears exist among some Muslim women about whether appropriate dress for Muslim women would be accepted by instructors.
- Difficulties experienced by ethnic minority community groups to access funding available to support physical activity initiatives: this may be due to lack of knowledge of funding streams, lack of organisational capacity and infrastructure to develop applications and lack of support in writing applications.⁶²

It has been assessed that the approach in *Be Active, Be Healthy* would benefit all individuals, including those from BME groups. However, the assessment did identify the need to better target marketing and awareness campaigns to ensure that they reached those people whose first language was not English or who had a lack of awareness of the facilities or opportunities to participate in sport and physical activity locally. These could be a contributory factor to the finding in the Health Survey for England 2007 that very few adults (less than 1 in 10) could correctly specify the Chief Medical Officer's recommendations on physical activity.

The evidence highlights the risk of using universal awareness campaigns without assessing the specific needs of local populations. The Consumer Insight work undertaken as part of the Change4Life programme will help inform the future approach to ensuring different population groups fully understand the opportunities available to them to participate in physical activity (both national and

local initiatives). We will explore this issue further with key stakeholders to ensure that no particular population groups are excluded from the opportunity to participate in both national and local physical activity initiatives.

3.4 Gender

The evidence showed that participation by adults in physical activity differed significantly by gender. If current trends continue, then there is a risk that the gap in participation between men and women will widen. The evidence also highlighted the different barriers faced by men and women to doing more physical activity. The overall approach of *Be Active, Be Healthy* should benefit both males and females equally, but it also recognises that interventions which will benefit only women may be necessary to minimise the risk that the current gender gap in participation in physical activity will widen.

3.5 Religion or belief

Although there is only anecdotal evidence regarding participation in physical activity by particular faith groups, the overall approach in *Be Active, Be Healthy* is assessed as having the potential to benefit females from certain faiths who might have difficulties in pursuing particular types of physical activity in public. This would be achieved through promoting other forms of activity, such as walking, to these groups, utilising the Change4Life programme as a means of highlighting the benefits.

We will build upon the learning from schemes that have sought to address the barriers for specific groups, such as the Department of Health/ Amateur Swimming Association pilot Swimming for Health in Hull, which introduced adaptations to the pool environment to meet the specific needs of South Asian women.

3.6 Sexual orientation

The overall approach in *Be Active, Be Healthy* is assessed as having the potential to benefit all those from the LGBT communities. No adverse impact for these communities was identified as arising from *Be Active, Be Healthy*. It will be for individual local authorities and PCTs to consider if additional targeted interventions are necessary based on an assessment of need of the local LGBT population, particularly in those areas with a large LGBT community.

However, we acknowledge that evidence in relation to LGBT people and participation in physical activity is not extensive and we will look at this as part of any wider assessment of gaps in the evidence base.

4 Physical Activity Care Pathway

The Department of Health has developed and recently completed a pilot of a Physical Activity Care Pathway (PACP) that targets sedentary adults (16–74) who are at risk of chronic disease due to inactive lifestyles.

Through the systematic application of the GP Physical Activity Questionnaire (GPPAQ), a validated screening tool, health practitioners are able to identify adults and recommend interventions that are suited to the lifestyle and circumstances of patients. The universal adoption of the PACP approach will help to address inequalities in participation for all relevant groups irrespective of age, disability, ethnic group, religion or belief, gender and sexual orientation.

The pilot showed that the PACP is effective in engaging particular groups such as older people, women and the ethnic minority groups who were prevalent in the pilot areas.

notes

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