



# Choosing Health? Choosing Activity

A consultation on how to increase  
physical activity

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# Summary



An active lifestyle is a key to better health. However, at present only 31% of adults are sufficiently active to feel health benefits. The challenge we now face is to encourage more people to become active.

How do we overcome the barriers that are preventing people from being more active?

Government does not have all the answers, nor can it act in isolation. That is why we need you to contribute your ideas on how we can work together to become a more active and healthy nation. This consultation will feed into the *Choosing Health?* consultation in preparation for a White Paper on improving people's health to be published this summer.

The document looks at how we can increase activity by encouraging people to choose activity and ensuring that they can choose activity in education, the workplace, travel and the community, as well as considering the roles of the health and social care system and local delivery.

In order to take part, please consider the questions set out in this document (summarised at Annex C). Chapter 9 tells you how to respond to the consultation.

We look forward to hearing your views.

Richard Caborn, Minister for Sport and Tourism  
Melanie Johnson, Minister for Public Health



## The context

- 1.1 Improving health and narrowing health inequalities are priorities for the Government. However, these are issues for society as a whole and not just for Government. The NHS and other public bodies, local government, the voluntary and community sector, individuals, communities, the food industry, employers and the media all have a role to play.
- 1.2 On 3 March 2004, we launched *Choosing Health? a consultation on action to improve the people's health* (available on the Department of Health website<sup>1</sup>) so that we could hear the views of all these stakeholders. That consultation sets out the major health challenges in England and has started a debate on the range of levers we have to bring about change and how they can be used by Government and other stakeholders. The ideas that develop from the *Choosing Health?* consultation will lead to a White Paper on improving health, to be published in summer 2004.
- 1.3 *Choosing Health?* provides the opportunity for a debate about what is effective and what should be given priority. It will help us define our respective roles and responsibilities, and decide how we can best work together to give people opportunities to lead healthier lives.
- 1.4 The *Choosing Activity* consultation is an important strand of the *Choosing Health?* debate. It presents an opportunity to prioritise the actions that different stakeholders might take towards increasing physical activity. To stimulate discussion this document sets out potential goals for an activity action plan. There is already a wide-ranging programme of initiatives aimed at increasing activity levels. This consultation offers the opportunity to prioritise these within a more coherent strategy for increasing activity and improving health.
- 1.5 An activity action plan will also contribute to the delivery of *Game Plan* – the strategy for delivering the Government's sport and physical activity objectives published by the Prime Minister's Strategy Unit. *Game Plan* sets out a vision for increasing sports participation and physical activity by 2020. In particular, this action plan will bring together the themes, information and ideas generated by the Government's Activity Coordination Team (ACT)\* and Sport England's Framework for Sport in England. ACT was established to prepare a national strategy for raising activity levels and is jointly chaired by the Department for Culture, Media and Sport and the Department of Health.

## Why have an activity action plan?

- 1.6 The Chief Medical Officer's recent report<sup>2</sup> sets out the scientific evidence on the contribution that physical activity can make to maintaining health and well-being.

\* The terms of reference and membership of ACT are set out in Annex A.

Increasing activity, together with changes in diet, would contribute to the prevention of obesity, coronary heart disease, diabetes and cancer and to ongoing weight management. Cancer and cardiovascular disease, including heart disease and stroke, are the major causes of death in England, together accounting for almost 60% of premature deaths. Increasing activity would increase musculoskeletal health, reducing the risk of osteoporosis, back pain and osteoarthritis. It also has positive effects on psychological well-being and mental health.

### Current patterns and trends

There is evidence that general activity levels are currently declining as lifestyles change. For example, between 1975-6 and 1999-2001 total miles travelled per year on foot and miles travelled by bicycle each fell by 26%<sup>3</sup> However, there is an increase in the proportion of people who choose to be active in their leisure time<sup>4</sup>.

- 1.7 The estimated costs of physical inactivity are £8.2 billion annually. This excludes the contribution of inactivity to obesity, which has been estimated at £2.5 billion annually. These figures include both costs to the NHS and related costs, such as absence from work.
- 1.8 Physical inactivity, along with unhealthy diets, has contributed to the growth of obesity in England. 22% of men and 23% of women in England are now obese, a trebling since the 1980s, and 70% of men and 63% of women – 24 million adults – are either overweight or obese. It is an increasing problem with children and young people. Around 16% of 2 to 15 year olds are now obese. Obesity brings its own health problems, including hypertension, heart disease and type 2 diabetes.
- 1.9 The Government is committed to achieving better health for everyone, and physical activity is one aspect of people's lives where we can make a difference. But many other stakeholders – business, community and voluntary organisations, local government, the media and others, including individuals and communities – have a role to play.
- 1.10 The responses to this consultation will inform development of a plan for action, building on the work already undertaken by ACT. We will be considering separately the steps that will be needed to ensure delivery by effective research, monitoring and evaluation, again building on the work already undertaken by ACT.
- 1.11 The aim of the *Choosing Health?* consultation is to develop proposals for a strategy to improve the health of the population of England. As part of that strategy, an activity action plan will focus on the ways that better health can be achieved through increased activity at all stages of life and for different groups in society, recognising and addressing different needs, particularly those of disadvantaged groups. This discussion offers an opportunity to focus the debate. We know a lot about *what* needs to be done, but need to focus on what the *priorities* are, *how* to achieve them and overcome the barriers to increasing activity.

### Barriers to increasing activity

Recent work by Sport England has reinforced what existing research has already told us about the key barriers<sup>6</sup>. Some key barriers are:

**Attitudinal:** The majority of people believe they are active enough.

**Physical:** These include the condition, cost of and distance to facilities, time constraints, street lighting, presence of cycle/footpaths, weather, access to equipment, safety concerns, fitness, quality of parks and public space, etc.

**Workforce:** There are shortages of skilled professionals and volunteers in many key sectors (e.g. sports coaches, park keepers). The existing workforce needs quality initial training and continuing professional development to enable them to work on integrated programmes and meet new demands.

## What we are trying to achieve

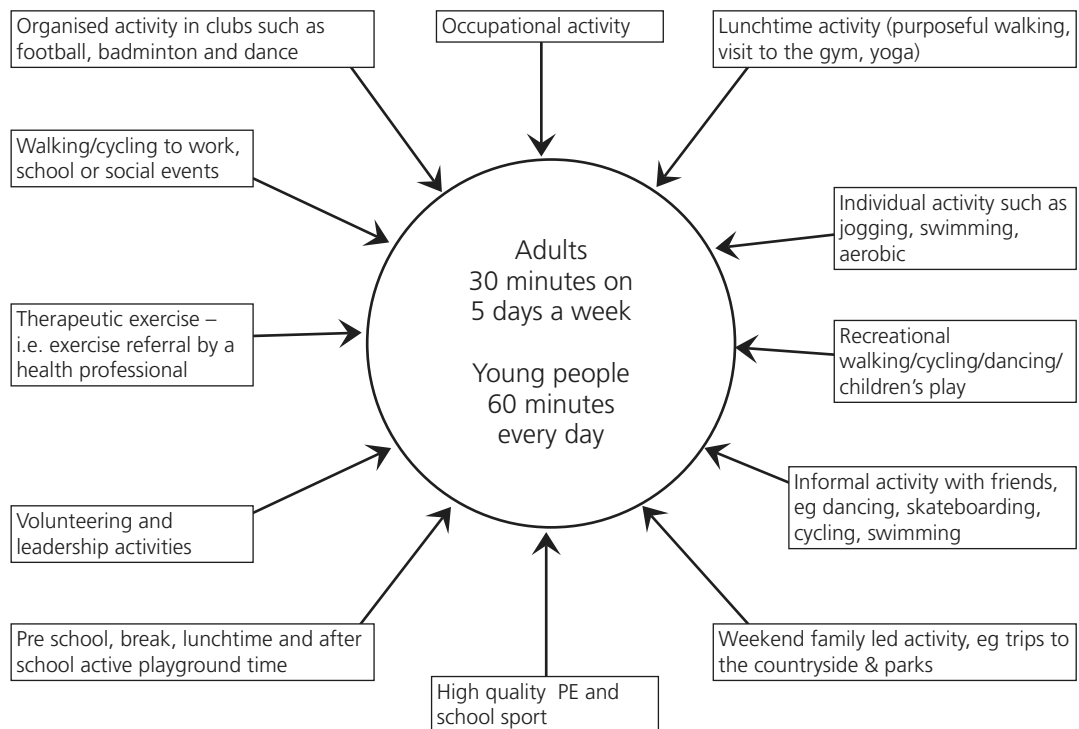
### Activity Priorities and Objectives for the Whole Population

1.12 The aims of a plan will be to promote activity for all, in accordance with the evidence and recommendations set out in *At Least Five A Week*, the Chief Medical Officer's report, on physical activity and health.<sup>2</sup>

*At Least Five A Week* recommends:

- Children and young people 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.
- For general health benefit, adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity on 5 or more days of the week.
- 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. The activity can be lifestyle activity or structured exercise or sport, or a combination of these.
- More specific activity recommendations for adults are made for beneficial effects for individual diseases and conditions. *All* movement contributes to energy expenditure and is important for weight management. It is likely that for many people, 45-60 minutes of moderate intensity physical activity a day is necessary to prevent obesity. For bone health, activities that produce high physical stresses on the bones are necessary.
- 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. Additionally, specific activities that promote improved strength, co-ordination and balance are particularly beneficial for older people.

## The Activity Menu for Adults and Children



### Specific target groups

1.13 Tackling health inequalities is a Government priority. While activities aimed at the general population can benefit all, action also needs to be focused specifically on certain groups. *Game Plan* identified the priority groups for action for increasing physical activity to be economically disadvantaged groups with children and young people, women and older people requiring additional assistance. Other priority groups include people with disabilities and black and minority ethnic groups.

#### Inequalities in activity

In 1998, 2 in 3 men and 3 in 4 women were not achieving the recommended level of physical activity.<sup>7</sup>

3 in 10 boys and 4 in 10 girls aged 2 to 15 are not meeting the recommended levels of physical activity.<sup>2</sup>

The proportion of people engaging in physical activity declines with age and particularly after age 35.<sup>7</sup>

In both men and women and in all age groups, low educational attainment is associated with higher levels of inactivity.<sup>8</sup>

## Next steps

- 1.14 The following chapters set out potential goals and ask for your views on those goals and proposals for action to support them. Information on how to participate in the consultation is set out in Chapter 9.
- 1.15 The goals have been developed from discussion with key stakeholders. We plan to continue that useful dialogue as Government develops its detailed plans for the activity action plan and the White Paper. This consultation will therefore be supplemented by meetings with stakeholders and specific events, such as the Choosing Health? Achieving a Balance between Diet and Exercise conference due to take place on the 6 May.

## Choosing activity

- 2.1 To improve the nation's health, we must create and sustain a culture in which people want to be more active and are able to be more active – a culture of activity. This chapter focuses on influencing consumer demand for greater activity. Subsequent chapters focus on increasing the opportunities for greater activity. Understanding the benefits of physical activity is crucial, but so, too, is having a clear understanding of the amount of activity that is necessary for good health. A key element – as Derek Wanless has made clear in his recent report<sup>9</sup> – is giving people the correct information on which to make informed choices.

### **Potential key goal for influencing behaviours :**

*Ensuring that people in all parts of society get the information they need to understand the links between activity and better health*

Is this the right goal?

What are the priorities for action to:

- raise awareness
- define the information people need to make choices about activity
- improve the quality and co-ordination of the information that is provided
- help people understand it?

How do we deliver on those priorities? For example, should we undertake a national public information campaign?

What role should different organisations play?

## Evidence and Current Action

### **Raising consumer awareness**

- 2.2 People currently have limited and often conflicting information on healthy lifestyle choices, and they differ in their ability to understand and interpret the consequences of their actions<sup>9</sup>. Understanding the benefits of physical activity is crucial but so, too, is having a clear understanding of the activity that is necessary for good health.
- 2.3 The HDA<sup>10</sup> and US *Guide to Community Preventive Services (Community Guide)*<sup>11</sup> provide evidence about the different ways of increasing activity in the community:
- community based interventions targeting individuals are effective in producing short-term changes in physical activity and are likely to be effective in producing mid to long-term changes in physical activity;
  - interventions that promote moderate intensity physical activity, particularly walking, and are not facility dependent, are also associated with longer-term changes in behaviour;

- studies that incorporate regular contact with an exercise specialist tend to report sustained changes in physical activity; and
  - people will become more physically active in response to the creation of, or improved access to, places for physical activity, combined with distribution of information.
- 2.4 International evidence supports the need for a sustained public information campaign, with targeted interventions to provide opportunities and encouragement to get active.
- 2.5 Sport England and the New Opportunities Fund plan to establish a comprehensive online database of sports facilities. The Active Places database, which will be launched in the summer, will provide the public with information about opportunities for sport and physical activity, where they are, and how to contact the relevant facility or organisation.

A **Social Marketing campaign** is being piloted this summer in the North East of England. Led by Sport England, the campaign will encourage people to work a little more activity into their daily routine. The campaign will run for around for 18 weeks. It will involve a series of posters, a TV advert and local initiatives. Initial results from an evaluation of the campaign are likely to be available in the autumn.

## Choosing activity in education

- 3.1 To drive up levels of activity we will need to have an education system that promotes and enables activity. This means ensuring that children (including children in early years settings) are encouraged and taught in active play, where physical education and activity are an integral part of the day, and people in further and higher education are encouraged to participate in sport. Moreover, school, further and higher education facilities can be used by the local community as well as by school children and students, providing greater opportunities for all to benefit. The Government is making progress, but further work is still required.

### **Potential key goals for promoting activity in education:**

*Encouraging activity in early years settings, schools, further and higher education.*

*Extending further the use of schools, further and higher education facilities as a community resource for sport and physical activity, including out of hours use.*

Are these the right goals?

How can we encourage more activity in early years settings and schools during play and lunch breaks?

What are the barriers preventing the community from accessing school, further and higher education facilities? How could these barriers be overcome?

What role should different organisations play?

## Evidence and Current Action

### **Early years**

- 3.2 Health and learning, particularly in the early years of life, are interlinked. Many of the activities to support children's learning will involve play and these in turn will promote healthy development of large motor skills (co-ordination, balance, movement, etc). There is also a positive correlation between physical activity and academic achievement, as well as an improvement in children's behaviour and the development of social interaction skills. Facilitated activities for the early years age group may include:

- baby massage – this supports the healthy development of babies' joints and builds a closer bond between parent and child;
- aqua tots – exercise sessions for babies and young children (and their parents) in water. This again, supports healthy joint development as well as motor skills and co-ordination and parent/child bond;
- toddler gym/tumble tots – to improve social skills, balance, hand-eye co-ordination. Also helps early identification of development difficulties;

- supervised play – as part of childcare, play sessions with toys and games both indoors and outdoors (see below); and
- learning through play as three and four year olds during the Foundation Stage, the first stage on the National Curriculum.

### **TOP Tots and TOP start**

TOP Tots and TOP Start support pre-school children with the development of early movement skills and physical literacy within the home or nursery environment.

TOP Tots focuses on those aged 18 months to 3 years while TOP Start focuses on 3 to 5 year olds. Each programme is educationally based, being written to support the associated framework or curriculum for the age group involved. The programmes comprise:

- colourful, tactile, innovative educational equipment
- resource cards offering safe, constructive introduction to the activities
- training programmes for teachers, carers and others working with young children

More information on TOP Tots, TOP start and other TOP programmes is available from the Youth Sports Trust at [www.youthsporttrust.org](http://www.youthsporttrust.org).

- 3.3 Sure Start local programmes and children’s centres aim to improve the health, well being and development of young children and families – particularly those in the most disadvantaged areas. They all deliver a range of core services, including play and early learning opportunities, and include opportunities to take part in a range of physical activities, although there are no specific targets. For more information on Sure Start see [www.surestart.gov.uk/surestartservices/health/](http://www.surestart.gov.uk/surestartservices/health/).

## **Primary and Secondary Schools**

- 3.4 Evidence<sup>12</sup> shows that:

- appropriately designed, delivered and supported curricula can enhance current levels of physical activity and can improve physical skill development.
- young people benefit from suitable and accessible facilities and opportunities for enjoyable physical activity, for example the Youth Sports Trust and Nike partnership project is aimed at making sport more enjoyable for girls
- interventions are likely to be more effective when young people are involved in planning of programmes and when they are appropriate for the religious and cultural needs of people from minority ethnic groups.
- well-designed schemes adopt a whole school approach to the promotion of physical activity (as described in the National Healthy School Standard – Guidance<sup>13</sup> and the Framework for Personal, Social and Health Education – PSHE) including:
  - a physical and health education curriculum
  - extra-curricular activities
  - links with the local community
  - safe transport routes to schools

- a mechanism to demonstrate how increases in the level of participation in regular physical activity will be measured.

**The Best Practice Dance Network** has been developed by the National Dance Teachers Association, the Specialist Schools Trust and the Youth Sport Trust, supported by the DfES and Arts Council for England. In its first year, it has:

- Identified leading edge practitioners;
- Produced and disseminated high quality case studies (raising standards within partner schools, providing opportunities in dance for the wider community and supporting gifted and talented young people aged 14-19);
- Provided a formal opportunity for young people to perform at the highest level; and
- Developed and signposted professional development opportunities for practitioners.

## School Sports Partnerships

3.5 The Government is investing in high-quality physical education and school sport through a national infrastructure of School Sport Partnerships. By 2006, the aim is that 75% of school children will be spending at least two hours each week on high-quality PE and school sport, both within and beyond the curriculum. Results from the 2003/04 PE, School Sport and Club Links survey<sup>14</sup> suggest that this remains stretching but achievable, with 62% of pupils in Partnership schools taking up the two-hour entitlement and participation by pupils in Years 7, 8 and 9 in excess of the target level. For more information on the national strategy for PE and School Sports see [www.teachernet.gov.uk](http://www.teachernet.gov.uk).

### Improving Swimming

In the PE National Curriculum children should be able to swim at least 25 metres by the age of 11. Not all children are meeting that requirement, and the Government supports local top up swimming programmes for schools and Local Education Authorities that struggle to deliver the 25 metre requirement, including children with disabilities, long term medical conditions and Special Educational Needs.

North Lincolnshire unitary authority secured extra government funding specifically to target school swimming results and water safety knowledge through extra lessons. In four targeted schools, the number of children achieving key stage 2 swimming has risen from 27% to 74%.

## Playgrounds

- 3.6 Pilots on effective use of playground markings, equipment and training have been found to open access to playground activities and increased levels of activity for typically excluded groups. The Government is investing in sporting playgrounds in partnership with Nike and the Youth Sport Trust. As part of the National Healthy School Standard Guidance<sup>13</sup>, it is recommended that the school provides a healthy and safe playground which addresses issues of sun safety, has a quiet area and lunchtime supervisors trained in dealing with bullying and organising play activities.

## Playing fields

- 3.7 There has long been concern about the loss of school playing fields. But legislation introduced in October 1998 has produced stringent controls on local authorities and stopped the indiscriminate sale of school playing fields. Since October 1998 the Department for Education and Skills has ensured that no sports pitches that are needed by schools and their communities are sold. Where sales are allowed, money from the sale is ploughed back into improving sports or educational facilities.

## Sports leadership and volunteering

- 3.8 The *Step into Sport* Project is introducing over 50,000 young people per annum to sports leadership and volunteering in schools and local sports clubs. Forecast outcomes from the first stage (to July 2004) include:
- young people in 1,000 schools have been introduced to volunteering;
  - 21,000 young people have been deployed through the Top Link programme to organise Festivals of Sport in local primary and special schools;
  - mentored volunteering by 4,000 young people in their communities; and
  - over 70,000 children, young people and adults have received training and qualifications through sports Leader Awards.

## Education facilities as a community resource

- 3.9 School and higher and further education facilities can also be an important resource for the wider community. The Government has made a start in enabling access to this powerful community resource.
- 3.10 The Extended Schools Programme supports greater and easier access and the provision of a wider range of services and activities for pupils, parents, families, school staff and the wider community. The New Opportunities Fund has made funding available through the Out of School Hours Learning Programme and Summer Schools. Over 50% of secondary schools, a third of primary schools and nearly half of special schools have benefited from funding through the programme, with some funded activities continuing until 2007. DfES is supporting all Local Education Authorities to develop extended schools and by 2005 all Local Education Authority areas will receive funding both for the creation of "full service" extended schools and the coordination and management of extended services in other schools.

- 3.11 Further and Higher Education institutions also open up their facilities to the local community. Higher Education institutions' sports facilities are available for public use 71% of the time they are open and 74% of Higher Education institutions offer concessions to community users<sup>15</sup>.
- 3.12 However, further work to increase community access to school and further education facilities may be needed. In particular, consideration of what are the principal barriers to opening up facilities and what might be done to address them.

### **Colleges, Education and Vocational training**

- 3.13 It is at age 15-18 that activity levels start to decline significantly. The fact that positive promotion of activity and physical education effectively ceases at age 16 is often cited as a reason for low participation and activity rates. Higher Education establishments, with 2,086,100 students, could play an important role as a setting for encouraging sport.
- 3.14 *SkillsActive*, the Sector Skills Council for Active Learning and Leisure has an important role to play in the development of vocational pathways in sport and physical activity. They are currently working to help employers and voluntary organisations identify the skills needs of their workforce (paid and unpaid) and to build partnerships with Regional Development Agencies, Learning and Skills Councils and Local Authorities to unlock funding to support the development of the sport and recreation workforce.

# Choosing activity in the workplace

- 4.1 During our adult life we spend a significant amount of time in our workplaces. In recent years there has been recognition of the scope to improve health that the workplace provides. Workplaces can be sources of information, physical environments that encourage activity and places where people are encouraged to integrate activity into their lives.

## **Potential key goals for promoting activity in the workplace:**

*Encouraging employers (in the public, private and voluntary sectors) to engage and motivate staff to be more active.*

*Providing employers with support, such as practical advice and examples of best practice, on enabling and promoting activity in the workplace and promoting and disseminating best practice for an active physical and cultural environment.*

Are these the right goals?

What are the priorities for action to:

- remove barriers to an active workplace?
- encourage people into activity in the workplace?
- provide employers with incentives and support to create active workplaces?

What role should different organisations play?

## **Evidence and current action**

- 4.2 People in the UK spend approximately 7 hours and 50 minutes a day<sup>16</sup> in the workplace, so the impact of this environment on people's lives is significant. The benefits to both physical and mental health from physical activity are therefore important considerations for both employees and employers.
- 4.3 The potential benefits of physical activity for employers include increased productivity and reduced absenteeism in the workforce. Inactivity has been estimated to cost England's economy at least £2bn a year and the benefits of a 10% increase in adult activity are estimated at £500 million a year<sup>17</sup>.

**Cynamaid**, a large UK pharmaceutical company, reported that those employees that participated in its fitness programme experienced 1.8 days less sickness absence per year than their sedentary peers. The company estimated savings on just 50 of those participating to be £44500 per annum<sup>18</sup>.

- 4.4 Existing research on workplace-based interventions is limited, and although not conclusive, indicates that interventions can lead to increases in physical activity<sup>19</sup>.

### **Access point for information and support**

- 4.5 Workplaces provide an organisational structure that enables the co-ordination of health programmes and support for behaviour change<sup>20</sup>. Providing both information and programmes are part of this communication between employers and employees, where employers have an opportunity to engage in informing and motivating their staff on how to be more active.

#### **Employer Engagement in Health<sup>9</sup>**

One integrated health management programme, run by Vieliflife<sup>21</sup>, provides all employees with access to personalised advice and information through an online service. Information covers four key areas: stress and how to manage it, nutrition, sleep and exercise. Anonymous data is used to provide feedback to the company on health issues. This tailored information is supported by generic information through email and work based stress management.

Positive initial results have been seen from companies using these interventions, such as Standard Life Healthcare and Unilever; aggregated company figures show the following impact on a sample size of over 2000 over a period of one year: 29% decrease in stress, 9% reduction in smoking, 72% decrease in people reporting sleeping problems, and a 19% improvement in nutrition score. The health management system has also played a part in reducing staff turnover and sickness absence and improving productivity.

### **A physical environment which encourages activity**

- 4.6 Employers can also improve levels of physical activity through providing an environment that encourages activity. Examples include changing everyday activity in the workplace, including action such as clearly signing stairs, as prompts for physical activity. Employers can also increase opportunities for exercise in or outside work, through provision of gym facilities or facilities for those cycling or walking to work. (See also Chapter 5 on Choosing Active Travel.)

### **Physical activity as part of people's lifestyles**

- 4.7 Employers have a role to play in enabling people to fit exercise into their lifestyles and their everyday lives. Examples of policies which employers could consider to support those taking exercise include supporting local sports teams, provision of programmes which highlight how exercise could fit into their employees' lives and allowing flexibility for employees to undertake physical activity during the working day. Programmes which highlight the improved mental wellbeing and the reduction in stress that accompany physical activity are examples of these.

## Supporting Employers in this role

- 4.8 Opportunities and incentives may be used to increase the engagement of employers in increasing employees levels of physical activity. There could be a clear role for leadership by the public sector, which makes up 14% of the workforce<sup>22</sup>, and by the NHS in particular with its large workforce. Action by partners, such as local authorities or academic bodies, to engage and support employers in this expanding role could be vital to policies and programmes being effective.
- 4.9 A clear communication of the tangible benefits to employers of a healthy workforce and the fostering of corporate social responsibility in the area of health are both of potential benefit.

### Supporting Employers

The South West Regional Plan for Sport advocates the need for a healthy workforce and has identified a number of proposals to encourage the development of healthy active workplace policies. One initiative being developed is bringing together key employers such as the local authority, the Primary Care Trust, university and local businesses with the aim to promote health and fitness to the city's workforce, helping to reduce absenteeism, increase productivity and enable employees/employers to benefit from healthy lifestyles. This project is working with individual employers and groups of employers to design a custom built active workplace programme and to create a flexible accreditation scheme for businesses in the city. This network is also planning to evaluate the impact and effectiveness of the scheme.

## Choosing active travel

- 5.1 In our busy lives, walking or cycling for all or part of our everyday journeys to work, schools and local services is the easiest way for many of us to be more active.

### **Potential key goals for promoting active travel:**

*Ensuring high quality, well-targeted facilities for walking and cycling.*

*Extending further school travel plans and encouragement of safe, healthy travel to school*

*Raising awareness of the health benefits of walking and cycling as part of the daily routine.*

Are these the right goals?

What are the priorities for action to:

- Provide facilities for walking and cycling?
- Ensure the public is aware of the health benefits of walking and cycling?

What are the principal barriers to active travel? How can they be overcome?

How can we ensure development and implementation of school travel plans?

How should cycle training and road safety awareness be promoted in schools?

What role should different organisations play?

### **Evidence and Current Action**

- 5.2 Nearly one quarter of all car journeys are less than two miles<sup>23</sup> and so could be made on foot or by bike. A survey by MORI for the Commission for Integrated Transport<sup>24</sup> found that 47% of people said that they would cycle more and 65% would walk more if certain deterrents were addressed. Safety was a key issue in both groups: 32% of cyclists identified better/safer cycling routes as a solution and 26% of pedestrians identified safe walking routes, with 32% identifying fewer cracked pavements as key motivating factors.

### **Sustainable Transport Initiatives**

- 5.3 The Department for Transport will shortly publish an action plan for increasing levels of walking and cycling. It will set out measures from across government for creating attractive places for walking and cycling, and promoting these modes of travel to local authorities and the public.
- 5.4 The Government has also selected three sustainable travel model towns in England to encourage walking and cycling, through improved infrastructure and marketing. The chosen towns – Worcester, Darlington and Peterborough – will act as showcases for

others wishing to promote greater travel choice. The lessons learned in delivering the scheme will be incorporated into good practice guidance for other authorities wishing to develop similar projects in future.

### **TravelSmart**

Two TravelSmart pilot projects run by Sustrans in Gloucester and Frome showed that significant changes in travel behaviour could be achieved by providing personalised information to influence people's perception of their travel choices<sup>25</sup>. In Gloucester, car trips were reduced by 9%, with three-quarters of these journeys being substituted by walking and cycling. In Frome, car use was reduced by 6%, and more than 80% of these trips were instead made by foot. A 60% increase in the previously low level of cycling was achieved. If the effects of these pilots were replicated on a larger scale across England, this would represent a significant increase in levels of walking and cycling, and a major contribution to levels of physical activity.

### **Cycling Initiatives**

Local authorities already spend a great deal on providing and improving infrastructure for cycling, and together with Government are striving to increase cycling levels. There has been an increase of more than a third in spend on cycle routes since 2001/02.

- Transport for London's one year update evaluation of the London Congestion Charging scheme has shown an increase in cycling of around 20%.<sup>26</sup>
- Sustrans has successfully developed more than 7,000 miles of the National Cycle Network (NCN). 77% of cyclists said that the NCN had helped them to increase their level of physical activity.<sup>27</sup>
- The National Cycling Strategy Board, assisted by the cycle industry, DfT and cycling organisations, has initiated a marketing programme for cycling, including:
  - Bike It, a pilot in 40 schools to comprehensively provide for and promote cycling to school
  - focusing cycling groups around a unified "core" message; and
  - constructing a cycling "portal" to provide potential cyclists with ready access to information on cycling opportunities and facts

### **Canals for Commuting – Christleton, near Chester**

This project will create a sustainable multi-user route on the Shropshire Union Canal at Christleton. It will cater for 1600 local schoolchildren and 6400 local commuters of all ages and provide them with a safe and attractive route to their schools and places of work. In addition to promoting healthy activity, the project will also generate wider recreational and environmental benefits for visitors and local people.

By linking Chester and Christleton to the wider countryside the project will encourage safe off road commuting as well as access to local greenspace. In addition, access for all measures will ensure that everyone will be able to enjoy the canal-side environment.

## Workplace Initiatives

- 5.5 In the workplace, relatively low-cost, simple solutions can persuade employees to walk or cycle. Improved bike parking, showers, cycle training and deals with retailers can incentivise cycling. Better facilities and information on walking routes can also encourage walking.

### **Cycling at Manchester Airport**

Manchester Airport has invested in a cycle centre, 270 bike parking spaces, showers, a bike pool and a cycle rescue service for staff. Cycling at Manchester Airport is growing in popularity, and the Airport has an established, 700-strong bicycle user group. Pool bikes are now available for staff and visitors, a rescue service supports the repair and servicing facility, a new staff cycle parking area and renovated locker room is in place. In the 6 year period between 1996-2002 cycle trips rose from 1% to 3%.

## School travel

- 5.6 Travel to and from school provides a key opportunity for young people, their parents and carers to be active and can help establish walking and cycling as part of the daily routine from an early age, rather than reinforcing reliance on cars. The Government is providing funding to help schools promote safe and healthy travel to school and to tackle traffic congestion through the appointment of 250 advisers working within local authorities. Evaluation has shown that school travel plans can reduce car usage by between 20%-30%.
- 5.7 The National Healthy School Standard Guidance recommends that schools encourage staff and pupils to consider cycling and walking to and from school and provides training in safety and security supported by safer travel policies.
- 5.8 Road safety training both promotes healthy travel options to children and reduces accidents. Currently only 27% of children are offered some cycle training<sup>28</sup>.

### **The Walking Bus, Southend**

Southend Borough Council introduced 'Walking Buses' in 1999 to enable children to walk safely to school. Each bus includes at least 2 parents/ volunteers, acting as a 'driver' and a 'conductor' and the children pick up as passengers at predetermined 'bus stops' along the way. By the end of 2003 there were 12 walking buses in operation in Southend. The walking bus ensures regular daily exercise and an opportunity for social interaction among children. The scheme is cutting car journeys to school and reducing traffic congestion near the school entrance. It is also encouraging greater independence amongst children.

# Enabling an active community

- 6.1 Opportunities in the local community will be at the heart of creating an environment that enables active lifestyles. Access for all to active leisure – sports facilities, swimming pools, playgrounds, parks and the countryside – will make a significant contribution to enabling people to live more active and healthy lives. So will ensuring that our everyday surroundings maximise opportunities for activity: our buildings, streets and open spaces need to be safe, well-planned, well designed and properly managed and maintained.

## **Potential key goals for enabling an active community:**

*Continuing to make our public spaces more accessible and attractive to those wanting to be active and creating and maintaining a wider range of opportunities for activity through sport and other recreational activities*

*Developing more opportunities for people who are not in education or work – including older adolescents, people with disabilities, parents of young families, unemployed and retired people*

Are these the right goals?

What are the priorities for action to:

- remove barriers to creating an active community
- encourage people into activity
- raise awareness of activity opportunities?

What role should different organisations play?

## **Evidence and Current Action**

### **Improving access**

- 6.2 The Government has set out its action plan for improving the quality of our parks and public spaces in its *Living Places* report<sup>29</sup>. It is working with local authorities and communities to reduce anti-social behaviour as well as the fear of crime. The introduction of Community Support Officers and neighbourhood wardens across the country makes a significant contribution to feelings of wellbeing and safety.
- 6.3 Lack of facilities for formal recreation is often cited as a reason for lack of activity. Since 1997 there has been significant investment in sport and recreation facilities, including:
- the provision of sporting facilities for young people and the community generally;
  - creating and improving community activity initiatives and facilities, for example as in the Active England and Community Club Development initiatives;
  - developing Community Clubs;

- New Opportunities Fund Green Spaces programme – developing playing fields since 2001; and
- developing grass roots facilities.

**The Sustainable Communities Plan**<sup>30</sup> contains a clear commitment to a safe and healthy local environment with well-designed public and green space. Within this, the ODPM has committed funding to promote more liveable towns and cities over 3 years. This includes:

- A new **Liveability Fund**, which will support 27 local authority-led pilots to improve the way they deliver their environmental services, for example street cleansing, removing abandoned vehicles, tackling fly-tipping and erasing graffiti. It will also provide resources for large-scale capital works to provide improvements to parks and other public spaces. Some of the pilots will specifically promote cycling and walking; and
- The **Living Spaces** programme being taken forward by Groundwork, which allows communities the opportunity to improve spaces in their local area, creating space for allotments, play areas, community gardens, kick-about areas etc.

The Government is also preparing for first publication next year a **Manual for Streets** which will provide updated and improved design guidance on all aspects of local street design including narrower, more pedestrian-oriented residential streets and better cycling facilities.

- 6.4 However, at the same time many local authority facilities built in the 1960s and 1970s are reaching the end of their natural life. A recent DCMS survey of the capital assets of 100 local authorities revealed a significant backlog of maintenance in sports, museums and arts facilities. Substantial investment will be needed just to maintain existing facilities.

**Darlington Borough Council** has produced a high quality facility – Eastbourne Sports Complex – for competitive sport in hockey, football, athletics and general fitness for all sections of the community within Darlington and the surrounding area. This has been achieved by developing links with the local sports sector and the council’s sports development team. In addition, a number of successful partnerships have been established including the County Football Association, the Primary Care Trust, the police and the Youth Offending Team.

The project has also been a catalyst to encourage and develop an understanding within the community of the benefits of exercise through campaigns like “Active for Life” and “Health of the Nation”.

## Outdoor recreation

- 6.5 The countryside, coast, canals, rivers and informal green areas in and around towns and cities also provide a natural resource for people to be active at little cost. Outdoor recreation is popular. A snapshot survey in 2002/3 showed that 9.7 million adults visited the countryside in the two weeks before interview. However, the overall number of people using the outdoors to be active could be increased.
- 6.6 Many local projects are engaging with traditionally hard to reach customers, for example local people and local groups are improving the condition of walking routes under the British Heart Foundation's and the Countryside Agency's *Walking the Way to Health* initiative and nationally the Rural White Paper Diversity Review has been commissioned by Government to find out why certain groups of people visit the countryside less than others. It is looking at what might be done to enable more people to make informed choices about visiting the countryside and an action plan will be produced at the end of 2005. Other ideas already being developed include new plans to provide footpaths, bridleways, and cycle routes where people want them; new community woodlands in and around towns; projects to increase active water-based recreation on rivers and canals; new access to open country between this autumn and the end of 2005; and scoping of a national database of recreational opportunities in the countryside.

### Community Forests

Red Rose Forest, around Greater Manchester, brought together the Red Rose Community Network (150 local groups), local authorities, the local Health Action Zone, Health Promotion Service and Community Nutrition Service to organise an annual Walking Festival from 2000 to 2002. This led to:

- An increase in organised walks during the festival from 21 in the first year to 53 by 2002 and an increase in participants from 177 to 520;
- The establishment of 32 regular health walk schemes across Greater Manchester, with 45 people being trained as new 'Walks Leaders', able to plan and lead activities within their own community;
- Raised awareness of the health benefits of walking, with three local authorities subsequently appointing Health Walk Co-ordinators; and
- A commendation from the Health Challenge Awards scheme for the Festival's contribution to raising the profile of healthy activity across Greater Manchester.

## Sport for all

- 6.8 Sport, including walking, makes up 20% of the activity carried out by people who do sufficient activity for health benefit.
- 6.9 Sport England has launched the Framework for Sport, which embraces the Council of Europe's wide definition of sport<sup>31</sup>. The Framework sets out a new direction for the planning and delivery of sport and active recreation in England. The Framework has been produced following a comprehensive review of the available evidence and

extensive engagement and consultation with over 1500 stakeholders. For more information see [www.sportengland.org](http://www.sportengland.org).

6.10 Amongst the key elements of the Framework are:

- Inspiring the nation to be more active through sustained awareness raising campaigns;
- Building capacity in clubs, coaches and the voluntary sector;
- Establishing multi-activity hubs for sport – international experience shows clearly the advantages of a shift to a new generation of multiple activity sport and physical activity facilities; and
- Improving the delivery of sport and physical activity by local government.

6.11 Nationally, DCMS investment in coaching will deliver a network of 45 Coach Development Officers across England and 3,000 full and part time Community Sports Coaches working across schools and clubs with a focus on young people.

### **StreetGames**

StreetGames networks specialise in delivering sport in deprived neighbourhoods by employing local coaches who are respected in the local community. StreetGames attract young people who enjoy playing sport with their friends but who are not members of a club. StreetGames can deliver whatever sport is needed and is usually run on neighbourhood venues which are often not more than gated back lanes or scraps of tarmac.

The North Lambeth and Southwark Sport Action Zone delivered StreetGames in football on 17 estates over the 2003 summer holiday. The Games went so well that Southwark Council have expanded the programme to 40 estates covering 6 sports.

### **Get Fit Stay Fit at Osterley Park**

Osterley Park is a National Trust property in west London containing over 300 acres of formal gardens, meadow and classical garden buildings. The Trust is working with Hounslow Primary Health Care to put together a food strategy for Hounslow which includes an initiative to encourage people to use the parkland for exercise. A leaflet being distributed at regular coronary care sessions in the borough promotes the park's 4km waymarked trail, a farm shop selling fresh estate-grown produce and a tearoom which holds the local environmental health department's "Healthy Heart Award".

## **Priority groups in the community**

### **Children**

6.12 A generation ago children spent the bulk of their recreation time playing outdoors. Higher levels of traffic, urbanisation and safety fears are all cited as reasons why children are now less likely to play outdoors. Whilst Government action outlined

above to improve public spaces will address this in part, a key barrier is parents' and children's perception of safety. Children and their parents need to be able to make informed choices about the relative risks and benefits of outdoor play based on real, not perceived, risks.

- 6.13 Having access to appropriate facilities and opportunities for unstructured play will promote physical activity amongst children. The Dobson Review<sup>32</sup> considered how extra funding for play could complement other initiatives for children and young people to maximise their impact. This provides a useful overview of how people feel about play provision.

**Positive Futures** – a Government and voluntary sector partnership sports-based programme – aims to reconnect vulnerable young people with local services and offer an alternative to drug use and other negative behaviours. Through local partnership projects, the programme helps young people at risk to access education, training and employment opportunities. Evidence to date shows that a total of 13,951 young people have made real progress over the past year:

- 44% achieved goals in personal development programmes (e.g. building confidence, taking responsibility etc);
- 25% showed improvements in social relations (e.g. with peers, with family, in care home, etc); and
- 10% showed improvements in educational performance.

## People with disabilities

- 6.14 A great deal is already being achieved in ensuring equity in sport, although much more needs to be done. Sporting Equals, English Federation of Disability Sport and the Women's Sport Foundation are working together to agree a generic equity standard for sport, based on the Racial Equality Charter for Sport.

### Inclusive Fitness Initiative

The Inclusive Fitness Initiative was set up by the English Federation of Disability Sport and launched in April 2001. The aim of the scheme is to provide suitable fitness equipment and access for disabled people, raise disability awareness among facility staff and address a lack of knowledge by disabled people of the benefits of health. Following a successful pilot phase, during which 30 sites were installed with equipment and training, the scheme was rolled out in September 2003. The initiative will fund a further 150 local authorities and has an overriding target to ensure that over 50% of all local authority areas in England have an Inclusive Fitness facility.

## Older people

- 6.15 *At Least Five a Week* has set out that, in addition to the significant health gains applicable to everyone, regular activity can also help avoid depression and cognitive impairment in older people while strength exercises\* can reduce the risk of falls by 25%. Traditionally, activity levels decline as we get older. However participation does not have to drop with age. In Finland and Sweden, where a strong focus is placed on this age group, taking part in organised and competitive sport actually increases amongst older people.<sup>33</sup>

### **Horton Grange Women's physical activity & health project**

Run by Bradford Sport Action Zone, the programme aims to increase participation in activity and sport, particularly for older Asian women in the Horton Grange area, Bradford. Many of the women are isolated and do not access mainstream provisions due to cultural and religious barriers. The programme is aimed at women who are overweight, have complex health problems and to raise awareness of healthy lifestyle options.

The project is delivered by bi-lingual staff and offers a health and fitness programme with a range of activities, including regular exercise classes and healthy living workshop sessions. These regular sessions are run as part of Council For Mosques daycare provision at the Horton Grange Community Enterprise & Resource Centre. In addition to the weekly centre based sessions visits are organised to local sports facilities.

- 6.16 Increased awareness of the benefits of physical activity is resulting in strategies and programmes addressing the issue of getting older people active. Greater emphasis on the contribution of physical activity to the health of older people has already been brought about by the National Service Framework for older people. The British Heart Foundation has recently launched its Active for Later Life resource which provides a framework for the promotion of physical activity with older people based on the National Service Framework.
- 6.17 However, we still need to look closely at the specific barriers this group faces and ensure they have access to appropriate activities. Barriers can include a perception that sport and leisure centres are for the young and fit or difficulties in reaching facilities because of a lack of transport options or concerns about safety. But there is a wide range of activities that older people can enjoy and outdoor recreations remain very popular, with round 6.6. million people over 50 taking part every fortnight.
- 6.18 The opportunities for activity for older people are wide. The New Opportunities Fund supports people staying active in later life through green gyms and allotments. The Chief Medical Officer's report cites an American study which found that a Tai Chi programme had reduced falls in this group by 47% .

\* ie exercise using external weights or body weight

### **Active in Age: Mentoring Physical Activity for Older Adults**

The Beth Johnson Foundation charity has funded training for people wishing to mentor physical activity for older adults. The mentor course is designed to include older people as students as well as targeting people working with older people in settings such as sheltered housing, community centres and luncheon clubs. Peers are often the best mentors for this age group.

A pilot in sheltered accommodation in Stafford was so successful that the housing service funded wardens to be trained and the tenants themselves fundraised for equipment. The exercise sessions are now managed by the older people themselves. Six months after the initial taster sessions, attendance numbers were still 75% of the initial session.

# An active health system

- 7.1 A health and social care system in which advice and support for physical activity is an integral part would help people lead healthier lives. Doctors, nurses, pharmacists, other health professionals and social care workers promoting and encouraging their patients and clients to lead active lives has the potential to bring about significant benefits. The NHS, and wider public sector, also have an important role to play as major employers (see Chapter 4.)

## **Potential key goals for enabling an active health system:**

*Health professionals increasing the provision of advice to patients on lifestyle, particularly on physical activity, both routinely and opportunistically.*

*Services developed within the community healthcare system to provide ongoing support to achieve sustainable behaviour change.*

*NHS providers and Primary Care Trusts, working more closely with local government and private and voluntary sectors to create access to opportunities for physical activity.*

Are these the right goals?

What are the priorities for action to:

- Improve the provision of lifestyle advice in the NHS?
- Provide services in the healthcare system and community sector to support behavioural change?
- Ensure that healthcare professionals utilise such services as appropriate?

How can we ensure the NHS, local government, the private sector and voluntary sectors work more closely together? What role should different organisations play?

## **Evidence and Current Action**

- 7.2 At various points in all our lives we will all use the services of the NHS. On average there were five GP consultations per person across the UK in 2002<sup>34</sup>. There is international and UK evidence to support the effectiveness of interventions delivered through the healthcare setting<sup>35</sup>. Even brief interventions can have an effect. For example review-level evidence suggests that brief advice from a doctor based in primary care, supported by written materials, is likely to be effective in producing a modest short term (6-12 weeks) effect on physical activity<sup>35</sup>.
- 7.3 The existing National Service Frameworks (NSFs) for Coronary Heart Disease, Older People and Mental Health make reference to the role of physical activity and exercise for prevention, secondary prevention and rehabilitation. The Children's NSF to be

published later in 2004 will also stress the importance of activity for the health and development of children and young people.

7.4 However, there are difficulties in relying upon existing channels in primary care to deliver effective advice services, particularly in areas where staff are already under considerable pressure. Healthcare services need to consider innovative ways to spread the activity message and follow up on advice, integrating more closely with local opportunities, organisations and services. For example:

- Workforce development based around effective intervention models (see below);
- Utilising other healthcare professionals, such as pharmacists or physiotherapists; and
- Public/private partnerships to provide follow-up and ongoing support for behaviour change.

7.5 There is some anecdotal evidence that NHS staff are not aware of the range of benefits of activity or what the current physical activity messages are for both adults and children. A lack of awareness of 'what works' or a skills gap will also inhibit the delivery of effective interventions. There is a need for initial and continuous professional development across a broad range of healthcare staff. *At Least Five a Week<sup>2</sup>*, together with future HDA *Evidence Briefings and Effective Action Briefings* will help to support this work.

#### **Local Exercise Action Pilots (LEAP)**

The Department of Health, Sport England and the Countryside Agency are funding ten PCT-led community pilots (LEAP) to develop best practice in promoting physical activity at a local population level. They will test the effectiveness of different PCT-led community approaches to increasing levels of and access to physical activity and make a significant contribution to the evidence base.

Five pilots are adopting a community wide approach and the remainder are targeting specific populations including younger and older people. One of the pilots is specifically focused on the free-swimming concept for young people.

7.6 Whilst brief interventions by healthcare professionals can lead to short-term changes in physical activity, longer term support and follow-up, including access to opportunities for physical activity, will often fall outside the capacity of general practice and tertiary services. There is a strong case for basing the design of services for physical activity, diet and obesity upon the model provided by existing smoking cessation services. This would involve identification of individuals at risk of coronary heart disease, obesity, diabetes and falls (including rehabilitation) and onward referral to services based both within the NHS and the local community.

### **Keighley's Exercise and Education Programme (EEP)**

Linked to the National Service Framework on Diabetes, the EEP was set up to tackle inactivity and the related conditions of obesity and diabetes. These illnesses are particularly prevalent in the local community with a large Asian population. During diabetes clinics it was found that many of the patients, although following a healthy diet, were not doing enough exercise to lose weight. The practice nurses gave guidance on types and levels of physical activity and the management of medication and diet.

People who complete the EEP course are then encouraged to join an ongoing Healthwise scheme, providing opportunities to attend regular exercise classes and cookery demonstrations amongst other things. Health benefits reported included lower blood sugar levels, a general feeling of fitness, and an increase in confidence and weight loss.

- 7.7 Exercise referral schemes have proven popular in primary care – a report published in October 2003 suggests that 89% of PCTs provide exercise on prescription<sup>36</sup>. In 1998 the former Health Education Authority commissioned a review to assess the effectiveness of exercise referral schemes. The research showed that the majority of studies reported some small but positive improvement in either physical activity or related measures<sup>37</sup>. In 2001 the Department of Health published the National Quality Assurance Framework on Exercise Referral Systems (NQAF)<sup>38</sup> which provides guidance to primary care and fitness professionals. At the same time the Register of Exercise Professionals (REPs) was established to ensure appropriate professional qualifications and career pathways for exercise professionals. The register is used by primary care to identify appropriately qualified professionals for exercise referral schemes and complements the NQAF guidance.

### **Southampton Quays pool complex: Swimming, Diving and fitness centre**

In an innovative partnership between the NHS and the Youth Service, the Centre hosts a health centre (*'The Quay to Health'*), which provides a sexual health clinic targeted specifically at young people. The location of this facility, at a swimming pool complex allows young people to attend the Centre for help and advice quite discreetly. It also allows the health centre to promote the use of the facilities in promoting general health and providing advice on physical activity.

There are a range of other services offered on the pool site, including, psychosexual therapy, counselling and therapy, exercise and health education for people with learning disabilities. A successful GP referral programme is also offered, with a combination of cardio and aqua based activities on offer.

- 8.1 Earlier chapters demonstrate the potential for engaging more people in more activity. But to achieve maximum benefit, we need to look at ways to improve consistency and coordination of both messages about the benefits of activity and the resources available to support delivery. We also need to decide what we are aiming to deliver: what target should we be setting.

## **Potential key goals for enabling an active health system:**

*Development of a national framework for increasing activity in the context of the White Paper on improving health.*

*Supporting coordination at regional and local level for increasing physical activity.*

Are these the right goals?

How can the NHS, local government, the private sector and voluntary sectors work more closely together? What role should different organisations play?

What support can be provided nationally to ensure this occurs?

What should we be aiming to achieve? Should our target be the ambitious 70% of the population to meet the At Least Five A Week<sup>2</sup> recommendations. Or should we be aiming for modest, but achievable, progress in line with other countries?

## **Evidence and Current Action**

### **Roles and Structures at the local level**

- 8.2 Local Government has been at the forefront of developing relationships between physical activity, sport and health for many years. The most sophisticated partnerships have sport and leisure service providers working with health agencies to take a holistic and proactive approach. Such partnerships recognise that physical activity strategies need to go beyond traditional recreational facilities and to enable people to build activity into their daily lives.
- 8.3 Local Strategic Partnerships (LSPs) are non-statutory organisations bringing together the public and private, business, community and voluntary sectors to maximise investment opportunities and ensure different initiatives and services support and work together.

**The Bournemouth Health Network** is a collaboration between Bournemouth Borough Council, Bournemouth Primary Care Trust and Bournemouth University in response to the realisation that a number of local agencies were working in isolation in responding to the National Service Framework for coronary health disease. There was a lack of awareness of related services that could contribute towards patient health gains and also no coordinated approach to the use of available resources, including funding, skills and facilities.

A series of Health Network days were organised at three-month intervals to support service providers and provide an opportunity to share good practice and resources. Each day consists of information sharing and updating, the generation of 12 week PDSA's (Plan, Do, Study, Act) projects within existing funding and an opportunity to provide group support and encouragement.

Over 200 network members now play a proactive part in supporting the Network

### **Roles and Structures at the regional level**

- 8.4 In most of the nine English regions, professionals from health, sport and local government have established or are establishing regional groups/networks to take forward co-ordination of health, physical activity and sport initiatives. The key regional agencies are the Regional Development Agency, Government Office, Health Development Agency, Sport England (including Regional Sports Boards), Public Health Observatories and Regional Assemblies (where they exist).
- 8.5 Regional alliances provide a framework for effective co-ordination. But more could be done to promote development and sharing of experience and best practice between alliances.

### **Regional Co-ordination of Physical Activity in the North West**

A three-year pilot project for a Regional Health and Physical Activity Coordinator, funded by the New Opportunities Fund in the North West, is investigating the effectiveness of a co-ordinator in stimulating joined-up working between initiatives and organisations with health and physical activity.

The project has already delivered the following benefits:

- helped secure an Active Travel manager to promote walking and cycling in the Region
- With Sustrans, Salford PCT and the Healthy Settings Unit, developed a safe routes to healthcare scheme
- Working as part of a team, producing a cycling for health toolkit for all PCTs in the Region
- Developing links to the staging of the 2005 European women's football championships to promote physical activity and health in the Region
- Has advised two PCTs in drafting physical activity strategies

## National support

- 8.6 The government is currently managing a project to provide tools to support the delivery of sport and physical activity by local government. These include
- modelling closer partnerships between health and local Government,
  - developing a self assessment and improvement framework for sport and leisure services,
  - designing strategies for improvement planning, and
  - guidance on physical activity and health related targets in Local Public Service Agreements (LPSAs).
- 8.7 Best practice case studies are being assembled for dissemination as part of this work. (For more information see [www.idea.gov.uk](http://www.idea.gov.uk).) The successful Local Authorities all feature PCTs working in conjunction with local authorities, and in particular with sport and leisure professionals, social services, transport, environmental planners and education to have greatest impact.

## National targets

- 8.8 *Game Plan* recommended an ambitious target of 70% of the population undertaking 30 minutes of moderate activity on five days of the week by 2020. This is a highly challenging aspiration. Other comparable countries have adopted lower targets, mostly around 50% of the population. At present only 31% of adults achieve these levels of activity in England.

# The process of consultation and how to contribute

## How will the consultation process work?

### How to respond: *When should you submit your contributions by?*

1. Ideas and proposals should reach the project team at the latest by **30 June 2004**.
2. It is important that consultees have sufficient time to respond to this consultation document. But equally the outcome of this consultation informs the *Choosing Health?* consultation (which ends on 28 May) and the subsequent White Paper. This consultation will therefore run for a period of 8 weeks, rather than the 12 weeks recommended by the Cabinet Office Code of Practice on Consultation (see Annex B). The Department of Health would welcome contributions as early as possible in the consultation process.

### How to respond: *Where should you submit your contribution?*

By e-mail to: [choosingactivity@doh.gsi.gov.uk](mailto:choosingactivity@doh.gsi.gov.uk)

By post to: Choosing Activity  
Health Improvement and Prevention  
Department of Health  
Area 716, Wellington House  
133-135 Waterloo Road  
London SE1 8UG

Via the website: [www.dh.gov.uk/consultations/liveconsultations](http://www.dh.gov.uk/consultations/liveconsultations)

3. When responding, please state whether you are responding as an individual or representing the views of a larger organisation. If responding on behalf of a larger organisation, please make it clear who that organisation represents. If responding as an individual, please mention your own interest.
4. Please note that responses may be made public unless confidentiality is specifically asked for. We may also publish your responses in a summary of responses to the consultation unless you specifically include a request to the contrary. If you are replying by e-mail or via the website, unless you specifically include a request to the contrary in the main text of your submission to us, we will assume your consent overrides any confidentiality disclaimer that is generated by your organisation's IT system.
5. The Department of Health will be drawing up a Regulatory Impact Assessment for the Choosing Activity plan. We would welcome your views on the impact of any proposals.

## Further information and copies of the consultation document

6. Further information and copies of the consultation document are available from:

E-mail: [choosingactivity@doh.gsi.gov.uk](mailto:choosingactivity@doh.gsi.gov.uk)

On the web at: [www.dh.gov.uk/consultations/liveconsultations](http://www.dh.gov.uk/consultations/liveconsultations)

Phone: 020 7972 1366

7. This consultation forms part of the wider consultation on Choosing Health? a consultation on action to improve people's health. For further information on Choosing Health? please contact:

E-mail: [choosing.health.consultation@doh.gsi.gov.uk](mailto:choosing.health.consultation@doh.gsi.gov.uk)

On the web at: [www.dh.gov.uk/consultations/liveconsultations](http://www.dh.gov.uk/consultations/liveconsultations)

Phone: 020 72105343

## A

# Annex A: Terms of reference for the Activity Co-ordination Team

1. To make recommendations to Ministers on interventions to raise mass participation in sport and physical activity, particularly among:
  - economically disadvantaged groups;
  - school leavers;
  - women, and;
  - older people.
2. To deploy existing funding (e.g. LEAP, SAZs, new opportunities for PE and sport and NOF/Sport England Partnership Fund) and to identify new sources of funding for:
  - interventions where there is existing robust evidence of their cost-effectiveness
  - pilot projects where there is potential to increase participation where the evidence is not yet in place.
3. To identify and co-ordinate existing work and to classify it as (a) delivery elements of the strategy reporting to and steered by ACT or as (b) autonomous programmes feeding information into and being informed by ACT as appropriate. An example of (a) would be the LEAP pilots and an example of (b) would be the DfES/DCMS PESSCL programme
4. To ensure effective evaluation of the strategy and communication of results from existing and new national, local and regional projects to inform policy and practice.
5. To make recommendations to Ministers on a methodology to secure better evidence and data on participation and fitness.
6. To develop and oversee an effective communication strategy, in line with Ministers' wishes and agreed as widely as possible both within Government and with outside bodies such as health charities, Sport England, the NHS, the business community and others.
7. To ensure that the programme of work includes quick wins and easily implemented low-cost interventions as well as longer-term solutions.

## Membership of ACT

Joint Chair: Melanie Johnson MP— Public Health Minister, Department of Health

Richard Caborn MP—Minister for Sport, Department for Culture, Media and Sport

Imogen Sharp—Head, Health Improvement and Prevention, Department of Health

Paul Heron—Head, Sports Division, Department for Culture, Media and Sport

Mela Watts—Head, Curriculum Division, DfES

Audree Patterson—Health Team, HM Treasury

Sarah Hunter—Senior Policy Adviser, No.10 Downing Street

Betty Moxon—Head, Regions and Renewal Unit, Home Office

Patricia Hayes—Head, Charging and Local Transport, Department for Transport

Ros Dalby—Team Leader, Older People Strategy, Department for Work and Pensions

Susan Carter—Countryside Division, Department for the Environment, Food and Rural Affairs

Peter Matthew—Head, Liveability and Sustainable Communities Division, Office of the Deputy, Prime Minister

Stephen Dunmore—Chief Executive, New Opportunities Fund

Roger Draper—Chief Executive, Sport England

Yve Buckland—Chair, Health Development Agency

Kimiyo Rickett—Local Government Association

Project  
secretariat:

Jane Glastonbury, Department for Culture, Media and Sport

**B**

# Annex B: The Cabinet Office: Code of practice on written consultation

## The consultation criteria

1. Timing of consultation should be built into the planning process for a policy (including legislation) or service from the start, so that it has the best prospect of improving the proposals concerned, and so that sufficient time is left for it at each stage
2. It should be clear who is being consulted, about what questions, in what timescale and for what purpose
3. A consultation document should be as simple and concise as possible. It should include a summary, in two pages at most, of the main questions it seeks views on. It should make it as easy as possible for readers to respond, make contact or complain
4. Documents should be made widely available, with the fullest use of electronic means (though not to the exclusion of others), and effectively drawn to the attention of all interested groups and individuals
5. Sufficient time should be allowed for considered responses from all groups with an interest. Twelve weeks should be the standard minimum period for a consultation
6. Responses should be carefully and open-mindedly analysed, and the results made widely available, with an account of the views expressed, and reasons for decisions finally taken
7. Departments should monitor and evaluate consultations, designating a consultation co-ordinator who will ensure the lessons are disseminated

# Annex C: Summary of consultation questions

C

## Choosing activity

We must create and sustain a culture in which people want and are able to be more active. People currently have limited and often conflicting information on healthy lifestyle choices.

Potential key goal for influencing behaviours:

*Ensuring that people in all parts of society get the information they need to understand the links between activity and better health*

### Questions

Is this the right goal?

What are the priorities for action to:

- raise awareness
- define the information people need to make choices about activity
- improve the quality and co-ordination of the information that is provided
- help people understand it?

How do we deliver on those priorities? For example, should we undertake a national public information campaign?

What role should different organisations play?

## Choosing activity in education

We need an education system that promotes and enables activity. This means ensuring that children are encouraged and taught active play, where physical education and activity are an integral part of the day, and people in further and higher education are encouraged to participate in sport. Moreover, school, further and higher education facilities can be used by the local community as well as by school children, providing greater opportunities for all to benefit.

Potential key goals for promoting activity in education:

*Encouraging activity in early years settings, schools, further and higher education.*

*Extending further the use of schools, further and higher education facilities as a community resource for sport and physical activity, including out of hours use.*

### Questions

Are these the right goals?

How can we encourage more activity in early years settings and schools during play and lunch breaks?

What are the barriers preventing the community from accessing school, further and higher education facilities? How could these barriers be overcome?

What role should different organisations play?

## Choosing activity in the workplace

In recent years there has been recognition of the scope to improve health that the workplace provides. Workplaces can be sources of information, physical environments that encourage activity and places where people are encouraged to integrate activity into their lives.

Potential key goals for promoting activity in the workplace:

*Encouraging employers (in the public, private and voluntary sectors) to engage and motivate staff to be more active.*

*Providing employers with support, such as practical advice and examples of best practice, on enabling and promoting activity in the workplace and promoting and disseminating best practice for an active physical and cultural environment.*

### Questions

Are these the right goals?

What are the priorities for action to:

- remove barriers to an active workplace?
- encourage people into activity in the workplace?
- provide employers with incentives and support to create active workplaces?

What role should different organisations play?

## Choosing active travel

In our busy lives, walking or cycling for all or part of our everyday journeys to work, schools and local services is the easiest way for many of us to be more active.

Potential key goals for promoting active travel:

*Ensuring high quality, well-targeted facilities for walking and cycling.*

*Extending further school travel plans and encouragement of safe, healthy travel to school*

*Raising awareness of the health benefits of walking and cycling as part of the daily routine.*

### Questions

Are these the right goals?

What are the priorities for action to:

- Provide facilities for walking and cycling?
- Ensure the public is aware of the health benefits of walking and cycling?

What are the principal barriers to active travel? How can they be overcome?

How can we ensure development and implementation of school travel plans?

How should cycle training and road safety awareness be promoted in schools?

What role should different organisations play?

## Enabling an active community

Access for all to active leisure – sports facilities, swimming pools, playgrounds, parks and the countryside – will make a significant contribution to enabling people to live more active and healthy lives. So will ensuring that our everyday surroundings maximise opportunities for activity: our buildings, streets and open spaces need to be safe, well-planned, well-designed and properly managed and maintained.

Potential key goals for enabling an active community:

*Continuing to make our public spaces more accessible and attractive to those wanting to be active and creating and maintaining a wider range of opportunities for activity through sport and other recreational activities*

*Developing more opportunities for people who are not in education or work – including older adolescents, people with disabilities, parents of young families, unemployed and retired people*

### Questions:

Are these the right goals?

What are the priorities for action to:

- remove barriers to creating an active community
- encourage people into activity
- raise awareness of activity opportunities?

What role should different organisations play?

## An active health system

A health and social care system in which advice and support for physical activity is an integral part would help people lead healthier lives. Doctors, nurses, pharmacists, other health professionals and social care workers promoting and encouraging their patients and clients to lead active lives has the potential to bring about significant benefits.

Potential key goals for enabling an active health system:

*Health professionals increasing the provision of advice to patients on lifestyle, particularly on physical activity, both routinely and opportunistically.*

*Services developed within the community healthcare system to provide ongoing support to achieve sustainable behaviour change.*

*NHS providers and Primary Care Trusts, working more closely with local government and private and voluntary sectors to create access to opportunities for physical activity.*

### **Questions:**

Are these the right goals?

What are the priorities for action to:

- Improve the provision of lifestyle advice in the NHS?
- Provide services in the healthcare system and community sector to support behavioural change?
- Ensure that healthcare professionals utilise such services as appropriate?

How can we ensure the NHS, local government, the private sector and voluntary sectors work more closely together? What role should different organisations play?

### **Enabling local delivery**

Earlier chapters demonstrate the potential for engaging more people in more activity. But to achieve maximum benefit, we need to look at ways to improve consistency and coordination of both messages about the benefits of activity and the resources available to support delivery. We also need to decide what we are aiming to deliver: what target should we be setting.

Potential key goals for enabling an active health system:

*Development of a national framework for increasing activity in the context of the White Paper on improving health.*

*Supporting coordination at regional and local level for increasing physical activity.*

### **Questions:**

Are these the right goals?

How can the NHS, local government, the private sector and voluntary sectors work more closely together? What role should different organisations play?

What support can be provided nationally to ensure this occurs?

What should we be aiming to achieve? Should our target be the ambitious 70% of the population to meet the *At Least Five A Week* recommendations. Or should we be aiming for modest, but achievable, progress in line with other countries?

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