

# Worcestershire Health and Well-being Board

## Being Active at Every Age Physical Activity Plan

2016-2021



Wyre Forest  
Clinical Commissioning Group



South Worcestershire  
Clinical Commissioning Group



Redditch and Bromsgrove  
Clinical Commissioning Group

## Plan on a Page;

|                        |  |                     |  |
|------------------------|--|---------------------|--|
| Vision;                | Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes   |                     |  |
| Meeting the challenge; | requires emphasis on prevention with action in the long term to impact upon the wider influences on health and well-being  |                     |  |
| We will focus on;      | increasing every day activity across the population, particularly within;  |                     |  |
|                        | <b>Under 5's and their parents</b>   | <b>Older People</b> | <b>Populations with poorer health outcomes</b> |
| To do this we will;    | Work in partnership to develop local solutions, using national frameworks and best practice which encourages and empowers people of all ages and abilities to become more active. Focusing upon;       |                     |  |
| 1.                     | <b>Provide clear information and advice to all ages through a county wide marketing campaign. To increase awareness, motivation, uptake and improve attitudes towards physical activity</b>            |                     |  |
| 2.                     | <b>Encourage families, children and young people to start active lives and stay active throughout life, taking responsibility for their own health.</b>  |                     |  |
| 3.                     | <b>Support those who have the poorest health outcomes and those who are the most inactive, including older people and those with a disability to lead active lives and increase physical activity.</b> |                     |  |
| 4.                     | <b>Creating health promoting environments, supporting active spaces including the workplace. Encourage use of active, sustainable travel modes and green space for active recreation.</b>              |                     |  |

## Context

1. Following a comprehensive development and consultation process, the Worcestershire Health and Well-being Board has agreed that its vision is that; **Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.**
2. The Worcestershire Health and Well-being Strategy for 2016-2021 has identified 'Being Active at every age' as one of three areas of priority over the next five years. Following stakeholder consultation, it was prioritised because physical activity is an important component in health and well-being across all ages and being inactive is a major cause of ill health throughout life. The negative impact upon health of being inactive is both avoidable and reversible in some cases.
3. The purpose of this Being Active Plan is to shape direction and the objectives of work over the next five years to increase the number of people physically active within the County.
4. The six key principles of the Health and Well-being Board underpin the Being Active plan; these are outlined in the **Health and Well-being Board Strategy**. These principles ensure the plan will work in partnership to maximise the impact on health and well-being; empower individuals and communities; recognise local assets and strengthen communities; draw upon existing evidence; involve the community and be open and accountable about the progress we are making.
5. Creating a more active society, in which it is easier and more natural for people to be active than inactive will require action by a range of organisations and bodies over a significant period of time. In order to meet this challenge, it will require a renewed emphasis on prevention across all organisations with action in the long term to address the wider influences on health and well-being. The plan will seek to embed priorities into work plans through a wide range of organisations, championing the requirement for promoting physical activity to be part of everybody's business.
6. The Health and Well-being Board and Health Improvement Group will ensure that actions to implement this Physical Activity Plan align with the five approaches to prevention which are;
  - ✓ Creating a health promoting environment
  - ✓ Encouraging and enabling people to take responsibility for themselves their families and their communities
  - ✓ Providing clear information and advice
  - ✓ Commissioning prevention services (based on evidence of effectiveness and within funding available)
  - ✓ Gate-keeping services (services are targeted to the people who would benefit the most)

## Physical Activity & Inactivity

7. Physical activity is an important foundation of health; it has the potential to significantly improve both physical and mental wellbeing, reduce all-cause mortality and improve life expectancy.
8. Being physically active has well evidenced and wide reaching health benefits to an individual, these include; reduced risk of cardiovascular disease, hypertension, diabetes and cancer; it also helps to manage chronic conditions as well as having a positive impact on mental health, reducing stress, anxiety and depression and potentially delaying the effects of Alzheimer's disease. It also

has a large impact on energy expenditure and balance, and it therefore a key determinant of weight control (WHO, 2015).

9. Physical activity is necessary for the development of basic motor skills and musculoskeletal development throughout childhood. Regular physical activity during early years provides immediate and long term benefits for physical and psychological well-being (Start Active Stay Active, 2011). In older adults physical activity helps to maintain health, agility and functional independence as well as creating social interaction, prevent falls and promote independence (WHO, 2015).
10. Physical inactivity has become one of the leading risk factors for ill-health, contributing to 1 in 6 deaths in the UK. Inactivity is achieving less than 30 minutes of activity per week, with more than 40% of women and 35% of men spending more than six hours a day desk-bound or sitting still, leading to poor health and well-being.

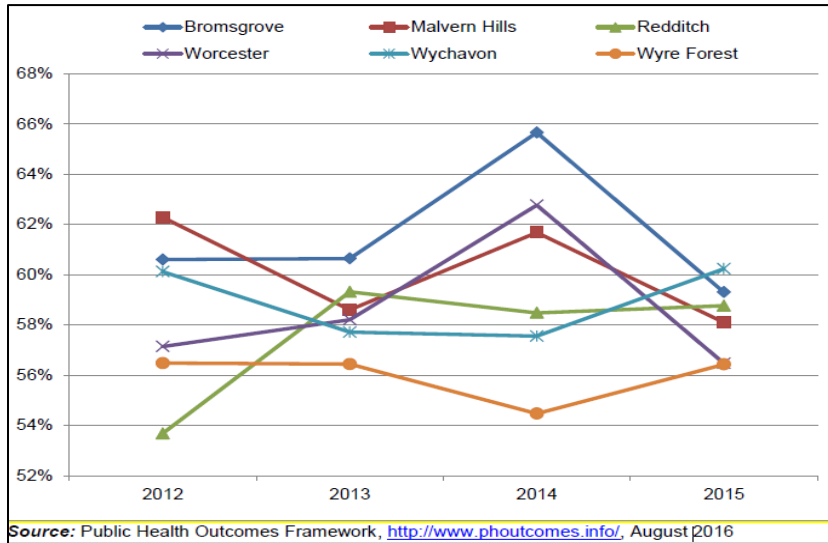
## What is the national picture?

11. Physical inactivity not only has a consequence for health, it also places a substantial burden on the UK economy. Physical inactivity costs the UK economy approximately £7.4 billion a year, through the direct costs to the NHS of treatment of the consequences of inactivity to indirect costs of sickness absence and loss of productivity in the workforce.
12. Over the past 40 years physical activity has declined significantly in the UK, social and economic trends have 'designed' physical activity out of daily life, with increased use of motorised transport, reduction in walking and cycling and longer periods of time spent being sedentary. This has resulted in a 30% reduction in walking trips between 1995 and 2013 (EBAED, 2014).
13. Physical activity levels vary according to a number of factors including; income, gender, age, ethnicity, socioeconomic status and disability. People tend to be less physically active as they get older and levels of physical activity are generally lower among women than men. Physical activity levels are also lower among certain minority ethnic groups, among people from lower socioeconomic groups and among people with disabilities (Department of Health 2011). Just 23% of girls aged 5-7 meet the recommended levels of daily physical activity, by the ages 13 -15 just 8% do.
14. The Active People Survey (2013-2014) reported that just 18% of disabled adults regularly take part in Sport compared to 39% of non-disabled adults. Only 1 in 4 people with learning difficulties take part in physical activity each month compared to over half of people without a disability (Active People Survey, 2013).

## What is the scale of the problem in Worcestershire?

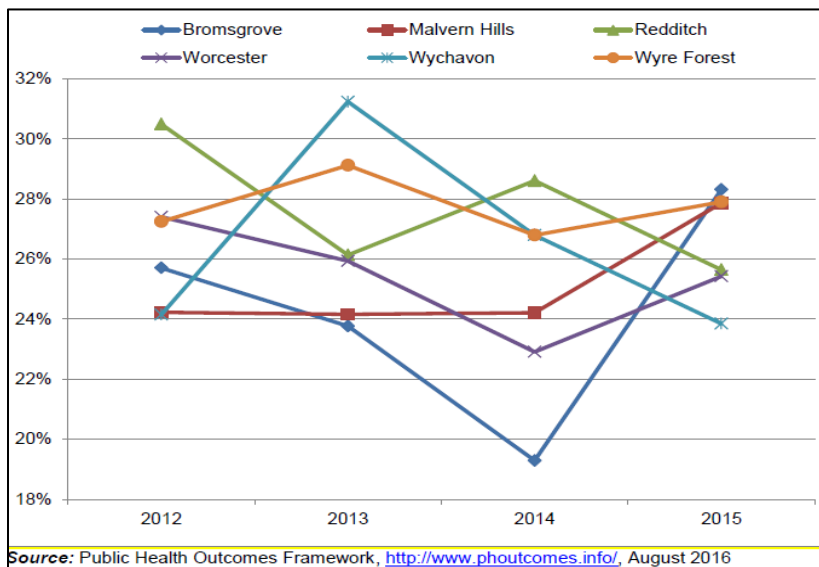
15. When compared to the England national average, Worcestershire currently has similar rates of physically active adults at 58.3% and a significantly better rate of inactive adults at 26.4% compared to 55.1% and 30.9% respectively. However, the trend for both indicators in Worcestershire shows that performance is deteriorating (Public Health Outcomes Framework, 2016).
16. The graph overleaf shows the estimated percentage of physical active adults for each of the districts in Worcestershire from 2012-2015. It shows a varied picture of activity throughout the County but these levels are similar to those of the England national average of 57%.

**Figure 1; Percentage of physically ACTIVE adults 2012-2015**



17. The second graph below shows the estimated percentage of physically inactive adults of the District areas in Worcestershire from 2012-2015. It shows that all of the Worcestershire districts have a similar percentage to the England national average of 28.7% excluding Wychavon who has a significantly better score than the national average.

**Figure 2; Percentage of physically INACTIVE adults 2012-2015**



18. According to the **Sport England Active People Survey**, the sport and active recreation participation rates in Worcestershire increased from 21.7% for the period October 2005-October 2006 to around 24% in the period April 2015-March 2016. However, for the period April 2015 to March 2016, when asked how many days they had participated in sport and recreation over the previous four week period, 51.9% of adults in the county stated 'None'.
19. There is strong evidence to suggest that green spaces and the natural environment have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage. Utilisation of outdoor space for exercise/health reasons in Worcestershire has

gradually fallen from 24% to 15.5% over the period 2011-12 to 2014-15 this is despite above average green space available throughout the County.

## Tackling the Problem – National Policy

20. The Chief Medical Officer recommends all adults should aim to be active daily and avoid long period of being sedentary. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more –one way to approach this is to do 30 minutes on at least 5 days a week. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
21. In Public Health England's report, *Everybody Active Every Day*, strategy for action, it outlines four domains for action across at national and local level, these are;
  - active society: creating a social movement
  - moving professionals: activating networks of expertise
  - active lives: creating the right environments
  - moving at scale: scaling up interventions that make us active
22. These domains for action are supported in the Government Strategy; *Sporting Future; A Strategy for a more Active Nation*. This strategy outlines the importance of encouraging physical activity and the wide range of benefits an individual experiences for taking part. It highlights five key outcomes which are;
  - Physical well-being
  - Mental well-being
  - Individual development
  - Social and community development
  - Economic development
23. The Active Nation strategy stresses the role of all parts of Government to work effectively towards clear, shared outcomes to achieve impact. Locally this requires, Local Government, health professionals, workplaces, volunteers, leisure services, sports clubs, activity groups and stakeholders to work together in encouraging activity and working in partnership across the County.
24. Sport England, launched '*Towards an Active Nation*' which set a new vision for the organisation following the Government commitment set out in Active Nation. It aims to tackle inactivity and engage as many people as possible, regardless of ability, background or age into sport and physical activity and contribute to the Governments five outcomes (listed above). The guidance, evidence and research of Sport England and the local support of the Sports Partnership Herefordshire and Worcestershire will help to shape and develop change and action in Worcestershire.
25. The Government has committed to tackling childhood obesity and improving physical activity over the next 10 years through the development of a *Childhood Obesity Strategy*, which outlined a multifaceted approach which includes using national legislation, nutritional guidelines, product innovation as well as the important role of the school in a child's life and in supporting children to achieve an hour of physical activity every day.

26. The Government have also launched the **Cycling and Walking Investment Strategy** to advocate creating healthy environments and promoting and building for active travel. It sets a long term goal for walking and cycling to be a normal part of everyday life, and the natural choice for shorter journeys such as the commute to school, college and work or leisure trips.
27. National public health campaigns such as '**Change 4 Life**' and '**One You**' continue to be promoted across the County. These campaigns offer a range of tools and resources for an individual, a family and professionals to tackle physical activity and healthy eating as part of a healthy lifestyle.

## The Physical Activity Plan

28. There are a range of interventions and evidence to encourage physical activity outlined by national guidance and research including those explored previously; however, there is no one clear method, intervention or treatment which will result in effective long-term behaviour change therefore a multifaceted approach is required.
29. In order to respond to the challenges and barriers associated with increasing physical activity, this plan will continuously explore innovative approaches, learning from best practice and available evidence. The Plan aim to embed actions within local plans and will work in partnership with a wide range of organisations to achieve an integrated approach which engages audiences over the long term.
30. We will focus upon increasing everyday activity because this is a low or no cost option and because long-lasting behaviour change is most likely to be achieved by making changes to daily routines. We will focus attention on encouraging the most inactive and sedentary to become more active, including three focus groups highlighted by the Health and Well-being Strategy, these groups are the least likely people to be active and therefore need further encouragement and support to improve their engagement with activity, recreation and sport. These focus groups are;
  - Under 5s and their parents,
  - Older people
  - Populations with poorer health outcomes

## Objectives

31. There are four over-arching objectives for this Being Active Plan these are;

|  |
|--|
| <p><b>Information and Awareness –</b><br/>Provide clear information and advice to all ages through a county wide marketing campaign. To increase awareness, motivation, uptake and improve attitudes towards physical activity</p>                 |
| <p><b>Starting Active Lives –</b><br/>Encourage families, children and young people to start active lives and stay active throughout life, taking responsibility for their own health.</p>   |
| <p><b>Supporting People to be Active-</b><br/>Support those who have the poorest health outcomes and those who are the most inactive, including older people and those with a disability, to lead active lives and increase physical activity.</p> |
| <p><b>Active Environments-</b><br/>Creating health promoting environments supporting active spaces including the workplace. Encouraging the use of active, sustainable travel modes and green space for active recreation.</p>                     |

32. These four objectives were developed following stakeholder consultation in June 2016. Stakeholders suggested that work to improve physical activity levels should focus upon; the role of schools in children's activity; how we communicate the importance of physical activity across the population; the role of the workplace in adult health and well-being; early years settings in promoting activity from an early age; the use of green space and active travel and promoting physical activity within primary care settings.
33. Work to achieve these high level objectives will require a wide range of actions from a range of partners; include the scaling up of existing health and well-being programmes, such as the Worcestershire Works Well, Living Well, Health Checks, Social Prescribing, Health Impact Assessments and Health Chats programmes.
34. An example of actions to be undertaken against each of the four objectives is outlined in the table below. These actions will be reviewed on a yearly basis to monitor progress and to respond to challenges, remain appropriate and proportionate to the needs of the County. Where applicable, new actions will be agreed for the following year(s);

| <b>Information and Awareness</b>  |
|---|
| <ul style="list-style-type: none"> <li>• Develop a high profile countywide campaign working with the Sports Partnership Herefordshire and Worcestershire and other partners, using existing tools and resources to increase awareness, motivation, uptake and improve attitudes towards exercise and physical activity</li> <li>• Encourage signposting to local activity, the use of social prescribing and use of behavior change techniques by front line staff and health professionals</li> <li>• Develop insight and use behaviour change techniques at scale to develop motivational cues and solutions to getting more active with target focus groups</li> </ul> |
| <b>Starting Active Lives</b>  |
| <ul style="list-style-type: none"> <li>• Encourage healthy school environments, and the use of Healthy Schools programmes to have a whole system approach to health and well-being in schools.</li> <li>• Encourage physical activity in school settings e.g. the 'daily mile' challenge</li> <li>• Promote activity in 0-5 years with families through early years setting's</li> <li>• Promote 'This Girl Can' building upon previous successes in partnership with the Sports Partnership Herefordshire and Worcestershire to encourage more women and girls into activity and sport</li> </ul>  |
| <b>Supporting People to be Active</b>   |
| <ul style="list-style-type: none"> <li>• Investigate access to and utilisation of local facilities and opportunities to exercise in areas where health is currently the poorest, developing community assets</li> <li>• Increase uptake of falls prevention and Postural Stability Classes amongst older people</li> <li>• Develop 'Health Walks' from GP practices and community points of interest with the Walking for Health scheme</li> <li>• Improve signposting to physical activity opportunities by health professionals developing social prescribing to offer a range of activities to individuals</li> </ul>  |
| <b>Active Environments</b>  |
| <ul style="list-style-type: none"> <li>• Working with Worcestershire Works Well businesses to develop physical activity plans to encourage active workplace settings</li> <li>• Promote the Workplace Challenge in partnership with the Sports Partnership Herefordshire and Worcestershire to improve workplace health</li> <li>• Promoting sustainable methods of travel including walking and cycling making the best use of local cycle paths and infrastructure.</li> </ul>  |



## Implementation and governance

35. Multi-agency task groups will be established to deliver against the key objectives outlined above and improve communication across sectors and geographies. These groups will develop and implement operational plans to secure progress on aims and actions this will give a clear line of accountability for leading on each of the actions, with a timescale for implementation.
36. Progress against the plan's objectives will be reported to the Health Improvement Group on a regular basis, including performance indicators. The key performance indicators associated with the Being Active Plan are;

| Performance Indicator  | Measurement                             | Baseline                       |
|--|---|--------------------------------|
| Age standardised mortality rate from all cardio-vascular diseases under 75 years of age  | Public Health Outcomes Framework (PHOF) | 69.4<br>per 100,000<br>2012-14 |
| % of children 4-5 classified as overweight or obese  | PHOF                                    | 22.7%<br>2014/15               |
| % of children 1-11 classified as overweight or obese   | PHOF                                    | 30.5%<br>2014/15               |
| Physical activity measures for children and young people - % of 15year olds physically active for at least one hour per day seven days a week                      | PHOF – WAY survey                       | 14.8%<br>2014/15               |
| Cycling & walking travel measures for adults - Proportion of residents who do any walking or cycling, for any purpose, at least once per month by local authority. | Walking and Cycling Statistics          | 86.8%<br>2013/14               |
| % of adults achieving 150 minutes of physical activity per week  | PHOF                                    | 58.3%<br>2015                  |
| % of adults classified as "inactive"   | PHOF                                    | 26.4%<br>2015                  |
| Numbers of older people taking up strength & balance training  | Local data measures                     | TBC                            |
| Numbers of people taking part in Health Walks  | Local data measures                     | 916<br>2016                    |
| Numbers of people training as volunteers for health walks  | Local data measures                     | 42<br>2016                     |

## Strategies and Guidance;

1. NICE Physical Activity Overview <http://pathways.nice.org.uk/pathways/physical-activity>
2. UK Physical Activity guidelines - Guidance from the Chief Medical Office (CMO) on how much physical activity people should be doing, along with supporting documents: <https://www.gov.uk/government/publications/uk-physical-activity-guideline>
3. HM Government, Sporting Future: A new strategy for an active nation: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/486622/Sporting\\_Future\\_ACCESSIBLE.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf)
4. Sport England: Towards an Active Nation, Strategy 2016-2021: <https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf>
5. Public Health England, Everybody active, every day: an evidence-based approach to physical activity: [www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life](http://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life)
6. Public Health England, Everybody active, every day: what works, the evidence. Obesity and the environment: increasing physical activity and active travel: [www.gov.uk/government/publications/obesity-and-the-environment-briefing-increasing-physical-activity-and-active-travel](http://www.gov.uk/government/publications/obesity-and-the-environment-briefing-increasing-physical-activity-and-active-travel)
7. World Health Organisation, Physical Activity Strategy for the WHO European Region 2016-2025: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/282961/65wd09e\\_PhysicalActivityStrategy\\_150474.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf)
8. Department of Health, 2011, Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers: [http://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/152108/dh\\_128210.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152108/dh_128210.pdf)
9. Worcestershire County Council Joint Health and Well-being Strategy 2016 to 2021 [http://www.worcestershire.gov.uk/downloads/file/7051/joint\\_health\\_and\\_well-being\\_strategy\\_2016\\_to\\_2021](http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021)

## Data

10. Sport England Active People Survey Analysis Tool: <http://activepeople.sportengland.org/>
11. To find out more about Sport England's Active People Survey and the local area estimates of adult participation in sport and active recreation, see <http://www.sportengland.org/research/about-our-research/what-is-the-active-people-survey/>.
12. Public Health Outcomes Framework: <http://www.phoutcomes.info/>