

Physical Activity

Executive summary

Physical activity is defined as “any force exerted by skeletal muscle that results in energy expenditure above resting level”. Physical activity includes everyday activity (e.g. walking and gardening), recreation (e.g. cycling and dance), and sport. Physical activity greatly reduces the risk of ill health and premature death including reducing the risk of heart disease, stroke, cancer, falls and mental health problems. Benefits of physical activity in childhood include healthy growth and development, and mental wellbeing.

Nationally the cost of inactivity is estimated at £8.3 billion. The cost to the NHS of inactivity in North Somerset is estimated at £3.3 million. Costs are incurred through treating ill health and reduced workplace productivity. Levels of physical activity are lower in women, low income households and some black and minority ethnic groups. Activity levels decrease with increasing age.

In 2011 the Chief Medical Officer (CMO) issued recommendations for levels of physical activity for different age groups. For adults (aged 16-64) this equates to at least 150 minutes of moderate to vigorous physical activity per week. For children (aged 5-18) the recommendation is for at least one hour of moderate to vigorous activity per day.

Nationally only 10% of men and 8% of women met the CMO’s recommendation in 2008. In North Somerset the number of adults meeting the CMO’s recommendation is estimated at 10.5%. This means approximately 159,919 adults locally are not physically active enough. For children aged 2-15, 72% of boys and 63% of girls met the CMO’s recommendation nationally in 2008. In 2009, the proportion of children spending at least 3 hours a week on high quality PE and school sport in North Somerset (58.4%) was higher than the England average (55.1%).

The Go4Life partnership is the main driver for promoting healthy and active lifestyles in North Somerset. This is a partnership between the council, NHS, private, statutory and voluntary sectors working to increase healthy and active living. Most of the partnership’s focus is on sport and active leisure. Action to improve physical activity can be divided into the following four areas for action: Environmental, Organisational, Community, Interpersonal.

Environmental Action: Action to improve physical activity is undertaken through sustainable travel initiatives e.g. cycling to school, development of sustainable travel routes, and through provision of outdoor play areas. A consultation to inform the play strategy identified barriers to physical activity that included the increased dominance of vehicles in residential areas, lack of local play areas and play equipment for disabled children and the need to improve school and community play facilities.

There are a range of leisure facilities locally including swimming pools, badminton courts, climbing walls and gyms. In 2011, there were 1.3 million uses

of these facilities. Facilities are free to some groups including looked after children and their families. There is no data to identify which sections of the population are not using the facilities. The Built Leisure Strategy shows that there are enough facilities to meet existing demand, although there are some issues regarding the quality, longevity, and long term capacity in relation to the growing population.

Organisational Action: The Active Workplaces4Life initiative (2010 – 2013) encourages regular physical activity in local workplaces. To date, 598 employees have taken part in 45 programmes across North Somerset. Self reported levels of physical activity and productivity have increased. A Healthy Workplace Charter, produced by the NHS and Council, promotes active travel and physical activity at work. Several schemes promote physical activity in schools.

Community Action: The Go4Life health walks are volunteer led walks and currently have 80 walk leaders. Of the 588 walkers that have joined the programme, 49% have a long term health condition and 17% live in BS23 in Weston-super-Mare, the area with the highest health need.

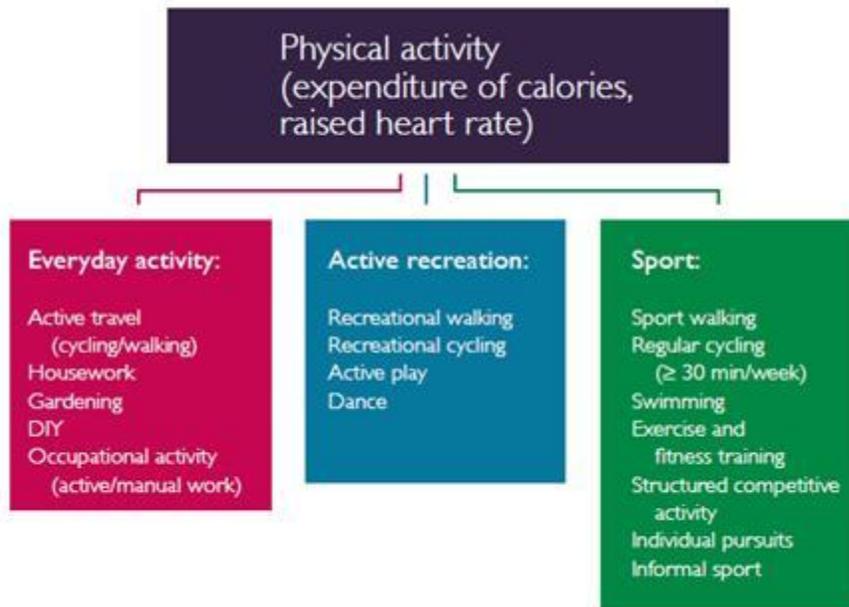
Interpersonal Action: The Go4Life cheque book scheme aims to increase levels of physical activity in children and adults at higher risk of ill health by offering limited free access to leisure centres. As of September 2011, 543 people had used this scheme referred by 130 key workers from various local organisations (e.g. mental health services, GPs and housing). Other support is available from NHS Health Trainers and volunteer buddies. Other Go4life initiatives include: Fit Families – a 10 week programme for families in which 254 individuals have taken part, MEND – a programme for overweight or obese children and their families, Breakthrough Active – a programme launched in December 2011 offering mentoring for obese teenagers, the Healthy Lifestyle Course, and the Ageing Well Programme. The Leisure Key for adults offers discounts to leisure centre users who are on certain benefits and has 352 known members. The Young Person's Key (YPK) also offers leisure centre discounts, with 12,500 members. Uptake of the YPK is lower in some areas of Weston-super-Mare, Clevedon, and the new developments of Portishead.

<p>Recommendations for consideration by commissioners Support local mechanisms for ensuring the work of the School Sports Partnership continues; ensure active travel is prioritised when new transport schemes are implemented and the health benefits of active travel promoted; review how physical activity is promoted in the workplace; evaluate the health walks programme; embed physical activity into care pathways for long term conditions; scale up low cost physical activity interventions e.g. cheque book scheme. Improve data on levels of physical activity locally and to identify barriers to participation.</p>
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1.1 Why is this area important?

Physical activity is defined as “any force exerted by skeletal muscle that results in energy expenditure above resting level.” Physical activity includes the full range of human movement as categorised below:



Physical Activity definition diagram (Department of Health, 2009)

Promoting active lifestyles is a simple answer to many of the big health challenges facing our community today. Nationally the cost of inactivity is estimated at £8.3 billion in direct and indirect costs per year¹. The health costs of inactivity have been estimated at £3.3 million in North Somerset²

As well as cost benefits for health and social care services, increasing physical activity can also lead to increased productivity in the workplace, and reduced congestion and pollution through active travel. The impact of physical activity on reducing the risk on a wide range of conditions can be seen in Table 1.

Table 1: The relationship between physical activity and health outcomes

Health Outcome	Size of Effect (findings are approximate)
All cause mortality	30% risk reduction relative to physical activity levels (comparing the most active with the least active)
Cardio respiratory health	20-35% lower risk of heart disease or stroke
Type 2 diabetes	35% - 50% lower risk in moderately active people
Energy balance	Aerobic physical activity has a consistent effect on achieving weight maintenance (less than 3% change in weight)
Musculoskeletal health	Risk reduction for hip fracture is 36% to 68% Strong evidence that exercise can give pain relief for osteoarthritis sufferers
Functional health in older adults (ability to do every day tasks)	30% risk reduction in functional decline for older people who take part in gentle exercise
Cancer	30-50% lower risk of colon cancer and 20% reduced risk of breast cancer
Mental health Dementia	Clear evidence that physical activity reduces risk of depression and dementia by 20% to 30%

Source: Adapted from Department of Health and Human Services (2008) Physical Activity guidelines Advisory Committee Report, Washington DC: US

As well as reducing the risk of disease listed above, physical activity can help manage these chronic conditions e.g. diabetes, heart disease or stroke and falls rehabilitation.

Physical activity in childhood has a range of benefits including healthy growth, and development, maintenance of energy balance, mental well-being and social interaction. In adolescence, load bearing physical activity such as walking, running and dance, is important for bone health and reduces osteoporosis in later life. Physical activity in children may also improve cognitive function and academic achievement.³ Active children are less likely to smoke or to use alcohol/get drunk or take illegal drugs.⁴ Establishing physical activity as a habit at an early age can lead to a physically active lifestyle in adulthood, thus extending its health benefits cross the life course.

While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease. In July 2011 The Chief Medical Officer (CMO) produced a report: 'Start Active, Stay Active' which recommended a lifecourse approach to promoting physical activity: [Start active, stay active](#) For the first time there are specific guidelines for children under 5 and older adults. There is also recognition in this document that vigorous activity may have more benefit than once thought and that sedentary behaviour is a significant risk factor

for health in all ages. The specific recommendations for each age group are detailed in table 2.

**Table 2 Physical Activity Guidelines for All ‘Start Active, Stay Active’
CMO July 2011**

< 5	Physical activity encouraged from birth through floor and water based play. Toddlers: minimum of 180 minutes (3 hours) spread through each day when walking. Time spent restrained in carriers, buggies or high chairs should be kept to a minimum.
5-18years	A minimum of 60 minutes (1 hour) every day up to several hours every day, moderate to vigorous intensity activity, including load bearing activity at least 3 days a week, minimizing the time spent sitting.
19-64 years	At least 150 minutes (2.5 hours), in bouts of 10 minutes or more in a week. Minimize the time spent being sedentary for extended periods.*
>65 years	As per adults: 150 minutes (2.5 hours) a week, exercise for frail elderly to improve strength, balance and co-ordination and prevent falls: avoid sitting for long periods.

*This applies to people who are meeting the guidelines for health as well as to those who are not.

1.2 What are the needs of the population?

Across the UK:

- Physical activity is higher in men at all ages
- Physical activity declines significantly with increasing age for both men and women
- Physical activity is lower in low-income households
- Physical activity is lower in black and minority ethnic groups (apart from Afro-Caribbean and Irish populations)
- Girls are more likely than boys to reduce their activity levels as they move from childhood to adolescence
- The greatest benefits are obtained by sedentary adults becoming a bit more active rather than those who are already active becoming more active.

Children

Nationally the percentage of children reporting that they are physically active 60 minutes every day has been rising from 66 – 68% between 2002 and 2007 across all children aged 2 to 15. In 2008 accelerometers were used to give an objective indicator of physical activity levels. This showed that for some age groups (8-11 and 12-15) actual rates of activity were greater than those self reported.⁵ Only the very young 4-7 were over reporting. There is an approximate

10% difference in activity levels between boys and girls with 72% of boys and 63% of girls meeting recommendations in 2007 (ages 2-15).

The estimated physical activity level of children living in North Somerset is significantly better than the English average. In 2009, 58.4% of pupils aged 5-18 spent at least 3 hours per week on high quality PE and school sport⁶ This compares with an England average of 55.1%. This data was collected by Sport England and is based on a self assessment made by schools each year. This survey is no longer taking place.

Adults

Nationally it is now estimated that 27 million adults (60% of men and 72% of women) in England are not active enough to benefit their health. This is based on self reported data from the Health Survey for England 2010. The survey conducted nationally from 1997-2008 revealed a steady increase in self reported activity levels for all adults 16+ from 26% to 36%.

To make an objective assessment, accelerometers were used in 2008. This revealed that the numbers meeting DH guidelines for physical activity were just 10% for men and 8% for women while the self reported data revealed 36%. This over reporting may explain why when asked, 75% of men and 67% of women said they were active enough.

The 2011 Health Profile for North Somerset revealed that only 10.5% of adults living in North Somerset were meeting the levels needed for health (150 minutes a week). This was extrapolated from The Active People survey in 2009/10 This means that 89.5% or 159,919 adults are not meeting the guidelines for physical activity and health.⁷

1.3 Current service provision

The main driver for promoting healthy and active lifestyles in North Somerset is the Go4Life partnership. This is a partnership led by the Council and NHS North Somerset and includes private, statutory and voluntary sectors working to increase healthy and active living in North Somerset. Most of the focus of this work is around sport and active leisure. It is not focused on increasing every day activity eg promoting sustainable travel and encouraging active living by traffic calming, 20 mph zones etc. Increasing physical activity is an implicit outcome in other North Somerset strategies such as the Core Strategy and the Local Transport Plan 3.

The CMO's 'Start Active, Stay Active' DH 2009 pointed out the growing evidence base for focusing action in different areas. These include:

Environmental action: creating an environment conducive to physical activity;
Organisational action: workplaces or other settings where physical activity is either directly promoted or encouraged by the ethos of the organisation;

Community action: community level activity;

Interpersonal action: (one to one setting or group learning) initiatives that use advice, information and counseling to promote physical activity.

Environmental Action

There is significant evidence that the quality of the environment people live in greatly influences people's physical activity levels.

(i)Active Travel There have been significant increases in active travel to school due to Improved cycle routes cycle, parking and speed reduction measures. For children of school age, active travel contributes to the 1 hour per day of physical activity. For more information on this subject see the [Transport Chapter](#)

North Somerset has secured funding for sustainable travel initiatives along key commuter routes. The emphasis is on low carbon travel which increases growth in the local economy, Workplace incentives to use more sustainable forms of transport should result in an increased in physical activity levels. In 2010 a Transport and Health Forum was established for the West of England partnership with a specific remit to ensure that the health impacts of transport plans are identified at both planning and implementation stage. The membership of this group includes Transport Planners, representatives from Public Health and the major NHS Trusts.

More information can be found on promoting active travel for adults in the [Transport Chapter](#)

2(ii)Outdoor Play Provision

A strategy for improving play in North Somerset was produced in 2007 and delivered by play rangers. Subsequent lottery funding has now come to an end. Play provision was also developed in the school grounds through the Healthy Schools initiative.

The play rangers worked with 6 schools in 2010-2011. Since the funding ceased some of the rangers have now set themselves up as a private company to sustain this work in the community.

3(iii)Built Facilities

There are a range of facilities offered at North Somerset leisure sites. These include five swimming pools, 28 badminton courts, a climbing wall, astro-turf pitches, tennis courts and fitness gyms. The buildings are open for 362 days a year from 07.00 to 23.00. During the last calendar year there were over 1.3 million uses of the facilities.

The activities provided are for all abilities and include cardiac and stroke rehabilitation courses. There is no data to show which areas of the population

use or don't use the facilities. The services offer some free usage to certain sections of the community, including military personnel and looked after children and their immediate families (over 500 people).

An Equality Impact Assessment has been carried out across the sites. This found that the service is non judgmental and will offer services to all sections of the community. Sport England's Active People Survey 2008 reported that of 500 people interviewed 69% were satisfied with the facilities whilst internal survey showed a satisfaction level of 81%.

The Built Leisure Facilities Strategy shows that, in terms of provision of facilities, broadly speaking there is enough to meet the existing demand. However there are issues about the quality of some of this provision and its longevity.

There are currently enough pitches to meet existing demand for the population, but an identified shortfall of 10 pitches within particular communities across the district. Once again though there are issues concerning the quality of provision.

A predicted future shortfall of built facilities and pitches has been plotted in line with the proposed growth in population and contributions are being sought from developers, towards meeting the emerging need associated with new housing.

More information on this subject in the [Environment chapter](#)

Organisational Action

(i) Physical Activity in North Somerset Workplaces (Jan 2010 – December 2013)

Workplaces are a major influence on behaviour, and employers' health promotion policies can help people to be more active and less sedentary as part of their working lives. There is also a strong business case for creating a healthy workplace. Benefits include reducing sickness absence and increasing productivity.

Funded largely by Sport England, the Council's Active Workplaces4Life initiative January 2010 – December 2013 aims to encourage regular physical activity in local workplaces. The programme is based around the British Heart Foundation's 'Think Fit!' resource. There is a target of engaging 75 workplaces and at least 900 participants by the end of 2012. To date 598 employees have taken part in 45 programmes across North Somerset. Workplaces included schools, Council and NHS.

Evaluation January 2010 – December 2011:

Of 239 participants who completed evaluation forms:

216 (90%) reported that their physical activity levels had increased
111 (46%) reported that their productivity at work had improved

In 2009 a Healthy Workplace Charter was produced by a joint working party from the Council and NHS North Somerset. Both the Council and PCT have signed up to this charter. Everyday physical activity including promoting active travel and physical activity during the working day are key components of this initiative. Due to capacity issues, this initiative has lost its impetus and the steering group no longer meets.

(ii) Promoting physical activity in schools

Government funding for the Schools' Sport Partnership has been provided until 2013 to fund one day a week (£7,600) of state maintained secondary school PE teachers time to be spent outside the classroom encouraging intra and interschool competition in primary school. This is an example of current School Sports Partnership activity the future of which is uncertain.

'Forest Skills training' for support staff, and 'Breakthrough mentoring' are both programmes that use physical activities to improve the health and well being for vulnerable children in North Somerset. Across the district there is also a 'growing phenomenon' with gardening clubs and even hens in the school grounds at some schools.

Finally, a research project, Active4Life Year 5, led by Bristol University is taking place between 2011 and 2014. This aims to increase Year 5 physical activity levels (as well as decreasing screen time and increasing fruit and vegetable consumption) At least 10 schools are involved with this 'action research'.

The Healthy Schools initiative as a nationally funded programme, ceased to exist in March 2011. Many schools are choosing to opt out of local authority control. This means that schools will set their own priorities for promoting health (including physical activity) in the school setting.

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Community Action

Local communities can have a strong influence on people's behaviour. Whole community approaches where people live, work and play have the opportunity to mobilise large numbers of people.

(i) Health Walks (2006 onwards)

Go4Life Health Walks are led by volunteers in the community who are shaping the programme according to the needs of each group, taking action to improve

access and organising social events which make the groups more attractive. There are currently 80 walk leaders giving their time regularly to the project leading around 240 walkers weekly. Walking groups have been set up across the district and publicity for new volunteers is targeted at areas where there is no provision. Walk leaders and participants have attended General Practice meetings and Health Awareness events to publicise the walks. All walks are short (under the hour) and graded. In Weston-super-Mare as well as a community based group, some groups have been set up by statutory and voluntary services:

- FRIEND and the Carlton Centre– to encourage walking among people with low level mental health problems
- The for all Healthy Living Centre, Bournville – attracting referrals from the local GP practice
- NHS Health Central – running short walks for people increasing their activity levels as part of a weight management programme

According to the Walking for Health database, in August 2011:

- 588 walkers had joined the programme;
- 102 (17%) of these were living in North Somerset wards which have the highest health need (BS23 Weston-super-Mare postcode);
- 290 (49%) had a long term health condition.

This is a very successful programme which has grown with minimal start up funding. There has been an exceptional response from the general public in terms of leading and participating. Volunteers help produce publicity, run social events and visit General Practices to promote their groups. In its 6th year, there is a waiting list for new volunteers keen to get involved. For further information visit www.n-somerset.gov.uk/go4lifehealthwalks. This programme has been running since 2006 but there has been no formal evaluation of the programme.

There are many other examples of community action that encourage active living across North Somerset. For example, the Marlens initiative in Clevedon to raise funds for restoration of the marine lake and the Portishead Open Air Swimming Pool which was saved from closure by local people and is now run by a community-based organisation. For more information, click [Marlens Clevedon](#) and [Portishead Open Air Pool](#).

Interpersonal Action

(i) Incentive scheme to get active using the Leisure Centres: Cheque Book scheme (2010 ongoing)

The aim of the Cheque Book scheme is to increase the physical activity levels of children and adults at higher risk of ill health by offering them limited free access to leisure centres. Mental health and housing support services are examples of services in the community that have had clients using this scheme. Staff register

as 'key workers' and support clients while they are taking part. Clients who express an interest in becoming active complete an application form in order to obtain their cheque book of taster sessions. This permits 8 free sessions and 8 half price sessions. For further information visit: www.nsomerset.gov.uk/chequebook

Since September 2011 a total of 543 people have used this scheme. These individuals have been referred and supported by 130 key workers from various local organisations.

This scheme makes use of limited free allocation of sports development time in leisure centres – currently a contractual demand in the leisure services' contract. The success of this initiative has depended on the key worker's capacity to support the individual referred. We do not know if this scheme results in sustained physical activity by participants long term.

(ii) General Practices encouraging physical activity

Evidence shows that 1 in 4 people would be more active if advised so by a health professional.⁸

In 2009 the DH published a new physical activity pathway for Primary Care – 'Let's Get Moving' 2009. Links between primary care professionals and local community based opportunities have grown as shown by the increasing number of referrals to G4Life Health Walks (approximately one quarter of the total participating in August 2011). 12 Primary Care professionals have referred patients to the Cheque Book Scheme. 12 Specialist Diabetic nurses have successfully used pedometers to increase patient activity levels.(20010-11).

A tool kit for General Practice is being introduced as part of the NHS Health Checks during 2012. Health Care assistants will be trained in motivational interviewing skills as part of a structured brief Intervention for patients who have their heart/stroke and diabetes risk assessed.

There is currently no physical activity care pathway in primary care and we do not know if physical activity features in care pathways for people with long term conditions.

(iii) NHS Health Trainers

NHS Health Trainers are trained local people who help and motivate individuals to improve their health. They provide a targeted healthy lifestyle service to the residents of Central and South Wards in Weston-super-Mare, providing a health assessment which is used to devise a Personal Health Plan. For those with goals to be more active, Health Trainers signpost or accompany people to an activity session of their choice. They have had significant success using the Cheque Book scheme as a tool to bring about behaviour change eg of the 85 participants who have returned an evaluation form for this scheme, 61 were referred by a health trainer. This demonstrates how on-going support can make this scheme more effective.

Currently Health Trainers limit their service to residents of Central and South Wards Weston-super-Mare because these are the areas with the highest health need.

(iv) Volunteer Buddies

A volunteer buddying scheme has been set up by the Sports and Active Lifestyles team. This serves to help people who need extra support to get active. There has been demand for buddies to support elderly people who need extra help attending gentle exercise classes. This volunteer project may have potential to give support to individuals who have been signposted to activities in the community as part of the NHS Health Checks programme

(v) Encouraging families to be more active:

Fit Families 4 life (January 2010-December 2012): Fit Families 4 Life is a free schools based 10 week programme designed to help families get fitter, healthier and happier together. This activity is targeted at vulnerable families by selective marketing at the schools. 254 individuals have taken part.

MEND (April 2011 ongoing): MEND (Mind, Exercise, Nutrition, Do it!) is provided in the community as an evidenced-based prevention and early treatment intervention for childhood obesity. It is an award-winning, free, fun and friendly programme specially designed to help families get fitter, healthier and happier. Click here for [more information about MEND](#).

(vi) Breakthrough Active (commenced December 2011)

Breakthrough Active is a new strand of an established scheme, Breakthrough Mentoring, which will provide mentors for young people (aged 13-19) who are obese. It is commissioned by NHS North Somerset and delivered by the Sports and Active Lifestyles team. This programme is targeted at vulnerable young people, eg looked after children, care leavers and children eligible for free school meals.

Mentors will support young people for a minimum of 60 sessions of mentoring. The aim is to:

- Increase physical activity levels of sedentary young people and introduce healthy living ideas, including healthy eating
- Reduce the BMI of participants
- Find at least one sustainable local physical activity to be continued when mentoring ends
- Encourage individuals into regular activity with the option to use leisure centres through access vouchers
- Increase emotional resilience and self esteem

(vii) Learning to be more active: Healthy Lifestyles Course (February 2010 ongoing) Courses are tailored to the needs of the different groups attending. Examples include people recovering from addictions and people living in supported housing. During this course participants are given lots of tips,

activities, new skills and useful information to help them make healthy changes to their lifestyle.

(viii) Ageing Well Programme (2003 onwards)

This programme was set up by NHS North Somerset to provide a healthy ageing programme and support falls prevention in the community. In September 2011 Age UK Somerset was commissioned to manage and develop the programme. Exercise classes take place in sheltered schemes, care homes and in the community delivered by professional instructors. All classes have a significant element of strength, balance and co-ordination as recommended by NICE Guidance on Falls November 2004. In September 2011, this programme had approximately 300 participants aged 50 - 90 +. Targets have been set to increase participation by men, classes in care settings, referrals from health professionals and participation generally. Volunteers are also being trained to deliver seated exercise (flexercise) Currently there are 9 volunteers delivering flexercise sessions in 9 different sheltered schemes.

(ix) Other tools/initiatives to encourage activity:

Leisure Key for adults: Residents on certain benefits can apply for a free Leisure Key to gain 10% off admission charges at the leisure centre and discounts on swimming - 12 swims for the price of eight. There are currently 352 known leisure key members.

Young Persons Key: The Young Person's Key (YPK) is an initiative for 11 to 19 year olds in North Somerset. Membership is free and allows young people to receive discounts in leisure centres amongst other things. This is marketed through schools, libraries and leisure centres. There are currently 12,500 YPK members. Gaps in uptake are mainly in some wards of Weston-super-Mare, Clevedon and new developments in Portishead.

Active Directory: The Active Directory provides information on a wide range of community physical activities. It can be used as a tool by professionals supporting sedentary people to offer information and ideas about getting active. This is marketed at libraries, leisure centres, and many other community outlets. 4000 copies were produced in 2011.

Easy Read Active Directory: The Easy Read Active Directory was produced in 2010 listing lots of activities accessible for people with learning difficulties in the Weston super mare area. Copies were given to many agencies, including day centres, People First, libraries and general practices in Weston-super-Mare. To view this document visit www.ld4u.org.uk.

Back to Sport 4 Life (January 2011 ongoing): The concept of this scheme is to re-engage adults with a sport or activity they may have given up. Linking with local community providers such as amateur clubs, ten week sport programmes are organised in a range of sports and activities.

There is a three year target to set up 45 programmes with at least 540 participants involved by the end of 2012.

Sportivate (April 2011 ongoing): Sportivate is a nationwide campaign that aims to capture the excitement of the London 2012 Games by providing opportunities for teenagers and young adults (aged 14-25) to receive coaching in a sport of their choice and guide them into regular participation within North Somerset.

Successful programmes have been organised with Crossroads Young Carers, young people with autism and young people living in areas of high health need in Weston-super-Mare.

Go4Life Active events and challenges: Each year a number of low cost events and challenges are organised to galvanise the local public into getting more active. Successful initiatives include the cycle hunt event on the Strawberry Line and the swimming challenge, both attracting hundreds of participants

2.1 What do people think? Community voice

Children

A consultation was commissioned to inform The Play Strategy 2007 –11 Children highlighted:

- The increasing dominance of vehicles in residential areas
- The lack of places to play locally
- The lack of play and equipment for disabled children
- The need for improved access to school and community play facilities

Adults

Cheque Book scheme: Of the 543 people who have used this scheme, 85 completed an evaluation form.

- 70 said that they were still using the leisure centre since completing
- 74 said their physical activity levels had increased

Comments:

'.. would not have considered using the leisure centre without this scheme'

'...have lost 1.5 stone so far'

'I can breathe better now and can walk up the stairs without getting out of breath, something I couldn't do before the scheme...' (lady with chronic breathing problems)

3 respondents indicated that the scheme was too short and that the cheques should not have been given out all at once.

2.2 What works

National Institute of Clinical Excellence and Health (NICE)

There have been several recent NICE Public Health guidance completed in the field of physical activity:

[Four commonly used methods to increase physical activity](#) (NICE, 2006). This guidance focused on brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling..

[Physical activity and the environment](#) (NICE, 2008a). Recommends that the physical environment should be planned and built to encourage physical activity

[Promoting Physical Activity in the Workplace](#) (NICE, 2008b). This guidance recommends that organizations should have workplace policies that encourage physical activity by incentives and where practical implement environmental improvements that increase physical activity of employees.

[Promoting Physical Activity for Children and Young People](#) (NICE, 2009). Encouraging participation by consulting children, provision of spaces and facilities, use of a skilled workforce

[Prevention of CVD NICE](#) (NICE, 2010).

Effectiveness of physical activity interventions

There have been many published reviews in recent years. Here are some of the most important:

Effectiveness of interventions to increase physical activity (Kahn et al, 2002);

Effectiveness of interventions to promote physical activity in children and adolescents (van Sluijs E.M.F. et al, 2007);

Effectiveness of interventions to increase physical activity in older adults (van der Bij A. K. et al, 2002);

Effectiveness of Interventions for promoting physical activity (Foster et al., 2009);

Effectiveness of exercise-referral schemes (Williams et al, 2007).

Cost Effectiveness of physical activity interventions

Recent reviews have found that interventions for increasing physical activity in adults are a cost effective approach (Cobiac, L. J. et al, 2008, Muller-Riemenschneider, F. 2009), and can provide value for money when compared with other preventative interventions (Roux et al. 2008). Brief intervention in

primary care is being advocated as a cost effective approach by DH (Department of Health, 2009b).

Conclusion

This report identifies an enormous amount of activity that is taking place across North Somerset to promote physical activity. It also identifies significant issues and gaps that need to be addressed if we are to increase levels of physical activity, particularly in the adult population in North Somerset. There is much that we still do not know about participation in physical activity in both adults and children and from next year we will have no local feedback on provision of Physical Education and physical activity levels in schools.

2.3 Recommendations for consideration by commissioners

Children and Young people

- (i) Support local mechanisms for ensuring the work of the School Sports Partnership continues.

The Environment and Physical activity

- (ii) Ensure that during the implementation process of major transport schemes active travel is prioritised
- (iii) NHS and Local Authority should promote the health opportunities offered by new and existing active travel schemes.

Promoting physical activity in workplaces

- (iv) ⁶Review how physical activity is promoted in the statutory and private sector workplaces. This should include a review of the Healthy Workplace Charter.

Community Action

- (v) Evaluate the Health Walks programme.

Interpersonal Action

- (vi) Fully embed physical activity into the care pathways for the management of long term conditions.
- (vii) Consider scaling up physical activity interventions that are low cost and good value for money e.g. the Cheque Book Scheme.

Further Needs Assessment Required:

- (i) We need to consider a new mechanism for assessing children's physical activity levels locally given that Sport England is no longer collecting this information from schools
- (ii) We need to better understand our community by carrying out a consultation with residents to find out what the barriers are to physical activity and how participation can be increased.

References:

¹ Ossa D and Jutton J (2002) The Economic Burden of Physical Inactivity in England

² Be Active, Be Healthy: A plan for getting the Nation moving DH 2009

³ Journal of Sport and Exercise Psychology 2007

⁴ Physical Activity Task Force, 2002 Let's Make Scotland more Active

⁵ Health Survey for England 2007 trend tables

⁶ Sport England Schools Survey 2009/10

⁷ North Somerset Health Profile 2011

⁸ Health Survey for England 2007