

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
THURSDAY, 5 MARCH 2015 AT 10.00 a.m.

HERTFORDSHIRE'S PHYSICAL ACTIVITY AND SPORT FRAMEWORK

Report of the Director of Public Health

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1.0 Purpose of report

- 1.1 The purpose of this report is to introduce the Board to Hertfordshire's Physical Activity and Sport Framework and to seek comments upon its content prior to its implementation.

2.0 Summary

- 2.1 There is clear and compelling evidence that an active lifestyle improves health, promotes mental wellbeing, improves quality of life and helps promote independence. Yet large numbers of people in Hertfordshire are not gaining these benefits – around one in four people across the county do less than 30 minutes moderate activity in a week, and many more are not meeting recommended levels.
- 2.2 Hertfordshire's Physical Activity & Sport Framework seeks to ensure there is a co-ordinated and effective response to this issue across the county, involving the full range of contributory partners. The Framework has been designed to help organisations in Hertfordshire to work together and to provide them with a strong evidence based framework for action.
- 2.3 The Framework profiles participation levels across the county and districts and identifies examples of what is currently in place to support active living. Four key strategic ambitions for Hertfordshire are identified:

(1) Getting the Message Out – that the people of Hertfordshire understand the importance of physical activity to their health & wellbeing and are aware of the opportunities available to them to participate and enable participation through volunteering. Activity is promoted in an effective targeted way that encourages participation in key audiences, aiming to establish a new social norm in which physical

activity is the norm. Effective collaboration between public, private and third sectors will ensure this.

(2) Designing Physical Activity Back In to Our Everyday Lives – that the people of Hertfordshire live in an environment that is conducive to participating in physical activity on a regular basis, ensuring improved environmental sustainability and economic prosperity.

(3) Making Physical Activity a Lifelong Habit – that people in Hertfordshire, who are inactive and most at risk of developing health problems related to inactivity, are supported to increase their participation levels.

(4) Proving Success – that there is an effective infrastructure in Hertfordshire within which partners (including health & social care, professionals working on the wider determinant of health, academic networks as well as physical activity specialists) can work in an integrated way to address local need and increase participation in their area, whilst following robust monitoring and evaluation procedures.

2.3 Six key recommendations are made in the Framework

Recommendation 1: All district and borough councils in Hertfordshire and the County Council adopt increasing physical activity as a key priority

Recommendation 2: Continue to strengthen county-wide strategic leadership on physical activity by closer working between the Health & Wellbeing Board, the County Council, the Districts/Boroughs, the Clinical Commissioning Groups, GP Localities, The Hertfordshire Lifestyle and Legacy Partnership, and the Hertfordshire Physical Activity and Sport Stakeholder Alliance

Recommendation 3: Continue to strengthen local strategic leadership and delivery through development (or continuation) of local physical activity action plans in the districts and borough councils

Recommendation 4: Support social marketing initiatives to better target information and delivery of programmes

Recommendation 5: Develop interventions informed by evidence of effective and best practice

Recommendation 6: Produce a county-wide action plan

2.4 Key outcomes to be achieved for Hertfordshire include:

- a year on year **reduction** in the number of adults who are inactive (currently doing less than 30 minutes moderate physical activity in a week)
- a year on year **increase** in the number of adults who are active to recommended levels (at least 150 minutes moderate physical activity in a week, in bouts of ten minutes or more)

2.5 The Framework was approved by Hertfordshire’s multi- partner Lifestyle & Legacy Partnership (the countywide partnership with shared objectives around public health, sport, recreation, culture and volunteering) in December 2014. The Framework is with the districts/boroughs for endorsement, and was discussed at the Public Health and Localism Cabinet Panel on Thursday 5th February 2015. It is included as appendix 2 to this report.

3 Recommendations

3.1 The Health and Wellbeing Board is asked to note and comment upon Hertfordshire’s Physical Activity & Sport Framework prior to its implementation from April 2015.

4 Background

4.1 Hertfordshire Sports Partnership¹ were commissioned by Public Health to develop the Framework, and Hertfordshire’s Lifestyle and Legacy Partnership will lead implementation of this Framework. The Framework runs to 46 pages and is included in Appendix 2.

4.2 A two page briefing note prepared for the Lifestyle and Legacy Partnership on the content of the Framework and the breadth of the associated consultation process is included as Appendix 1.

5 Financial Implications

5.1 There are no direct financial implications arising out of the Framework. The Framework sets out the principles that should be considered by stakeholders, so that they can support delivery of a step change in physical activity levels across Hertfordshire over the coming years.

Report signed off by	Jim McManus
Sponsoring HWB Member/s	Jim McManus, Teresa Heritage
Hertfordshire HWB Strategy priorities supported by this report	Promoting a healthy weight and increasing physical activity
Needs assessment: the Framework has been informed by nationally and locally produced needs assessment information. Individual profiles have been produced for each district/borough	
Consultation/public involvement: extensive consultation around the Framework was carried out in September 2014. Further information is included in the appendix for this report.	
Equality and diversity implications: an equality impact assessment was carried out. The assessment concluded that reducing the inequalities gap is a key focus for the Framework. The Framework will support physical activity across the nine protected characteristics. It is the responsibility of district and borough councils to identify any adverse impacts relating to physical activity that may be experienced by any group of people with protected characteristics and respond by means of a localised action plan.	

¹ Hertfordshire Sports Partnership are one of the 45 County Sport Partnerships in England that were created as part of the long-term plan for delivering sport across the nation

APPENDIX 1

Briefing note for Herts Lifestyle & Legacy Partnership meeting held on 10th December 2014 on the Hertfordshire Physical Activity & Sport Framework. Author: Fiona Deans, Hertfordshire Sports & Physical Activity Partnership

- 1 **Purpose:** The purpose of this Framework is to ensure there is a co-ordinated and effective response to the time bomb that is inactivity in Hertfordshire. This Framework is aimed at county, district and borough, town and parish councils, public health leads, local Strategic Partnerships, Health & Wellbeing groups, NHS Clinical Commissioning Groups, third sector agencies, Healthwatch and community agencies. It has been designed to help organisations in Hertfordshire to work together and provide them with a strong, evidence-based Framework for action.
 - 1.1 This Framework identifies why investment in physical activity is appropriate, provides value for money and improves health and helps to make the case for increasing physical activity through reducing health and social care costs in the long term.
 - 1.2 It should be read in conjunction with the national framework for action from Public Health England 'Everybody active, every day' and the supporting resources that will be updated and adapted including the physical activity promising practice collation, and the overview of the evidence base.
 - 1.3 Specific targets for Hertfordshire as a whole are not set within this Framework, only trend directions against outcomes (i.e. year on year increases), as this document is intended as a framework from which districts and boroughs can set their own more relevant targets. Detailed profiles providing demographic information, health data and participation data have been produced for Hertfordshire as a whole and one for each district. The Watford profile has been attached to this email to give HLLP members an idea of the information contained within the profiles.
 - 1.4 The Hertfordshire Lifestyle and Legacy Partnership will lead this Framework as a countywide partnership working towards shared objectives in the areas of public health, sport, recreation, culture and volunteering (using the Five Ways to Wellbeing). It aims to sustain the enthusiasm and good practice built up from the London 2012 Olympic and Paralympic Games.
- 2 **Consultation Process:** The consultation period ran from 10th September to 10th October 2014. The draft framework was sent to over 2000 people inviting them to respond to the consultation.
 - 2.1 The distribution list can be seen below:
 - Everyone who attended the Sport & Public Health conference on 10th Sept
 - Health & Wellbeing Board members
 - HLLP members
 - PHE South Midlands and Herts office

- Chairs of district health and wellbeing group
 - Over 2000 contacts on Herts Sport & Physical Activity Partnership database (which includes, 10 district councils, HACO members, Town and Parish Councils, Sports Clubs and Coaches, Youth Sports Trust, School Games organisers, Community Sport Network Chairs, members of Herts Physical Activity & Sport Stakeholder Alliance, etc..)
 - Health contacts via Herts Public Health team
- 2.2 23 detailed responses were received, the responses came from a broad range of organisations, these included:
- District Councils
 - Elected members
 - Clinical Commissioning Groups
 - Town and Parish Councils
 - Housing Associations
 - Sports organisations
 - Community Sports Networks
 - Voluntary sector
- 2.3 Over 90% of respondents agreed with the vision, strategic aims & objectives and the recommendations made within the framework. We received detailed responses and where appropriate comments have been incorporated into the framework. Key things that were mentioned were:
- 2.4 *The framework doesn't set specific targets.* This is a framework and not a strategy. It recommends each local area writes their own action plans and sets targets appropriate to their areas. We have responded to the consultation responses by including an appendix explaining how to use the framework. A paragraph has been added to the executive summary to explain this also. The Framework provides a wealth of evidence to make the case for investing in physical activity and will be a useful resource to use for national evidence and data specific to Hertfordshire. Districts can select what is relevant to them.
- 2.5 *Framework needs to include more "how to..."* The framework recommends county and local action plans are written. These will include the "how to..." Lots of information was given in the consultation responses that can be included within these.
- 2.6 Document was lengthy and repeated key points. The executive summary has been shortened to reduce repetition. It is a lengthy document but we have had many positive comments that the Framework is comprehensive and provides useful information to refer to and extract information

APPENDIX 2

DRAFT Hertfordshire Physical Activity & Sport Framework 2015

Table of Contents

Foreword

1 EXECUTIVE SUMMARY

2 INTRODUCTION

Introduction

Definition of Physical Activity

Making the Case for Physical Activity

Useful Return on Investment and Evaluation Tools for Physical Activity

Implementing National Physical Activity Policy

Developing the Hertfordshire Physical Activity & Sport Framework

Delivering the Hertfordshire Physical Activity & Sport Framework

Scope of the Hertfordshire Physical Activity & Sport Framework

Purpose of this Framework

3 THE CONTEXT FOR PHYSICAL ACTIVITY

National Participation Targets and Priorities for Adults

National Participation Targets and Priorities for Children

Local Participation Targets

Local Context

Current Physical Activity Provision

Changing Physical Activity Behaviour

4 HERTFORDSHIRE – A PHYSICAL ACTIVITY PROFILE

Introduction

Participation Profile

Key Findings for the County of Hertfordshire

Participation across the 10 districts and boroughs of Hertfordshire

Physical Activity Recommendations for local action plans

5 STRATEGIC AMBITIONS AND OBJECTIVES

Introduction

Summary of Key Challenges for Increasing Levels of Physical Activity in Hertfordshire

Vision of the Hertfordshire Physical Activity & Sport Framework

Strategic Ambitions

6 LEADERSHIP AND CO-ORDINATION

7 CONCLUSION

Appendix 1: How to Use this Framework

Appendix 2: Active People Survey Local Area Profiles

Foreword

Physical activity is crucial to our health, both mental and physical. The benefits of physical activity have been acknowledged for many years but economic and educational pressures, advances in technology and e-communications and a change in eating and drinking habits over the last 20 years has led to a society that is more sedentary and stressed.

The return of Public Health to local government has given local authorities, and its partners, the opportunity to take a whole population view on what will both benefit residents whilst delivering value for money. One cannot underestimate the value of the restructure of the NHS and the benefit for local authorities having the opportunity to work with the local General Practitioners, Clinical Commissioning Groups and the NHS, both in relation to knowledge and financial resources to improve the health and wellbeing of the entire local population.

Physical activity is the one human activity that can impact on and make an important contribution to our sustainability, to our economy and to our employment markets. Regular physical activity has been described by Professor Mike Kelly of NICE as “mother nature’s way of keeping us healthy”.

Hertfordshire benefits from many agencies – voluntary, commercial and statutory – and by these all working together on physical activity through this Framework we can build an effective response to inactivity, and help us build a culture where more and more people in our population are physically active more of the time.

This is a truly collaborative Framework which will see for the first time the benefits of multi-agency working for the benefit of the whole population. It shows both the commitment and talent we have around our County, and the challenge we have to deliver.

Teresa Heritage

Cabinet Member, Public Health and Localism - Hertfordshire County Council
Chair, The Hertfordshire Lifestyle and Legacy Partnership

1 EXECUTIVE SUMMARY

Our Vision for Hertfordshire

'Active Herts'

To reduce levels of inactivity, increase regular participation in physical activity and contribute to healthier, more active communities

The purpose of this Framework is to ensure there is a co-ordinated and effective response to the time bomb that is inactivity in Hertfordshire. This document is aimed at county, district and borough, town and parish councils, public health leads, local Strategic Partnerships, Health & Wellbeing groups, NHS Clinical Commissioning Groups, third sector agencies, Healthwatch and community agencies. It has been designed to help organisations in Hertfordshire to work together and provide them with a strong, evidence-based Framework for action.

This Framework identifies why physical activity investment should be made and helps to make the case for increasing physical activity through reducing the costs in the long term.

It should be read in conjunction with the national framework for action from Public Health England 'Everybody active, every day' and the supporting resources that will be updated and adapted including the physical activity promising practice collation and the overview of the evidence base. The latter should be used in the following action planning stage (see Appendix 1 for further detail) as it provides opportunities for action for different sectors and disciplines. It also includes five steps for local areas to support change:

1. Teach every child to have and enjoy the skills to be active every day.
2. Create safe and attractive environments where everyone can walk or cycle, regardless of age or disability.
3. Make every contact count for professionals and volunteers to encourage active lives.
4. Lead by example in every public sector workspace.
5. Evaluate and share the findings so the learning of what works can grow.

Specific targets for Hertfordshire as a whole are not set within this Framework, only trend directions against outcomes (see section 3.20), as this document is intended as a framework from which districts and boroughs can set their own more relevant targets.

The Hertfordshire Lifestyle and Legacy Partnership will lead this Framework as a countywide partnership working towards shared objectives in the areas of public health, sport, recreation, culture and volunteering (using the Five Ways to Wellbeing). It aims to sustain the enthusiasm and good practice built up from the London 2012 Olympic and Paralympic Games.

The benefits of physical activity have been well documented and follow a dose-response curve i.e. a small amount of physical activity is good but more is better. However, greatest health benefits are observed in those who are sedentary and begin to undertake even a small amount of physical activity.

Participation in physical activity can be a cost-effective driver for social change on many levels and, as well as the important contribution to both physical and mental health (it can help to prevent and manage over 20 chronic conditions), it can have a large part to play in regenerating and helping create sustainable communities: for example promoting social cohesion, reducing youth crime, tackling anti-social behaviour, reducing health inequalities and being an economic generator. Communities can also benefit from reduced traffic congestion, improved air quality and pollution improving the local environment through active travel (walking and cycling). Further, physical activity can increase people's ability to work and their productivity and reduce absenteeism from work, and enhance children's acquisition of social skills (leadership, teamwork and cooperation) and allow better concentration in school.

Physical inactivity is the fourth largest cause of disease and disability, contributing to 1 in 6 deaths in the UK which makes it as dangerous as smoking².

² Referenced from other sources in: Public Health England (2014) Everybody active, every day: an evidence-based approach to physical activity. Crown copyright 2014

Hertfordshire Physical Activity & Sport Framework (2015)

Physical inactivity is costing the health economy in Hertfordshire, as a result of treating diseases such as diabetes, coronary heart disease and strokes, more than £16 million per year³, excluding the cost of inactivity related to obesity and mental health conditions. In addition, there are considerable economic and social costs that need to be addressed. It has also been estimated that reducing physical inactivity by just 1% a year over a five year period would save local authorities £1.2 billion nationally and every household in the local authority an average of £44. The economic value of sport for Hertfordshire has been estimated to be £263.4 million Gross Value Added for participation in sport and a wider economic value for health from sport of £461.6 million. Volunteering in sport is worth an additional £61.9 million annually in Hertfordshire.

A comprehensive list of the cost-effectiveness of public health interventions shows physical activity to be a highly effective use of public funds in primary care, environment and workplace settings. A number of case studies also support a return on investment for physical activity. For example, Birmingham Be Active (delivered by Birmingham City Council) delivers a £21 return for every £1 invested; Kickz (delivered by the Active Communities Network) delivers a £7 return for every £1 invested; and The Boxing Academy (an alternative education provision) delivers a £3 return for every £1 invested.

This Framework covers everyday activity (e.g. gardening), active recreation (e.g. dance) and sport (e.g. netball) across the lifecourse. The four UK Chief Medical Officers⁴ recommend adults do at least 150 minutes per week of moderate physical activity in bouts of 10 minutes or more and that 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.

Although three-fifths (58.8%) of the adult population in Hertfordshire achieve the recommended levels of physical activity, a quarter (25.3%) remains inactive⁵. Those achieving the minimum level of 150 minutes a week could potentially experience a 19% reduction in mortality risk.

In terms of sport, there has been an increase in adult participation in sport (1x30) from 37.6% in 2005/6 (Active People Survey 1) to 39.8% in 2012/13 (Active People Survey 7) in Hertfordshire i.e. two-fifths of the adult population take part in sport.

Fewer women than men are physically active, physical activity decreases with age, and those who have a limiting illness/disability are less active than those who do not. Socio-economic classification also plays a part: NS-SEC 5-8 individuals are less active than those classified as NS-SEC 1-4.

For children, Hertfordshire currently use the school Health Related Behaviour Survey which includes questions on physical activity. In 2012, 12% of potential schools and 14.4% of potential pupils in Hertfordshire took part in the survey. Of those taking part, 89% of school pupils aged 9 to 15 do some form of physical activity outside of school lessons (in their own time or in school clubs) once a week or more; this does not correlate, however, to the proportion achieving the national physical activity guidelines. Half of children (51%) walked to school on the day of the survey and 3% cycled.

Addressing inequalities is critical to this Framework and any subsequent action plans and their implementation. This Framework therefore supports physical activity across the nine protected characteristics (sex, sexual orientation, marriage and civil partnership, race, disability, gender reassignment, religion and belief, age and pregnancy and maternity) in addition to addressing health inequalities.

There remains an urgent need for a greater focus on physical activity by all the strategic alliances in Hertfordshire and for delivery programmes to be more effective at achieving and sustaining an increase in local participation. We not only need to build on what we have that is working well but also to develop new innovative approaches to supporting people to live an active life. For this, effective partnership working is the key to success. To assist local areas develop their own action plans, appendix 2 provides links to county, district and borough local area profiles.

Key areas to focus on for action

³ Sport England, The Local Sport Profile Tool 2014, accessed April 2014

⁴ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, Department of Health (2011)

⁵ Public Health Outcomes Framework – indicators 2.13i (active for 150 mins) and 2.13ii (inactive) with data collected from the Active People Survey, Sport England (2013)

Hertfordshire Physical Activity & Sport Framework (2015)

The key national policies informing this Framework are 'Everybody active, every day'⁶ and 'Creating a sporting habit for life'⁷. This Framework aligns with the key areas for action from these documents in developing the way forward for Hertfordshire. Our 4 strategic ambitions are:

(1) GETTING THE MESSAGE OUT

Strategic Ambition: The people of Hertfordshire understand the importance of physical activity to their health and are aware of the opportunities available to them to participate and enable participation through volunteering. Activity is promoted in an effective targeted way that encourages participation in key audiences, aiming to establish a new social norm in which physical activity IS the norm. Effective collaboration between public, private and third sectors will ensure this. For strategic objectives, refer to page 36.

(2) DESIGNING PHYSICAL ACTIVITY BACK IN TO OUR EVERYDAY LIVES

Strategic Ambition: The people of Hertfordshire live in an environment that is conducive to participating in physical activity on a regular basis, ensuring improved environmental sustainability and economic prosperity. For strategic objectives, refer to page 37.

(3) MAKING PHYSICAL ACTIVITY A LIFELONG HABIT

Strategic Ambition: People in Hertfordshire, who are inactive and most at risk of developing health problems related to inactivity, are supported to increase their participation levels. For strategic objectives, refer to page 38.

(4) PROVING SUCCESS

Strategic Ambition: There is an effective infrastructure in Hertfordshire within which partners (including health & social care and wider determinant professionals, academic networks as well as physical activity specialists) can work in an integrated way to address local need and increase participation in their area, whilst following robust monitoring and evaluation procedures. For strategic objectives, refer to page 39.

Key issues and challenges for Hertfordshire

- Address drivers and barriers to participation including accessibility & affordability.
- Strengthen strategic coordination, communication and cross-service planning for physical activity and its delivery by unlocking resources and aligning with agreed priorities.
- Improve targeted provision to those who are most sedentary and inactive and therefore at risk of ill-health as a result.
- Increase participation in the context of the current financial and economic climate (where appropriate budgets are constrained).
- Improve understanding of the benefits of physical activity and the contribution it can make to many local priorities including health improvement and preventative health.
- Improve monitoring and evaluation of physical activity provision, linked to identified outcomes.
- Influence local planning, environmental and transport policy to create more active environments in new housing, schools and other developments and create more active environments.
- Increased understanding and inclusion of physical activity and sport to help address local priorities.
- Adoption of Proportionate Universalism to reduce health inequalities and support of the nine protected characteristics to address equality.

Key Outcomes to be achieved

- A year-on-year reduction in the number of adults who are inactive from the current level of 25.3% (Public Health Outcomes Framework indicator 2.13ii, measured by the Active People Survey).
- A year-on-year increase in the number of adults who are active to the recommended level of 150 minutes from the current level of 58.8% (Public Health Outcomes Framework indicator 2.13i, measured by the Active People Survey).
- A year-on-year increase in the number of adults participating in sport for 1 x 30 minutes per week from the current level of 39.9% (1x30 Sport, measured by the Active People Survey).
- A year-on-year increase in the number of adult volunteers involved in sport from the current level of 12.9% (measured by the Active People Survey).

⁶ Public Health England (2014) Everybody active, every day: an evidence-based approach to physical activity. Crown copyright 2014

⁷ Sport England (2012) Creating a sporting habit for life: a new youth sport strategy.

Hertfordshire Physical Activity & Sport Framework (2015)

- A year-on-year increase in the proportion of children and young people who do physical activities in their own time or in school clubs (outside of school lessons) from the current level of 89% (measured by the primary and secondary school Health Related Behaviour Survey).
- A year-on-year increase in the proportion of children and young people who walk or cycle to school from the current level of 51% and 3% respectively (measured by the primary and secondary school Health Related Behaviour Survey).
- Increased roll-out of the Health Related Behaviour Survey or Me And My Sport & Health Survey across primary and secondary schools in Hertfordshire.
- Inclusion of increased data capture relating to the children and young people's national physical activity guidelines in the Surveys.

Recommendations

This Framework makes the following 6 key recommendations:

1. All district and borough councils in Hertfordshire and the County Council to adopt increasing levels of physical activity as a key priority for both adults and children across the life course.
2. Continue to strengthen county-wide strategic leadership by closer working between the Health and Wellbeing Board, the 11 local authorities, the three Clinical Commissioning Groups, The Hertfordshire Lifestyle and Legacy Partnership and the Hertfordshire Physical Activity and Sport Stakeholder Alliance.
3. Continue to strengthen local strategic leadership and delivery through development (or continuation) of a local action plan to increase levels of physical activity, with alignment to the targets identified in section 3.20 of this Framework. Appendix 1 and appendix 2 are included to aid this process.
4. Support social marketing initiatives to better target information and delivery of programmes. For example, use of the change4life brand and promoting the use of the range of technologies that are available to help increase physical activity. All partners in The Hertfordshire Lifestyle and Legacy Partnership to work together and the Public Health Communications Team to play a lead role.
5. Develop interventions informed by local, regional and national evidence of effective and best practice. Effective interventions to be presented and circulated by The Hertfordshire Lifestyle and Legacy Partnership to support understanding of evidence-based practice.
6. A centralised countywide physical activity action plan to be produced that includes common areas for inclusion (for example transport, environment) plus areas which can be easily adapted by districts/boroughs to allow additional focus on local priorities. A link to a database showing where current funding/resourcing for physical activity initiatives can come from should be included in the centralised action plan.

2 Introduction

*'The benefits of regular physical activity to health, longevity, well being and protection from serious illness have long been established. They easily surpass the effectiveness of any drugs or other medical treatment. The challenge for everyone, young and old alike, is to build these benefits into their daily lives.'*⁸

Introduction

- 2.1 The low levels of participation in physical activity in this country are having a serious impact on the nation's health. Increasing participation, to the levels recommended to maintain a healthy lifestyle, is a significant national challenge and physical activity is a national priority. 'Everybody active, every day' provides the national strategic response to this challenge. Through the provision of a clear physical activity pathway at national, regional and critically local level it makes the case for an increase in regular participation.
- 2.2 This Hertfordshire Physical Activity & Sport Framework follows the same national approach and focuses on increasing the number of people in Hertfordshire who are physically active, to the recommended levels to improve their health and well being. This means intervening to target the most sedentary and people who are completely inactive to encourage them to undertake some activity on at least a limited basis, and increasing the frequency of participation of those who, at some level, already take part.
- 2.3 The benefits of physical activity have been well documented and follow a dose-response curve (see Figure 1) i.e. a small amount of physical activity is good but more is better. However, greatest health benefits are observed in those who are sedentary and begin to undertake even a small amount of physical activity⁹ as sedentary behaviour is as much about spending too much time sitting or lying down as it is about a lack of physical activity. A main focus in Hertfordshire will therefore be to encourage everybody to be active every day where everyone, however they are able to, does some form of physical activity daily.

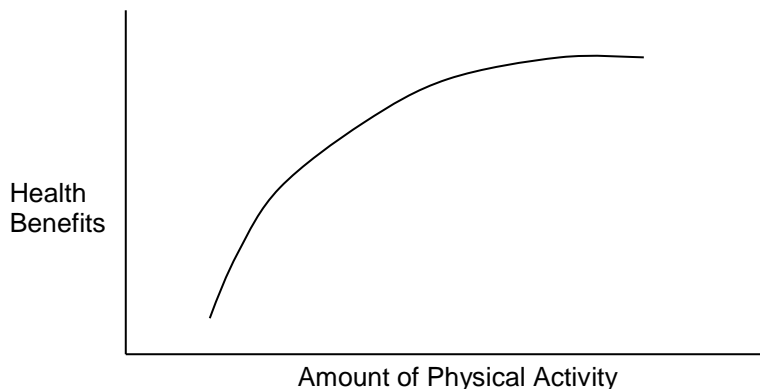


Figure 1 Dose-response curve

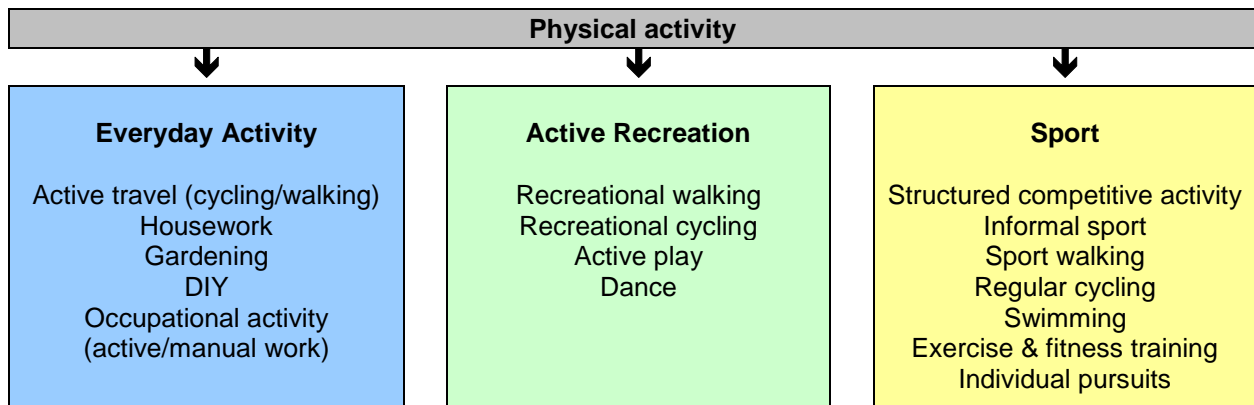
Definition of Physical Activity

- 2.4 For the purposes of this Framework, physical activity includes all forms of activity, such as 'everyday' walking or cycling for travel, active recreation not undertaken competitively such as working out in the gym, dancing, gardening or families playing together, and organised and competitive sport.

⁸ Annual Report of the Chief Medical Officer, Department of Health (2009)

⁹ http://www.centrepic.org/files/pdf/Recherche/2011_Juneau_Nigam_Lancet.pdf

Hertfordshire Physical Activity & Sport Framework (2015)



Making the Case for Physical Activity

IMBALANCE in COST TO SOCIETY vs. PUBLIC HEALTH SPEND

Physical inactivity represents 10% of total societal costs when compared against other top-tier public health concerns including sexual health, smoking, obesity and drug and alcohol misuse. On average, it is costing the economy in each local authority in England £18 million per 100,000 people every year BUT local authorities only spent an average of 2.4% of their public health budgets on programmes to tackle inactivity in 2013/14 (says the Turning the Tide of Inactivity report in 2014)

- 2.5 Physical inactivity is the fourth largest cause of disease and disability, contributing to 1 in 6 deaths in the UK which makes it as dangerous as smoking¹⁰.
- 2.6 Disease and disability caused by physical inactivity cause serious and unnecessary human suffering and impaired quality of life. What unites all types of physical activity are the physical and mental health benefits, bringing about an immediate and beneficial physiological response and improving our overall well being. As an example, daily physical activity can help reduce the risk of developing cancer, but can also support people living with and beyond cancer by increasing their quality of life¹¹.
- 2.7 The total cost of physical inactivity to the English economy has been estimated to be £8.2 billion annually. This figure includes the direct costs of treating diseases linked to inactivity and the indirect cost caused by sickness absence, but does not include the contribution of inactivity to obesity which in itself has been estimated at £2.5 billion annually¹². ukactive have estimated that reducing physical inactivity by just 1% a year over a 5 year period would save local authorities £1.2 billion nationally, or more crucially £44 per household for local taxpayers¹³.
- 2.8 It is estimated that the costs of physical inactivity in Hertfordshire amounts to approximately £16 million each year, excluding the costs of obesity (see Table 1). This equates to a cost of £1,457,383 per 100,000 population.

¹⁰ Referenced from other sources in: Public Health England (2014) Everybody active, every day: an evidence-based approach to physical activity. Crown copyright 2014

¹¹ Macmillan Cancer Support (2011) The importance of physical activity for people living with and beyond cancer

¹² National Obesity Observatory, part of Public Health England: http://www.noo.org.uk/NOO_about_obesity/lifestyle

¹³ Turning the tide of inactivity, ukactive (2014)

Hertfordshire Physical Activity & Sport Framework (2015)

Table 1 Health costs of physical inactivity by disease category (as defined by WHO)¹⁴

Cancer Lower GI	Cancer Breast	Diabetes	Coronary Heart Disease	Cerebro-Vascular Disease	Total Cost
£1,014,400	£1,044,340	£3,312,000	£8,824,410	£1,880,160	£16,075,310

- 2.9 Based on the identified costs in Table 1, it is clear that the highest costs across the county are those related to coronary heart disease and diabetes. If the cost of physical inactivity continues to increase, particularly in relation to chronic diseases as well as obesity, osteoporosis and supported living, this is likely to result in significant reductions in public health and social care expenditure in other areas for an increasing number of people.
- 2.10 Regular physical activity has a particularly beneficial impact on a number of common diseases (see Table 2) and can reduce the risks associated with them.

Table 2 Effect of physical activity on reducing the risk of common diseases¹⁵

Disease	Effect of physical activity
Coronary heart disease	20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke.
Type 2 diabetes	30% to 40% lower risk of type 2 diabetes (and metabolic syndrome) in at least moderately active people compared with those who are sedentary.
Stroke	20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke.
Breast cancer	20% lower risk of breast cancer for adults participating in daily physical activity.
Colon cancer	30% lower risk of colon cancer for adults participating in daily physical activity.
Osteoporosis	36% to 68% risk reduction of hip fracture at the highest level of physical activity.
Falls	30% lower risk of falls for older adults who participate in regular physical activity.
Mental Health	20% to 30% lower risk for depression and dementia for adults participating in daily physical activity.
All-cause mortality	30% risk reduction when comparing the most active with the least active.

- 2.11 By achieving a minimum level of 150 minutes of physical activity a week, an adult could potentially experience a 19% reduction in mortality risk. Furthermore, this reduction in mortality risk is reported to increase to 24% if an adult achieves seven hours of physical activity per week¹⁶. If 25% of 40-79 year olds in Hertfordshire were more active then 26 deaths from all causes would be prevented; 235 if 50% were more active; 444 with 75%; and 653 deaths would be prevented if all 40-79 year olds were more active¹⁷.

¹⁴ Sport England, The Local Sport Profile Tool 2014, accessed April 2014

¹⁵ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, Department of Health (2011)

¹⁶ Woodcock et al (2011), Non-vigorous physical activity and all-cause mortality: systematic review and meta-analysis of cohort studies, International Journal of Epidemiology 40(1), pp121-38

¹⁷ Sport England, The Local Sport Profile Tool 2014, accessed April 2014

Hertfordshire Physical Activity & Sport Framework (2015)

- 2.12 The Inactivity Time Bomb – a report published in April 2014 by StreetGames and others – presents recent national data for 11-25 year olds:
- Physical inactivity among today's 11-25 year olds will cost £53.3 billion over their lifetimes (measured in 2013 prices), through an increased burden of diseases linked to inactivity, reduced quality of life, and lower life expectancy. This is equivalent to nearly £12,000 per child or young person who is currently failing to meet recommendations for physical activity.
 - For an 11-15 year old who moves from inactivity to recommended levels of activity, the reduction in expected healthcare costs, improved quality of life and higher life expectancy create savings of £18,700 over their lifetime. For a 16-29 year old, the expected savings are even higher, at £40,100.
 - A 1% increase in the number of 11 to 25 year olds meeting physical activity recommendations could save £800 million in today's prices over their lifetimes.
 - A 10% increase in the number of children and young people meeting physical activity recommendations could reduce the cost of physical inactivity by £7.8 billion over the lifetime of today's 11 to 25 year olds.
- 2.13 Participation in physical activity can be a cost-effective driver for social change on many levels and, as well as the important contribution to health, it can have a large part to play in regenerating and helping create sustainable communities: for example promoting social cohesion, reducing youth crime, tackling anti-social behaviour, reducing health inequalities and being an economic generator¹⁸.
- 2.14 As more than 4 in 10 people do not do enough physical activity to achieve good health, it can also have a significant negative impact on the life of the individual and their communities in terms of social and economic costs too:
- social costs: for example, communities with higher levels of physical activity have greater community cohesion and inclusion, but the number of walked trips (including journeys to school) are on the decline
 - economic costs: for example, a physically active individual on average earns £6,500 more each year
- 2.15 As well as helping to prevent and manage over 20 chronic conditions, a number of key benefits of more active lifestyles through regular physical activity (PA) can be identified. Summarised below, these are detailed more fully in Start Active, Stay Active¹⁹:
- PA provides a means for increasing regular social interaction and improving social cohesion
 - PA allows displacement of anti-social and criminal behaviour
 - PA can support independent living by increasing personal confidence and self esteem, and is a way for older adults to maintain independence and social engagement
 - PA can increase people's ability to work and their productivity and reduce absenteeism from work
 - PA has a role to play in preventing mental health problems and improving the quality of life of those experiencing mental health problems and illnesses. For example, PA can enhance psychological wellbeing (helps people feel better and feel better about themselves) by improving self perception, self esteem and sense of achievement, mood and sleep quality and by reducing levels of anxiety and fatigue through relaxation and release from daily stress
 - Active travel (walking and cycling) can reduce emissions and communities can benefit from reduced traffic congestion, improved air quality and pollution improving the local environment
 - Active play by children and young people enhances acquisition of social skills (leadership, teamwork and cooperation)
 - PA allows better concentration in school
- 2.16 As a cheaper alternative to more traditional sports and activities, walking and cycling are becoming more popular and promoting walking and cycling alongside reducing inactivity are a focus of the All-Party Parliamentary Commission on Physical Activity. A review²⁰ from both peer-reviewed publications and grey literature (materials not commercially published or peer-reviewed) in the UK and beyond showed that walking and cycling interventions give an average cost-benefit ratio of 1:13 (1:19 for UK-only interventions).

¹⁸ Sport England (2008) Shaping Place through Sport: Executive summary. London: Sport England 2008 [Summarises a series of 5 papers]

¹⁹ Department of Health (2011) Start Active, Stay Active: a report on physical activity from the four home countries' Chief Medical Officers. Crown Copyright 2011

²⁰ Davis, A (2010) Value for money: an economic assessment of investment in walking and cycling. Department of Health and Government Office for the South West, March 2010

Hertfordshire Physical Activity & Sport Framework (2015)

Supporting this and endorsed by Public Health England, Walking Works²¹ presents the evidence for supporting and promoting walking as a major part of the solution to the physical inactivity epidemic. In addition, the Department for Transport are due to publish their 10 year cycling and walking delivery plan for England summarising Government's vision and the role everyone has to play in achieving it.

- 2.17 In February 2014, British Cycling launched their manifesto (Time to #ChooseCycling²²) that details how national and local government should be prioritising cycling as a form of transport. It reports that 2% of all UK journeys are cycled, 66% are less than 5 miles which constitutes approximately a 25 minute cycle ride, and 64% of people say that better infrastructure would make them cycle more. Further, if people replaced just five minutes of the 36 minutes they spend each day in the car with cycling, there would be an almost 5% annual reduction in the health burden from inactivity-related illnesses including heart disease, type 2 diabetes, stroke and some cancers. If 10% of trips in England and Wales were made by bike, the savings to the NHS of the top inactivity related illnesses would be at least £250 million per year.
- 2.18 A comprehensive list of the cost-effectiveness of public health interventions shows physical activity to be a highly effective use of public funds in primary care, environment and workplace settings²³. In comparison, much higher costs up to £17,000 per quality-adjusted life year (QALY) – NICE sets the threshold of £20,000 per QALY to determine whether an intervention is cost-effective and can be used in the NHS – are involved in prescribing statins for patients between the ages of 45 and 85²⁴.
- 2.19 The economic value of sport for Hertfordshire has been estimated (using the Sport England Tool: Economic Value of Sport – Local Model) to be £263.4 million Gross Value Added for participation in sport and a wider economic value for health from sport of £461.6 million. In addition, volunteering in sport is worth £61.9 million annually in Hertfordshire i.e. what it would cost to employ full time workers to carry out the work of sports volunteers.
- 2.20 The evidence supports a return on investment for physical activity. A number of case studies highlight this:
- Birmingham Be Active (delivered by Birmingham City Council) delivers a £21 return for every £1 invested
 - Kickz (delivered by the Active Communities Network) delivers a £7 return for every £1 invested
 - Walking for Health (when delivered by Natural England – more recent data is not yet available) delivers a £7 return for every £1 invested^{25 26}
 - The Boxing Academy (an alternative education provision) delivers a £3 return for every £1 invested
 - Swimming in the Community (delivered by the Amateur Swimming Association) delivers a £1.50 return for every £1 invested
 - Positive Futures (a national youth crime prevention programme delivered by Catch22) contributed significantly to reducing youth crime

Useful Return on Investment and Evaluation Tools for Physical Activity

- 2.21 NICE PHYSICAL ACTIVITY RETURN ON INVESTMENT TOOL²⁷ – evaluates a portfolio of interventions in a geographical area (e.g. local authority) and models the economic returns that can be expected in different payback timescales. The different interventions included in the tool can be mixed and matched to see which intervention portfolio or package provides the best 'value for money', compared with 'no package of interventions' or any other specified package. Support materials, including a user guide and technical report, are available.

²¹ Walking Works report can be found at: <http://www.walkingforhealth.org.uk/get-walking/walking-works>

²² http://www.britishcycling.org.uk/media_centre/article/cam20140207-British-Cycling-launches-10-point-plan-to-transform-Britain-into-a-true-cycling-nation-0

²³ Owen et al (2011) The cost-effectiveness of public health interventions. Journal of Public Health, pp1-9, doi:10.1093/pubmed/fdr075

²⁴ Ward et al (2007) A systematic review and economic evaluation of statins for the prevention of coronary events. Health Technology Assessment, 11(14)

²⁵ Figures limited by some unavailable data

²⁶ Hertfordshire Health Walks are currently looking at ROI data

²⁷ <http://www.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Physical-activity-return-on-investment-tool>

Hertfordshire Physical Activity & Sport Framework (2015)

- 2.22 HEALTH ECONOMIC ASSESSMENT TOOL (HEAT) FOR WALKING OR CYCLING²⁸ – a tool for conducting an economic assessment of the health benefits of walking or cycling by estimating the value of reduced mortality that results from specified amounts of walking or cycling.
- 2.23 ECONOMIC VALUE OF SPORT - LOCAL MODEL²⁹ – produces area based (for example, by local authority) estimates on sports' contribution to the local economy in the form of business output (GVA) and jobs plus wider benefits including health. Can also assess the impact of sport investments for example, what additional economic value is created as a result of an increase in participation in an area.
- 2.24 HEALTH IMPACT OF PHYSICAL INACTIVITY (HIPI) TOOL³⁰ – provides input to Joint Strategic Needs Assessments, estimating how many cases of certain diseases could be prevented in a local authority if those aged 40-79 were to engage in recommended amounts of physical activity.
- 2.25 MOVES (MODEL FOR ESTIMATING THE OUTCOMES AND VALUES IN THE ECONOMICS OF SPORT) TOOL – produces estimates of the number of cases of disease averted, Quality of Life Years (QALYs) gained, cost savings through diseases averted and costs per QALY for sports interventions. The tool can be used to evaluate interventions, plan objectives and measures for new programmes based on cost effectiveness outcomes or support procurement decisions during commissioning.
- 2.26 STANDARD EVALUATION FRAMEWORK FOR PHYSICAL ACTIVITY INTERVENTIONS³¹ – describes and explains the information that should be collected in any evaluation of an intervention at individual or group level (not at population level) that aims to increase participation in physical activity
- How to identify appropriate physical activity outcomes for evaluating different types of intervention
 - How to define suitable measures for different types of physical activity outcome
 - How to approach the challenges of assessing and measuring physical activity and energy expenditure

Implementing National Physical Activity Policy

- 2.27 'Everybody active, every day' is the national framework for action supported by resources that will be updated and adapted, including an overview of the evidence base. Implementation and delivery of 'Everybody active, every day' is being supported at national and regional level through five Moving More, Living More Regional Physical Activity Forums, delivered by Public Health England, ukactive, the Local Government Association and the County Sports Partnership Network. They include public, private and voluntary sector organisations that share the common aim of increasing participation in physical activity in England.
- 2.28 Given this national context for physical activity, it is important that a local focus on implementation reflects identified priorities and need in relation to increasing participation in physical activity.

Developing the Hertfordshire Physical Activity & Sport Framework

- 2.29 'Everybody active, every day'³², 'Creating a sporting habit for life'³³ and the Public Health Outcomes Framework³⁴ provide the overall context for the development of this Hertfordshire Physical Activity & Sport Framework; the local interpretation of national policy and priorities informed by the picture in Hertfordshire, including Public Health and the three Clinical Commissioning Groups.
- 2.30 The development of this Framework has been jointly led by Herts Sports and Physical Activity Partnership (HSP) and Public Health within the County Council. It has been supported by The Hertfordshire Lifestyle and

²⁸ <http://www.heatwalkingcycling.org/>

²⁹ <http://www.sportengland.org/our-work/local-work/local-government/newsletter/july-2014/>

³⁰ <http://www.apho.org.uk/resource/view.aspx?RID=123459>

³¹ http://www.noo.org.uk/core/frameworks/SEF_PA

³² Public Health England (2014) Everybody active, every day: an evidence-based approach to physical activity. Crown copyright 2014

³³ Sport England (2012) Creating a sporting habit for life: a new youth sport strategy

³⁴ Public Health Outcomes Framework 2013-2016

Hertfordshire Physical Activity & Sport Framework (2015)

Legacy Partnership and the Hertfordshire Physical Activity and Sport Stakeholder Alliance. These groups consist of those with a responsibility for, or interest in, physical activity and increasing participation in Hertfordshire. The alliance, co-chaired by HSP and Public Health, includes representation from the county, district and borough councils, the voluntary and community sector and more.

- 2.31 A stakeholder-led, partnership approach has been adopted in the development of this Framework. It outlines the key considerations for any decision-making, policy or action planning across Hertfordshire and within partner organisations, rather than setting a list of specific targets. It is intended that partners will adopt and embrace the vision and ambitions of this Framework and that it will support more local implementation and action. Appendix 1 provides further detail on how local areas should use this framework to support continuation or development of their own local area action plans.

Delivering the Hertfordshire Physical Activity & Sport Framework

- 2.32 This Framework is for all partners in Hertfordshire who are, or have an interest in becoming, involved in increasing physical activity among residents for the purposes of improving their health and wellbeing.
- 2.33 Section 6 outlines the leadership and coordination required to implement this Framework, however it will be led by The Hertfordshire Lifestyle and Legacy Partnership, a countywide partnership working towards shared objectives in the areas of public health, sport, recreation, culture and volunteering. This Partnership builds on the success of the London 2012 Olympic and Paralympic Games to sustain its legacy benefits for Hertfordshire.
- 2.34 It is envisaged that successful delivery of this Framework will include all levels of local authority (including representation from Public Health, transport, planning etc), other local partners through the county and district/borough Local Strategic Partnerships and/or Health and Wellbeing groups, town and parish councils – different groups exist in different areas, and the three clinical commissioning groups that cover Hertfordshire (Herts Valleys CCG, East & North Herts CCG and Cambridgeshire and Peterborough CCG which includes three practices in North Hertfordshire). In addition, the ten community safety partnerships which include a health representative would allow links with community-related outcomes that physical activity can help address.
- 2.35 Implementation of this Framework at a local level will require the development of local action plans (see Appendix 1) that seek to address the barriers, motivations and levels of participation identified through the research.
- 2.36 The delivery of this Framework is not the role of one agency or organisation. Rather it is a collective responsibility for partners to work in a co-ordinated and complementary manner to agreed objectives across the county, to make optimum use of available resources and good practice. It is a collective responsibility because addressing inactivity is in everyone's interest, given its impact on the health and well-being of the population. This Framework sets out ambitions and strategic objectives which need to be addressed through collaboration between the relevant agencies and stakeholders.
- 2.37 Public services are under increasing pressure to rise to the challenge of demonstrating the impact that investment, delivery and action is making on the well being of communities. Now more than ever there is a need to demonstrate that public services are both efficient and effective and that positive outcomes are being achieved.
- 2.38 Short term data (such as participant numbers collected through targeted physical activity interventions) is important for measuring performance and improvement, however this needs to be supplemented by a longer term approach to demonstrating change in social outcomes.

Scope of the Hertfordshire Physical Activity & Sport Framework

Hertfordshire Physical Activity & Sport Framework (2015)

- 2.39 This Framework is concerned with increasing levels of participation in physical activity for everyone living in Hertfordshire. It acknowledges the Chief Medical Officers physical activity guidelines³⁵ and therefore takes a life-course approach to increasing physical activity and decreasing levels of inactivity.
- 2.40 The implementation of this Framework will require coordination with all partner agencies specifically involved in providing services to children and young people and older adults, in particular those related to health and well being and increasing physical activity. There are a number of national, regional and local strategies (see chapter 3) concerned with increasing participation in physical activity among children and young people as well as for adults.
- 2.41 In Hertfordshire, a quarter of adults are inactive (according to the Public Health England definition that is used for the Public Health Outcomes Framework) and this is compounded by the fact that the county also has an ageing population. There is also a significant drop-off in the levels of participation in sport and physical activity by young people, especially by girls, when they go through 'transition' years (at ages 10-11 years and post-16 years), previously estimated to be more than 50%³⁶. PE and School Sport data sets have been significantly reduced and new data sources will look at current trends. In Hertfordshire, this is the Health Related Behaviour Survey and the Me And My Sport & Health Survey completed by those primary and secondary schools that take part.
- 2.42 In order to achieve the ambitions within this Framework, there is a particular need for a coordinated approach between the infrastructure for children and young people, adults and other local partners to ensure development of a seamless transfer approach between providers. This will help facilitate regular participation by young people and throughout adulthood.
- 2.43 This Framework is based on the priorities specified within the following documents, details of which can be found in chapter 3:
- Everybody active, every day (October 2014)
 - Moving More Living More (February 2014)
 - Creating a sporting habit for life (Sport England Youth Sport Strategy 2012-2017)
 - Public Health Outcomes Framework 2013-2016
 - Hertfordshire Public Health Strategy 2013-2017
 - Hertfordshire Health and Wellbeing Strategy 2012-2015
 - Hertfordshire Healthy Weight Strategic Plan 2014-2019

Purpose of this Framework

'Physical activity is a win-win intervention which can help achieve multiple objectives across public health, transport, the environment, education, healthy ageing, childcare and social care'³⁷

- 2.44 The purpose of this Framework is to ensure there is a co-ordinated and effective response to the time bomb that is inactivity in Hertfordshire. This document is aimed at county, district and borough councils, town and parish councils, public health leads, local Strategic Partnerships, Health & Wellbeing groups, NHS Clinical Commissioning Groups, third sector agencies, Healthwatch and community agencies. It has been designed to help such organisations in Hertfordshire to work together and provide them with a strong, evidence-based Framework for action.

³⁵ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, Department of Health (2011)

³⁶ Based on data gathered through the PE, School Sport & Club Links (PESSCL) Strategy and Active People Survey 2005/06

³⁷ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, Department of Health (2011)

3 The Context for Physical Activity

***‘Physical activity remains extremely important for lifelong health.....
(there is a) continued need to promote and support activity across the population’³⁸***

National Participation Targets and Priorities for Adults

- 3.1 The Government and the All-Party Commission on Physical Activity remain committed to delivering the participation legacy that was the foundation of the successful London 2012 Olympic and Paralympic Games bid. Lord Coe, the Prime Minister’s Legacy Ambassador, supports this: “Turning the tide of inactivity would be a hugely important outcome for our legacy story, which would have a massive long-term impact on our nation’s health and wellbeing”. Such a lasting legacy can only be achieved through partners working together.
- 3.2 The National Framework ‘Everybody active, every day’ encompasses an approach built on ‘what works’ in real communities and states “the common vision is to get everybody active every day, driving a radical shift in the take-up of physical activity on a national scale – and making it a routine part of daily life in England (page 13)”. It aligns with the government’s Moving More, Living More commitment to get the country more active and specifies four areas for action:
- 1) Active society: creating a social movement
 - 2) Moving professionals: activating networks of expertise
 - 3) Active environments: creating the right spaces
 - 4) Moving at scale: scaling up interventions that make us active
- 3.3 Government’s national ambition for physical activity, published in 2012, is still current:

to increase the number of adults taking at least 150 minutes of physical activity a week (in bouts of 10 minutes or more) and to reduce the number taking less than 30 minutes per week (in bouts of 10 minutes or more), year-on-year

- 3.4 Development of the national physical activity approach aims to understand the challenges and opportunities at national and local levels. Public Health England is therefore producing a number of resources to support local and national action in relation to physical activity (see ‘Everybody active, every day’ for details):
- Topic overviews – in depth summaries of evidence on challenging issues
 - An overview of online tools – which tool to use when making the case for investment
 - Toolkits for elected representatives – support for local leadership roles
 - Promising practice report – reviewed against standards of evidence
 - BMJ e-learning resources – a suite of free modules (some CPD-accredited)
 - A review of return-on-investment evidence – summary of health and wider social benefits
 - Developing the academic/practitioner interface – starting with a mapping of the academic landscape
 - Embedding in clinical pathways – work on implementing into care pathways
 - Health professional education – to develop expertise and leadership among health professionals
- 3.5 In addition, Moving More, Living More (the physical activity Olympic and Paralympic Legacy for the Nation published in 2014) presents areas for action:
- Active People – children, young people & families / older people / disabled people / people playing sport
 - Active Places – workplaces / public health settings within the NHS / Travel by walking and cycling
 - Active Communities – taking local culture and community into account

³⁸ Davies, S.C. “Annual Report of the Chief Medical Officer, Surveillance Volume, 2012: On the State of the Public’s Health” London: Department of Health (2014)

Hertfordshire Physical Activity & Sport Framework (2015)

- 3.6 The Public Health Outcomes Framework (PHOF) 2013-2016 includes two adult physical activity indicators that will measure this national ambition:
- 2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity
 - 2.13ii Proportion of adults classified as 'inactive'
- 3.7 Sport England's overall target, detailed in their current 2012-2017 strategy 'Creating a sporting habit for life', is to increase the proportion of people regularly playing sport. In particular, to raise the percentage of 14-25 year olds who play sport for at least 30 minutes each week and to establish a lasting network of links between schools and sports clubs in local communities so that young people keep playing sport up to and beyond the age of 25. Participation in sport by disabled people is also a key part of their strategy.
- 3.8 The four UK Chief Medical Officers (CMO)³⁹ recommend adults do at least 150 minutes per week of moderate physical activity in bouts of 10 minutes or more. The 2012 Health Survey for England reported that nationally 67% of men and 55% of women meet these recommendations.
- 3.9 Sport England's Active People Survey (APS)⁴⁰ has been adopted as the most appropriate survey tool to measure levels of physical activity in adults age 16 plus (and since July 2012, age 14 plus) and has been modified to capture the CMO guidelines. In recognition that people may play both sport and participate in other forms of physical activity, it also captures adult participation in sport at least 30 minutes per week (1x30), which is the focus by Sport England. As a crucial part of the existence of community sports clubs, volunteering in sport is also reported against. Other indicators are reported through the APS but those will not be a focus within this Framework.
- 3.10 In terms of participation in physical activity, research has previously highlighted some key challenges at national level, including age, gender, socio-economic classification and disability. These provide an important context for the future delivery of physical activity both nationally and in Hertfordshire.

National Participation Targets and Priorities for Children

- 3.11 The National Framework 'Everybody active, every day' focuses across the life course. It promotes the CMO guidelines for all age groups in terms of Starting Well, Living Well and Ageing Well and acknowledges that understanding levels of physical activity in children and young people remains a challenge. Public Health England is developing a number of resources to support local action, one of which will be a topic overview on children and young people providing an in-depth summary of evidence (publication date to be confirmed).
- 3.12 The four UK Chief Medical Officers recommend that 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 day⁴¹. The 2012 Health Survey for England reported that nationally only 21% of boys and 16% of girls aged 5-15 years meet these guidelines however data is not robust to local authority level; accelerometer data shows a substantial decrease in physical activity between ages 4-10 and 11-15 years, with very low levels for girls.
- 3.13 The Health Related Behaviour Survey, used in primary and secondary schools, has been adopted in Hertfordshire to inform the Joint Strategic Needs Assessment. Additional questions are being considered for inclusion in future surveys that relate directly to the national physical activity guidelines, however the following questions from the current survey will initially be used to capture trend data for physical activity for children and young people:
- How often do you play or do any of these things [physical activities] in your own time or in school clubs (not school lessons)?
 - How did you travel to school today?

³⁹ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, Department of Health (2011)

⁴⁰ Detailed technical notes relating to the Active People Survey can be found on the Sport England website: www.sportengland.org

⁴¹ Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, Department of Health (2011)

Hertfordshire Physical Activity & Sport Framework (2015)

- 3.14 The Children's Health Outcomes Framework (Children and Young People's Health Benchmarking Tool – Public Health Outcomes) also includes two child indicators relevant to physical activity that can be used in addition to those above to measure success of implementing any relevant strategy:
- Percentage of children aged 4-5 classified as overweight or obese
 - Percentage of children aged 10-11 classified as overweight or obese

Local Participation Targets

- 3.15 Hertfordshire County Council has a statutory responsibility to improve Public Health and a statutory duty to lead the local system through the Director of Public Health. The three Clinical Commissioning Groups that cover Hertfordshire have a statutory duty to reduce inequalities in health in their registered populations.
- 3.16 All local authorities in Hertfordshire have priorities to improve health and some have specifically identified increasing participation in sport and physical activity in their Community Strategies. It is hoped that partners at a local level embrace this Framework and work with Public Health and CCGs to identify and agree appropriate targets for their area, and an action plan to deliver against these targets.
- 3.17 The Hertfordshire Health & Well-being strategy, which is the mechanism for local authorities and clinical commissioning groups to address the needs identified in the Joint Strategic Needs Assessment, has a number of priorities that physical activity can support. Specifically, the strategy wants to achieve the following objectives to increase levels of physical activity and maintain a healthy weight:
- All districts to achieve a year-on-year increase in adult participation in physical activity 2013-2016
 - Primary Care makes increasing use of physical activity and behavioural change as a central part of the pathway for maintaining healthy weight and reducing disease risk
 - To stop the increase in overweight children and obesity in our worst five areas by 2016 and then reverse this
- 3.18 Physical activity supports priorities 1, 2 and 3 in the Hertfordshire Public Health Strategy 2013-2017. Specifically:
- Priority 1 Longer, healthier lives: Increase and sustain the increase in physical activity uptake across the county.
 - Priority 2 Start healthy and stay healthy: Ensure a whole school day approach to health, starting with nutrition and physical activity / Develop public health approaches for disabled people, especially access to physical activity.
 - Priority 3 Narrowing the gap between most and least healthy: Identify particular communities and populations which do less well than the majority of our residents, and identify what specific actions we need to take to improve their health outcomes.
- 3.19 The ability for physical activity to help displace anti-social and criminal behaviour has been mentioned previously, so given this common ground between policing and public health, Hertfordshire's Police and Crime Plan 'Everybody's Business' includes a number of areas where physical activity could have an impact:
- Aims include reducing anti-social behaviour as a high priority and preventing young people from offending.
 - The Police and Crime Commissioner sits on the Public Health Board to allow wider work on the health agenda.
 - The County Community Safety Unit brings together officers from police, fire and rescue, trading standards, probation and public health – the first of its kind in the country, it is a good example of what can be achieved working together across organisational boundaries.
- 3.20 Based on national ambitions, the following are targets related to increasing participation in physical activity in Hertfordshire:
- A year-on-year reduction in the number of adults who are inactive from the current level of 25.3% (Public Health Outcomes Framework indicator 2.13ii, measured by the Active People Survey).
 - A year-on-year increase in the number of adults who are active to the recommended level of 150 minutes from the current level of 58.8% (Public Health Outcomes Framework indicator 2.13i, measured by the Active People Survey).
 - A year-on-year increase in the number of adults participating in sport for 1 x 30 minutes per week from

Hertfordshire Physical Activity & Sport Framework (2015)

the current level of 39.9% (1x30 Sport as measured by the Active People Survey).

- A year-on-year increase in the number of adult volunteers involved in sport from the current level of 12.9% (measured by the Active People Survey).
- A year-on-year increase in the proportion of children and young people who do physical activities in their own time or in school clubs (outside of school lessons) from the current level of 89% (measured by the primary and secondary school Health Related Behaviour Survey).
- A year-on-year increase in the proportion of children and young people who walk or cycle to school from the current level of 51% and 3% respectively (measured by the primary and secondary school Health Related Behaviour Survey).
- Increased roll-out of the Health Related Behaviour Survey or Me And My Sport & Health Survey across primary and secondary schools in Hertfordshire.
- Inclusion of increased data capture relating to the children and young people's national physical activity guidelines in the Surveys.

3.21 The co-led approach needed to meet these targets has led to improved co-ordination and collaboration of physical activity interventions across the county. However, achieving significant changes year-on-year will remain challenging. It is also a challenge to balance interventions to increase general participation to achieve such improvement, against more targeted interventions, which may affect fewer people but help to reduce chronic diseases and ill-health among those most at risk and most sedentary or inactive.

Local Context

3.22 The current Joint Strategic Needs Assessment⁴² outlines the different health and care needs of the people of Hertfordshire. The following information⁴³ provides a summary of the demographics of Hertfordshire so that the health challenges we face can be understood. This will support a more targeted approach to the delivery of physical activity opportunities.

3.23 The intention is that this Framework will be implemented to increase participation for everyone but particularly for those who are most sedentary. To improve the health of those individuals and communities who are currently inactive, or who only have very low levels of participation in physical activity, it is important to understand what provision will best meet their needs, where, how and when.

3.24 Located just north of London, Hertfordshire is a county with diverse geographic and demographic areas. 70% of the county is designated 'green belt' land and there are no major cities or towns. Hertfordshire has a population of 1,129,096 (in 2012), the second largest and the densest population in the region. 2012-based 25 year population projections for Hertfordshire suggest that by mid-2037 it is estimated that this will increase to 1,400,700, partially due to projected natural increase (more births than deaths) and partially from the assumed total number of net migrants.

3.25 The county comprises 10 local authority district or borough councils (Broxbourne Borough Council, Dacorum Borough Council, East Hertfordshire District Council, Hertsmere Borough Council, North Hertfordshire District Council, St Albans City & District Council, Stevenage Borough Council, Three Rivers District Council, Watford Borough Council, Welwyn Hatfield Borough Council) across an area which has both a number of largely urban areas and extensive rural areas to the east. There are over 130 third tier local authorities in parish and town councils.

3.26 Hertfordshire is a largely affluent area, but there are significant areas of deprivation across the county. The 2010 index of multiple deprivation showed that 11% (78) of Super Output Areas (SOAs) in Hertfordshire are more deprived than the national average. Out of these, 6 are in the 20% most deprived in England. Most of the more deprived SOAs are found in the urban areas and towns rather than in the rural parts of the county.

3.27 18% of the Hertfordshire population are aged 65 years and over; about 9% of the population are age 75 plus. Hertfordshire has an ageing population, although the numbers of older people vary considerably district

⁴² The most recent JSNA can be found here: <http://jsna.hertsllis.org/>

⁴³ The demographic data presented is based on mid-year estimates 2012, Office of National Statistics, Crown Copyright 2013/14

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to district. Understanding how older people can be encouraged and supported to be more active, more regularly, for longer is key to improving health at a local level.

- 3.28 Although the county has become more ethnically diverse since the 1990s, the majority of minority ethnic communities are located in and around the Watford area, which is the most ethnically diverse authority with 20% of people from non-white ethnic minorities.
- 3.29 Traditionally Hertfordshire has enjoyed a relatively high employment rate, although more recent economic conditions appear to be threatening this, with a current unemployment rate as a proportion of the economically active of 6.5%. There are some areas in the county where educational attainment is low, and where there is high unemployment.
- 3.30 The Health Profile 2014 and Child Health Profile 2014 for Hertfordshire produced by Public Health England provide a snapshot of health across Hertfordshire:
- Life expectancy is 7.0 years lower for men and 6.0 years lower for women in the most deprived areas of Hertfordshire than in the least deprived areas.
 - Although estimated levels of adult physical activity and obesity are better than the England average, 21.5% of adults are classified obese and only 58.8% of adults achieve at least 150 minutes physical activity per week.
 - Priorities in Hertfordshire are to take a whole system approach to improving health and wellbeing, to support residents to make healthy lifestyle choices, and to help the expanding older population maintain their health.
 - 14.7% of children aged 10-11 years in Year 6 are classified as obese.

Current Physical Activity Provision

- 3.31 Physical activity opportunities in Hertfordshire are currently available in a range of formats and delivered by a variety of providers. This complexity of provision needs to be understood and accounted for when developing recommendations to increase participation.
- 3.32 Providers of physical activity include but are not limited to: local authorities (including town and parish councils with responsibility for public leisure centres, parks and open spaces and sports development interventions); private clubs and facilities; not-for-profit leisure operators (e.g. charitable trusts); voluntary and community sports and activity clubs; private individuals and organisations; school facilities; public sector agencies (e.g. Natural England) and other third sector organisations.
- 3.33 The type of provision offered by this range of agencies also varies and includes one or more of the following: facility and park-based activity (including sporting activities, classes and programmes, outreach sessions, and other initiatives); training and competition in a club environment and taught and led classes (e.g. pilates, aerobics, yoga, weight management).
- 3.34 Hertfordshire are involved in a national project until December 2015 working with The Chief Culture & Leisure Officers Association (CLOA) and Sport England that aims to support local authority sports and leisure professionals engage more effectively in the commissioning environment, ensuring sport and physical activity is a strategic tool in helping meet the council's wider objectives. Hertfordshire County Council has agreed 'exercise on referral' as the focus for the project going forward to open up opportunities beyond the duration of the project. It will involve key district and health stakeholders, build on current practice with a view to expanding it and improving consistency, and aims to achieve demonstrable positive health and wellbeing outcomes for residents in Hertfordshire. This will be achieved through understanding local need, helping build relationships with commissioners and honing their ability to respond with a service offer or targeted intervention that delivers priority outcomes.

Hertfordshire Physical Activity & Sport Framework (2015)

- 3.35 Within schools and communities for example, the PE and Sport Premium, Change4Life sports clubs, School Games, Satellite Clubs and Sportivate are available to help increase levels of physical activity, whether that be during or after school hours, bridging the gap between schools and community settings or accessing different sports:
- PE AND SPORT PREMIUM FOR PRIMARY SCHOOLS – an annual ring-fenced grant averaging £8885 per school in Hertfordshire has been allocated to help improve PE and sport. Accountable to OFSTED and the Government for how the grant is spent and its impact, individual schools are able to choose how to use their own funding. Herts Sports and Physical Activity Partnership and the School Sports Network have developed a County Offer⁴⁴ to ensure that primary schools have the best support available.
 - CHANGE4LIFE SPORTS CLUBS IN PRIMARY SCHOOLS – able to impact on other priorities such as behaviour, attendance and attainment, and provide schools with a vehicle for developing a sense of belonging, confidence and competence in young people, these clubs were created to increase physical activity levels in less active 7-9 year olds through multi-sport themes.
 - SCHOOL GAMES IN PRIMARY AND SECONDARY SCHOOLS – a national programme that aims to motivate and inspire young people, across all levels of ability and experience, to take part in competitive sport at school, regional and national levels.
 - SATELLITE CLUBS – a national programme that can bridge the gaps between school, college and community sport and provide new opportunities for young people to create lifelong sporting habits. By 2017, every secondary school in Hertfordshire will have been offered a satellite community sports club on its site. Satellite clubs make it easier for young people to stay in sport, or to start playing sport for the first time. They will help grow the number of 14-25 year olds taking part in sport for at least 30 minutes every week, as well as reducing the number of young people dropping out of sport.
 - SPORTIVATE – a national programme encouraging 11-25 year olds who are not particularly sporty to access six-to-eight weeks of free or subsidised coaching in a range of sports. During the six-to-eight weeks those taking part can work towards an event or personal challenge and when the free or low-cost coaching has finished they will be supported to continue playing sport.
- 3.36 There are 2500 community sports clubs in Hertfordshire and volunteers play a crucial part in their existence. Although 12.9% of adults in Hertfordshire volunteer in sport, 7 out of every 10 clubs say they need more volunteers. A countywide volunteering group is being set-up which will focus on sport and aims to address this need.
- 3.37 Hertfordshire also provides sports and volunteering opportunities to young people in disadvantaged communities through four Doorstep sports clubs (Borehamwood, Hatfield, Stevenage and Watford). Doorstep sport is StreetGames' delivery method that brings sport close to the home at the right time, for the right price, to the right place and in the right style.

⁴⁴ <http://files.pitchero.com/counties/58/1401203300.pdf>

Hertfordshire Physical Activity & Sport Framework (2015)

- 3.38 Informal activities such as walking and cycling are very popular (and affordable) activities and provision of safe footpaths and cycle routes need to be considered by all appropriate agencies, including organisations responsible for environmental and/or transport issues. For example, some employers have signed up to the Cycle to Work Scheme, seven areas have Health Walks coordinated by the Countryside Management Service, and there are three weekly 5km timed ParkRuns (St Albans, Panshanger and Tring) which are kept free through the involvement of volunteers and sponsors.
- 3.39 Hertfordshire County Council are coordinating “Hertfordshire Year of Cycling”, a programme of events which was launched in May 2014 that also supports the overall aims of the Local Transport Plan 2011-2031 and the Public Health Strategy for Hertfordshire 2013-2017. By promoting cycling as a form of sustainable transport that can be used for utility journeys, and as a way of improving health, the aims of the Hertfordshire Year of Cycling are:
- to increase the number of people cycling on a regular basis, with particular emphasis on increasing the number of people who cycle to work and school, and for other utility journeys to reduce congestion and air pollution.
 - to increase the rate of physical activity.
 - to improve safety for cyclists.
- 3.40 Consultation on the development of this Framework identified a number of factors relating to current provision of physical activity in the county that need to be addressed:
- **Level of physical activity provision:** There are a significant amount and range of physical activity opportunities delivered from a range of venue types, by a number of different providers with varying motivations for doing so. These range from achieving positive social outcomes to commercial reasons. However, levels and range differ between districts. Also, at peak times – especially early evenings – many facilities are fully booked and many sports clubs are unable to find the facilities they need. The need to open up other existing facilities to address this situation, e.g. those on some school sites, is also highlighted in the Hertfordshire Sports Facilities Strategy (2008).
 - **Coordination of provision:** Existing physical activity opportunities are provided in relative ‘isolation’ by each provider and there is limited county-wide coordination of programmes. Some examples of good partnership working exist, however continued and more extensive mapping and coordination is required particularly in times of increasing financial pressure.
 - **Nature of Current Physical Activity Provision:** In general, the type of physical activity opportunities provided across the county is similar. There are some areas of innovation which should be shared and used as examples of good practice. Provision for those with a disability is also limited, both in scope and geographical distribution. Although there is some evidence of a development of more provision for such activities as yoga and pilates, this is again limited in geographical distribution.
 - **Programming:** There are some targeted physical activity interventions delivered in Hertfordshire, but these are generally limited in terms of geographical location and the specific groups involved. There is potential to look at programming, including in public and private facilities, to better target provision of specific activity to suit the needs of particular groups. This could facilitate increased participation especially in relation to current non- or low-participants (e.g. older people). There is little evidence of specific physical activity programmes/interventions targeted at people with mental health problems and people with disabilities. There is also little opportunity for progression in terms of the scope and type of activity.
 - **Monitoring and Evaluation:** There is little evidence that monitoring and evaluation of the impact and outcomes of physical activity provision is shared or published. Although some providers capture such data (for example, Falls Prevention and Active Together programmes), this is not consistent across Hertfordshire. Monitoring and Evaluation should be a key component of all programmes across the county to build the case for investment in physical activity, and help shape physical activity programmes and services.
 - **Resources and funding:** The subsidy provided by local authorities to manage public leisure centres has been reduced in a number of local areas in recent years and this trend is likely to continue. This has

Hertfordshire Physical Activity & Sport Framework (2015)

resulted in public leisure centres being focused very much on income generation rather than the provision of activities in response to local need. Funding for sports development, outreach initiatives, GP referral, etc. has been static at best and in some areas there has been a reduction in resources for these. Also a significant amount of targeted physical activity programmes provided by various agencies including the statutory as well as the voluntary sector is short-term funded which does not facilitate long term planning. The State of the UK's Public Parks 2014 report predicts that the quality and condition of many parks will dramatically decline if action is not taken now as 86% of park managers reported cuts to revenue budgets, a trend they expect to continue; 45% of local authorities are considering either selling parks and greenspaces or transferring their management to others; and 71% of households with children under 10 that visit parks are concerned that reductions in council budgets could have a negative impact on the condition of their local park.

- 3.41 Services within Hertfordshire are working together to use the Five Ways to Wellbeing⁴⁵ developed by the new economics foundation (nef). Based on the latest scientific evidence, nef has created a set of five simple actions (Connect / Give / Be Active / Take Notice / Keep Learning) that can be undertaken individually or collectively and adopted to improve everyday wellbeing.
- 3.42 The 'Be Active' action is core to this Framework and the Hertfordshire Public Health Strategy 2013-2017 also refers directly to it within the actions needed to address their first priority: "Develop a lifestyle offer which helps people become and remain physically, psychologically and socially healthy; this will engage sport and physical activity agencies and partners and will embed 'The Five Ways to Wellbeing'".
- 3.43 If not already involved, organisations should consider the Public Health Responsibility Deal Physical Activity Pledge as a way to work with partners to increase levels of physical activity. Organisations make a pledge (for example the pledge on swimming with the Amateur Swimming Association) and such initiatives are used to encourage an increase in physical activity. Employers also have a huge amount to gain through such initiatives.

Changing Physical Activity Behaviour

- 3.44 Despite the levels of physical activity provision, participation is still low and, in today's urban and technological society, physical activity is becoming an increasingly peripheral part of our daily lives⁴⁶. Simply providing more opportunities does not necessarily equate to growing participation.
- 3.45 We need to be more aware of the determinants and barriers to physical activity so that these can be considered in the design and development of new interventions at an individual or population level. Behaviour change interventions are designed to change specified behaviour patterns i.e. a sedentary lifestyle.

A model of behaviour change

- 3.46 The COM-B system and associated Behaviour Change Wheel formulated by Michie et al⁴⁷ is the preferred model of behaviour change to be used across Hertfordshire.
- 3.47 The COM-B system (see Figure 2) is a system for understanding behaviour including three essential conditions, each with two components:
- Capability = *psychological ability* or *physical ability* to enact the behaviour
 - Opportunity = *physical environment* and *social environment* that enables the behaviour
 - Motivation = *reflective mechanisms* and *automatic mechanisms* that activate or inhibit behaviour

⁴⁵ <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/5ways2well/>

⁴⁶ Biddle, S. & Mutrie, N. (2008). Psychology of Physical Activity. Routledge: Oxon

⁴⁷ Michie et al.: The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science* 2011, 6:42 <http://www.implementationscience.com/content/pdf/1748-5908-6-42.pdf>

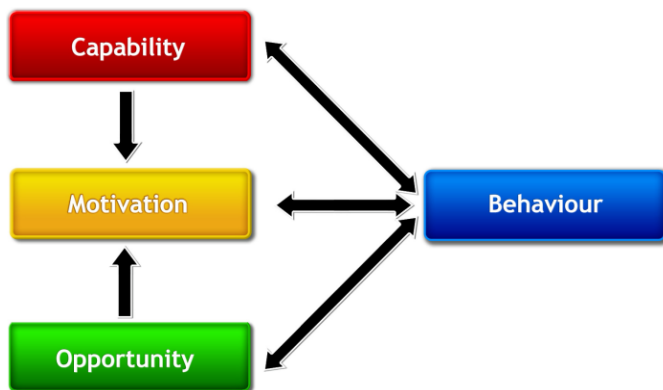


Figure 2 The COM-B system – a framework for understanding behaviour

- 3.48 The three components of the COM-B system interact to generate behaviour. Behaviour can only be understood in relation to its context, which is reflected in the ‘opportunity’ component of the model.
- 3.49 The starting point in designing an intervention is thinking about what needs to change, then considering how to change it. Once the behaviour is identified, each component of the model can be considered in relation to that specific behavioural problem (e.g. a sedentary lifestyle in a precise area of Hertfordshire). Thus each component could be a barrier or a facilitator to increasing levels of physical activity and can then be targeted as part of the intervention.

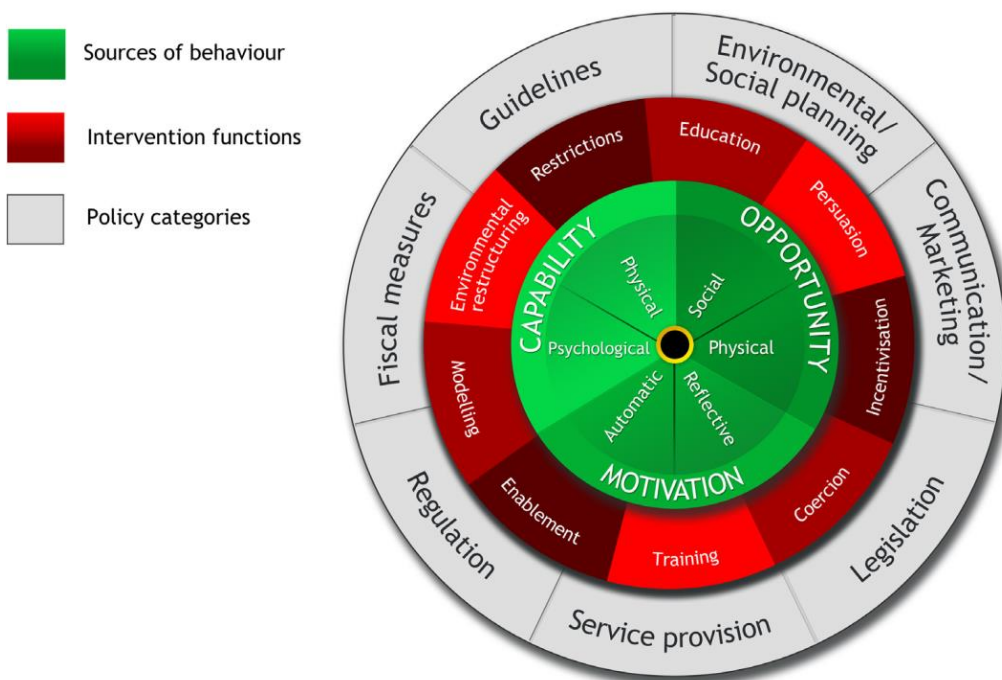


Figure 3 The Behaviour Change Wheel

- 3.50 The Behaviour Change Wheel (BCW) was developed to address the limitations of 19 previous frameworks and is a classification system for characterising interventions incorporating three layers (see Figure 3). The COM-B system forms the centre of the BCW. The inner red ring portrays the nine intervention functions

Hertfordshire Physical Activity & Sport Framework (2015)

aimed at addressing deficits in one or more of the COM-B system conditions. Five of these (education, enablement, incentivisation, persuasion and training) are more personal approaches; four (coercion, environmental restructuring, modelling and restriction) are external influences. The outer grey ring depicts the seven policy categories that could enable those interventions to occur, placed outermost in the wheel as policies can only influence behaviour through interventions. Full definitions and examples used within the three layers of the BCW can be read in Michie et al's paper.

- 3.51 The BCW is designed to enhance systematic analyses of how to make the selection of interventions and policies, extensive tables of which are included in Michie et al's paper. The BCW approach to 'intervention mapping' allows the context to predict what aspects of the COM-B system will need to be influenced and in what ways to change the required behaviour i.e. multiple components may be interacting, so all need to be addressed to achieve the desired behavioural outcome.
- 3.52 This brief overview of behaviour change presents some key issues for consideration, for example understanding the basic premise of the Behaviour Change Wheel and ensuring that differentiated activities for each stage of the model are appropriate and accessible. Readers are signposted to a set of tools that can aid the design, development and delivery of future physical activity interventions:
- NICE guidance on behaviour change⁴⁸ – makes recommendations on principles for effective interventions and individual approaches to changing health-damaging behaviour e.g. if appropriate advise on, and arrange for, friends, relatives, colleagues or 'buddies' to provide practical help, emotional support, praise or reward to maintain behaviour change.
 - Barriers to engaging in physical activity⁴⁹ – identifies numerous barriers (grouped into three categories: structural, personal and mediating factors) that constrain different demographic groups from engaging in (non-work related) physical activity e.g. the major barrier confronting women is reported as fear over safety, which needs to be addressed to help this group to become more physically active.
 - The Model of Determinants⁵⁰ – depicts the range of variables that interact, to promote or constrain an individual's participation in physical activity e.g. neighbourhood factors (such as safety), psychosocial factors (such as perceived benefits and costs) and demographics (such as social position, car ownership, ethnicity) need to be addressed to achieve a desired outcome of active transport.
 - The Behaviour Change Wheel: a guide to designing interventions⁵¹ – a practical guide to designing and evaluating behaviour change interventions and policies, including key concepts and practical tasks e.g. providing clear information on physical activity opportunities available will help in designing an appropriate intervention and increased uptake of the programme.
 - Examples of intervention techniques include 'Nudges' e.g. a change in the environment to one that encourages physical activity as a new building is located within walking distance of amenities.
- 3.53 This Framework and any subsequent action plan must therefore place behaviour change at its core, as the Hertfordshire Public Health Strategy 2013-2017 has done. Within that, a people-centred approach to public health is being developed, whilst adopting the principles of proportionate universalism (i.e. action to reduce health inequalities will be universal across Hertfordshire but proportionate to the level of disadvantage in different areas) and a lifecourse and whole system approach. The Behaviour Change Wheel reflects this.

⁴⁸ <http://www.nice.org.uk/Guidance/ph49> and <http://www.nice.org.uk/guidance/pH6>

⁴⁹ Collins, M. (with T. Kay) (2002). *Sport and Social Exclusion*. Routledge: Oxon

⁵⁰ Hillsdon *et al.* (2005) in C. Foster, M. Hillsdon, N. Cavill, S. Allender, G. Cowbrun. *Understanding Participation in sport*. Sport England: London

⁵¹ <http://www.behaviourchangewheel.com/>

4 Hertfordshire – A Physical Activity Profile

Introduction

- 4.1 In order to decide what the priorities should be for increasing physical activity in Hertfordshire, it is important to understand current levels of participation. This information is not uniform across the county because the nature of each district/borough is different, as the demographic factors highlight.
- 4.2 The level of participation in sport and active recreation in the UK is low, and levels have not changed much over recent years. At national level, participation levels are lower for: older people, women, people living in more deprived areas, people with a disability, and those from minority ethnic groups, and there are substantial differences in participation by social economic classification. This situation is also the case in Hertfordshire (see participation profile below).
- 4.3 Even reflecting on robust data such as that outlined below, participation figures are likely to underestimate the true burden of inactivity. The 2008 extended Health Survey for England reported that only 8-10% of adults from a sample of respondents who claimed to meet the recommended levels of participation actually did so⁵². This highlights the tendency for people to overestimate their own levels of physical activity when self reporting. However, year-on-year data collected in the same way is still important and highlights relevant trends in physical activity levels.

Participation Profile

- 4.4 There has long been a lack of reliable data on participation across the country and the need for robust baseline data on participation rates has been identified by many public service providers. The Active People Survey (APS), on behalf of Sport England and the Department of Health, was undertaken to work towards filling this gap. It is the largest ever survey of sport and active recreation undertaken in Europe and is unique in providing reliable statistics on participation in sport and active recreation by adults (16+) for all local authorities in England. It has recently been extended to include 14 and 15 year olds.
- 4.5 The first Active People Survey (APS1) was carried out between October 2005 and October 2006 with a sample size of 1,000 people per local authority area. A second survey (APS2) was carried out between October 2007 and October 2008 with a smaller sample size of 500 per local authority area and this form of the survey has been carried out on a rolling annual basis, with the most recent survey (APS7) being completed in October 2013. To provide data comparable with the original APS1 data, some annual results are combined.
- 4.6 The APS measures a variety of levels of frequency of participation in sport and active recreation including: structured (i.e. organised in clubs, competition and/or coaching) and unstructured sport, casual leisure time activity and recreational walking and cycling, and certain lighter intensity active recreation activities for those aged 65 and over. Additionally, questions were included for the first time in APS3 about more informal physical activities such as gardening and dance. The survey also measures participation in individual sports, allowing the most popular activities to be identified. Most recently, the survey collects data to measure against the adult physical activity guidelines of 150 minutes per week.
- 4.7 The APS provides valuable insight into the physical activity participation rates of different parts of the population (gender, age, ethnicity, limiting illness/disability and socio-economic classifications) to identify if any differences exist.
- 4.8 The data identifies how participation varies from place to place at a local level, between districts and boroughs in the county, and between different groups in the population. When considering these variances, it is worth noting that differences in demographic, economic and social factors mean that direct comparisons between (geographically) neighbouring districts are not always useful or appropriate. Local authorities are

⁵² Annual Report of the Chief Medical Officer, Department of Health (2009)

Hertfordshire Physical Activity & Sport Framework (2015)

more usefully compared to their statistical 'neighbours' i.e. authorities elsewhere in the UK that share similar socio-economic and demographic characteristics (according to the Index of Multiple Deprivation or IMD).

- 4.9 The statistics presented below for Hertfordshire are based on two data sets as the Public Health England definitions of 'physically active' and 'inactive' differ from those of Sport England. For clarity, the definitions of the data sets to be used within this Framework are summarised below with their abbreviation in bold:

Public Health England definitions are used to report against the indicators 2.13i (active) and 2.13ii (inactive) in the Public Health Outcomes Framework. Measured by the Active People Survey, these definitions are used in the Hertfordshire Joint Strategic Needs Assessment:

- Indicator 2.13i = Percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity (**Active-150minsPA**): the proportion of adults (16+) achieving at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days
- Indicator 2.13ii = Percentage of adults classified as 'inactive' (**Inactive**): the proportion of adults (16+) that do less than 30 "equivalent" minutes of moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days

Sport England definitions are used to report against sport indicators. Measured by the Active People Survey, this definition is used by National Governing Bodies of Sport (NGBs) and will also be reported against in this Framework:

- Sports Participation indicator (**1x30 Sport**) = The percentage of the adult population participating in sport, at moderate intensity, for at least 30 minutes on at least four days out of the last four weeks (equivalent to 30 minutes on one or more days a week). The indicator does not include recreational walking or recreational cycling. It does include more strenuous walking activities, such as hillwalking, rambling and powerwalking. For those aged 65 and over, it includes light intensity activities such as yoga, pilates, bowls, archery and croquet. Besides the activities listed above, this includes cycling if done at least once a week at moderate intensity for 30 minutes

NB. Sport England and NGBs use a different indicator to report inactivity as their zero participation is indicative of just adults who do not participate in any sport, rather than those who do not participate in any physical activity.

- 4.10 Although robust data for children's physical activity levels are not currently available for geographical areas smaller than England, Hertfordshire use information, including physical activity data, from the Health Related Behaviour Survey to inform their Joint Strategic Needs Assessment. This supports the Hertfordshire Health and Wellbeing Strategy, Healthy Schools Programme, Young People's Substance Misuse Plan and Teenage Pregnancy Strategy, and will now support this Framework.
- 4.11 The Health Related Behaviour Survey is an anonymous survey carried out every two years. All primary and secondary schools in Hertfordshire are invited to take part. For primary pupils aged 9 to 11 and secondary pupils aged 12 to 15, it is designed to enable schools to promote health and wellbeing as they will better understand the needs of their children and young people and be able to develop appropriate plans with partners.
- 4.12 The following existing questions within the survey will be used initially to capture trend data for physical activity for children and young people as they are identical for primary and secondary school pupils:
- How often do you play or do any of these things [physical activities] in your own time or in school clubs (not school lessons)?
 - How did you travel to school today?
- 4.13 Other physical activity questions are asked within the Health Related Behaviour Survey, results of which will also be summarised, and questions that relate directly to the national physical activity guidelines are being considered for inclusion in future versions of the survey.

Hertfordshire Physical Activity & Sport Framework (2015)

- 4.14 In addition, the Me And My Sport & Health Survey⁵³ is currently being tested by a number of schools in Hertfordshire. It informs schools about pupil's participation in sport, physical activity and healthy lifestyles. It can be customised so there is the opportunity to capture the number of pupils meeting the CMO physical activity guidelines.
- 4.15 The below provides a summary of participation rates across the county and district areas. More detailed data is available for adults via the Active People Interactive Tool on the Sport England website, and the Sport England Local Sport Profiles Tool which contains locally available data on a range of topics including:
- **Demographics** - Data relating to the demographic nature and physical geography of the area
 - **Health** - Data on the health of the local population
 - **Participation** - Statistics on the participation of adults in sporting and recreation activities
 - **Facilities** - Numbers of, and ownership of, facilities in the local area and Clubmarked accredited clubs
 - **Economy** - Data on local sport businesses, new business activity, employment and financial performance
 - **Comparators** - Comparisons with nearest local authority statistical neighbours (based on the CIPFA model) and Core Cities.

Key Findings for the County of Hertfordshire

- 4.16 According to the World Health Organisation⁵⁴, physical inactivity is the 4th leading risk factor for global mortality, and is directly responsible for 6% of deaths (about 3.2 million) globally. Inactivity is as much of a concern in Hertfordshire.

Participation in Adults

- 4.17 Data from the last 7 years of Active People Survey have identified a number of key findings for Hertfordshire. Sport indicators are available in greater detail than the Active-150minsPA and Inactive health indicators:

For Adults (age 16+):

- Three-fifths (58.8%) of the adult population are physically active to the level of 150 minutes per week as recommended by the Chief Medical Officer (**Active-150minsPA**).
- A quarter (25.3%) of the adult population are inactive and do less than 30 minutes physical activity per week (**Inactive**). In comparison, half (47.7%) of the adult population does not take part in any sport.
- Although there has been a significant increase in sports participation by adults (**1x30 Sport**), it has only been from 37.6% in 2005/6 to 39.9% in 2012/13.
- Females are much less active than their male counterparts: 36.3% vs. 43.7% participated in sport (1x30 Sport) in 2012/13.
- Differences still remain in sports participation (1x30 Sport) by socio-economic classification: the NS-SEC 1-4 (managerial, professional and intermediate occupations and small employers) groups participated more (43.6%) compared to the NS-SEC 5-8 (lower supervisory and technical, routine/semi-routine occupations and the long-term unemployed) groups (32.4%).
- Ethnicity does not play a role in level of sports participation (1x30 Sport) across Hertfordshire as a whole: 39.8% of adults classified as either White British or Black and Minority Ethnic groups take part in sport.
- Adults with a limiting illness or disability, compared to those who do not have such illness/disability, take part less in sport (1x30 Sport): 19.4% vs. 43.3% in 2012/13.

- 4.18 Although reports have shown that levels of participation have fluctuated up and down over the last 7 Active People Surveys, these latest findings highlight that a quarter of the population of Hertfordshire still do not do enough physical activity to benefit their health. In addition, approximately half (47.7%) of the adult population does not take part in any sport.

⁵³ <http://www.meandmylifestyle.co.uk/sportandhealthsurvey>

⁵⁴ World Health Organisation (2009), Global Health Risks: Mortality and burden of diseases attributable to selected major risks

Hertfordshire Physical Activity & Sport Framework (2015)

- 4.19 The low level of participation among mid-life and older people is also of note, given the benefits to health in later life of physical activity. This high level of inactivity is also noticeable in sport where it remains greater with increasing age: those aged 65 plus are twice as likely to not take part in sport (68.7%) as those aged 16-25 (33.5%). The risk of cardiovascular disease is reduced by keeping active, as is the risk of osteoporosis. In addition, physical activity for those aged over 65 can also bring social benefits, improved activities of daily living and mobility and improved cognition⁵⁵.
- 4.20 Figure 4 shows 2013 data for Hertfordshire as a whole, demonstrating the difference in levels of those who are physically active (Active-150minsPA) and those who are not (Inactive) against the CMO recommended guidelines. Hertfordshire compares well to its IMD neighbours and is in the middle of the range for levels of activity and inactivity.

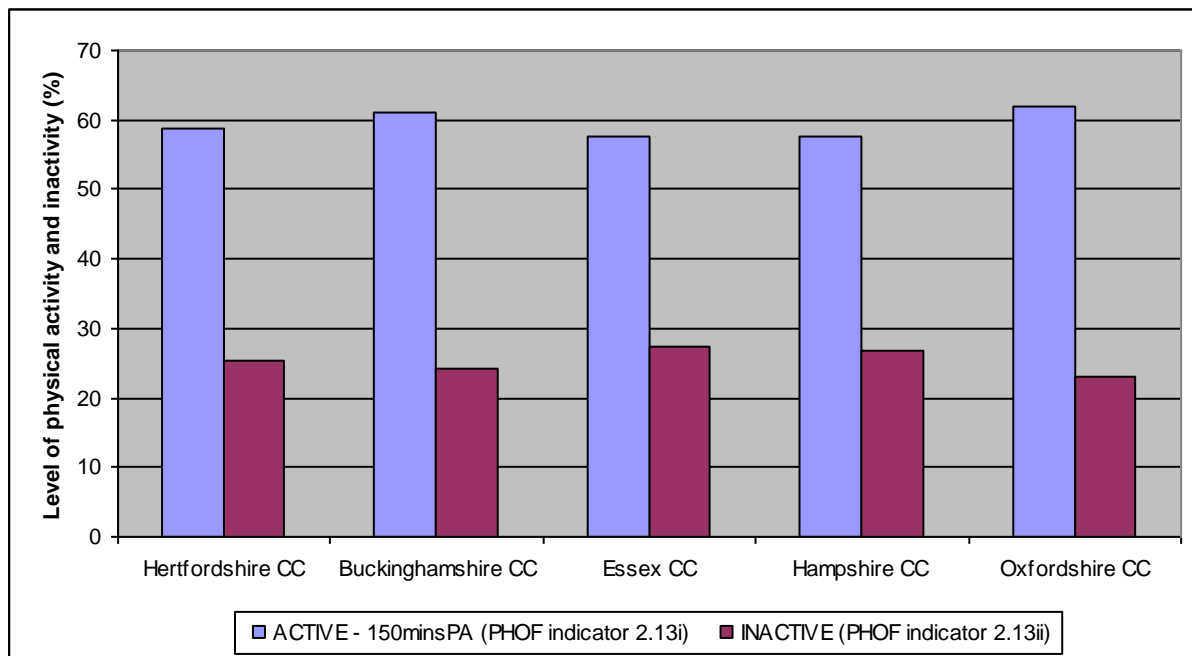


Figure 4 Data against the Public Health Outcomes Framework indicators (2.13i and 2.13ii) for Hertfordshire in comparison to its IMD nearest neighbours

- 4.21 The proportion of residents who walk or cycle differs greatly⁵⁶. 87.3% of the population walk continuously for 10 minutes or more for any purpose at least once a month (more than those in the rest of the East of England and England) but only 14.2% get on their bicycle once a month for any length of time for any purpose (less than across the East of England and the rest of the country).
- 4.22 Even more worrying is that walking and cycling plummets dramatically across Hertfordshire when increased frequency is considered. Only 9.1% of residents cycle once a week, 3.7% cycle three times a week and 2.2% cycle five times a week. This latter figure may or may not coincide with those who commute by bike. British Cycling has recently launched their 10-point plan 'Time To #ChooseCycling'⁵⁷ which provides guidance for consideration within Hertfordshire to address these low numbers.
- 4.23 Although the figures include those unable to walk, only half of residents (52.8%) walk 3 times per week, and only 2 in every 5 people (41.2%) walk 5 times per week. This again may or may not coincide with those who walk to school or work, but does show that half the population do not even walk for 10 minutes every day!

⁵⁵ Annual Report of the Chief Medical Officer, Department of Health (2009)

⁵⁶ Spreadsheets (Proportion of residents who do any walking or cycling (at local authority level) – CW010) published by www.gov.uk on 29th April 2014 with data from the Active People Survey 2012/13

⁵⁷ http://www.britishcycling.org.uk/media_centre/article/cam20140207-British-Cycling-launches-10-point-plan-to-transform-Britain-into-a-true-cycling-nation-0

Hertfordshire Physical Activity & Sport Framework (2015)

Participation in Children

- 4.24 Data from the Health Related Behaviour Survey has identified a number of key findings in Hertfordshire for school children aged 9 to 15. The most recent data available is from 2012 with trends available on some questions from 2004. Data is for physical activity undertaken outside of school lessons. In 2012, 12% of potential schools and 14.4% of potential pupils in Hertfordshire took part in the survey.

For Primary School Children and Young People (aged 9 to 11):

- 52% of primary school pupils walked to school on the day of the survey and 4% cycled
- 0% of pupils never or hardly ever took part in any physical activity at least once a week and 96% took part in at least one physical activity at least once a week [NB]
- 88% of pupils enjoy physical activity at school 'quite a lot' or 'a lot'
- 92% of pupils found it 'very easy' or 'quite easy' to be as physically active as they liked at play times
- Top five weekly activities for boys: football, running for exercise, keep fit, going for walks, riding a bike
- Top five weekly activities for girls: dance/gymnastics/trampolining, running for exercise, going for a walk, swimming, keep fit
- 88% of pupils play running/skipping games/tag at play times and 75% (88% boys and 62% girls) play ball games [NOT ASKED IN SECONDARY SCHOOLS]
- 45% of pupils reported they exercised vigorously enough to breathe harder five times or more last week [NOT ASKED IN SECONDARY SCHOOLS]

For Secondary School Children and Young People (aged 12 to 15):

- 51% of secondary school pupils walked to school on the day of the survey and 2% cycled.
- 3% of pupils never or hardly ever took part in any physical activity at least once a week and 83% took part in at least one physical activity at least once a week [NB]
- 78% of pupils enjoy physical activity at school 'quite a lot' or 'a lot'.
- 74% of pupils found it 'very easy' or 'quite easy' to be as physically active as they liked.
- Top five weekly activities for boys: football, riding a bike, jogging, going for walks, swimming.
- Top five weekly activities for girls: going for walks, dancing, jogging, swimming, riding a bike.

Trends and Comparisons:

- Inactivity outside of school lessons increases with age.
- Enjoyment of physical activity declines with age, and this is most marked in girls.
- Fewer girls enjoyed physical activity and fewer girls found it easy to be as physically active as they liked.
- Pupils who enjoy physical activity are more likely to have taken part in vigorous exercise the previous week.
- Pupils who enjoy physical activity are more likely to have high self-esteem generally.
- Walking and cycling to school decline with age through secondary school, with fewer girls than boys cycling.

- 4.25 NB. It should be noted that the figures presented for the proportion of pupils who are active (96% primary and 83% secondary) are based on the number taking part in at least one activity at least once a week which does NOT correlate to achievement of the national physical activity guidelines by all of these children. That data is unavailable from current measurement tools.
- 4.26 In summary, 51% of school pupils walked to school on the day of the survey and 3% cycled to school. 89% of pupils reported themselves to be active outside of school lessons in terms of taking part in at least one physical activity at least once a week. 1.5% report they are inactive outside of school lessons.
- 4.27 Girls are generally less active than boys and activity levels tend to decline with age. Questions remain around whether the right opportunities are available for children so that they can enjoy physical activity more and therefore find it easier to be physically active.

Participation across the 10 districts and boroughs of Hertfordshire

- 4.28 In all district/borough areas in Hertfordshire, patterns in participation in physical activity are consistent with the picture for the county as a whole with only a few exceptions.

Participation in Adults

- 4.29 Data from the last 7 years of Active People Survey have identified the following key findings across the districts and boroughs (data is presented as combined APS 6/7 covering years 2011/12 and 2012/13 for a large enough sample size to be used):

For Adults (age 16+):

- The proportion of the adult population that is physically active to the level of 150 minutes per week as recommended by the Chief Medical Officer ranges from 52.6% in Stevenage to 65.8% in St Albans (**Active-150minsPA**).
- The proportion of the adult population that is inactive and does less than 30 minutes physical activity per week ranges from 32.5% in Broxbourne to 21.9% in St Albans (**Inactive**).
- Changes in sports participation by adults (**1x30 Sport**) have shown that between 2005/6 and 2011/13, levels have changed within a range of -3.3 percentage points (not a significant change) in Three Rivers to + 7.4 percentage points (a significant change) in Hertsmere.
- Current levels of sport participation (1x30 Sport) range from 32.4% in Welwyn Hatfield to 46.5% in East Hertfordshire in 2011/13.
- All ten districts have a lower than expected level of participation when considering a range of socio-demographic information⁵⁸.
- In comparison, 2-3 out of every 5 people (between 39.4% in East Hertfordshire and 58.3% in Stevenage) do not take part in any sport and this non-participation in sport is greater with increasing age, with adults who have a limiting illness/disability and differs between socio-economic groups.

- 4.30 Appendix 2 provides links to the latest Active People Survey results for each district/borough which demonstrates the participation levels and variation within Hertfordshire. Districts/boroughs should not be compared due to differences in demographics. Comparisons should be made with nearest IMD neighbours for greater relevance.
- 4.31 Rates of cycling and walking within the 10 districts and boroughs follow the same pattern as Hertfordshire. Less than 1 in 5 people cycle once a month, even in North Hertfordshire where cycling is most prominent (19.3%). In comparison, only 6.7% of residents in Three Rivers cycle once a month, 3.5% once a week, 0.9% three times a week and 0.5% cycle five times a week.
- 4.32 Although up to approximately 9 out of 10 residents walk once a month (range from 81.8% in Stevenage to 91.3% in East Hertfordshire), this plummets to less than 2 out of 5 people walking five times a week (range 35.2% in Three Rivers to 45.3% in Hertsmere).

Participation in Children

- 4.33 Physical activity data from the Health Related Behaviour Survey identified the following key points for children at school between the ages of 9 and 15. As before, the most recent data available is from 2012 with trends available on some questions from 2004. In 2012, 12% of potential schools and 14.4% of potential pupils in Hertfordshire took part in the survey. Broxbourne has been excluded from the secondary school analysis as the low number of schools taking part showed it to be an outlier.

⁵⁸ i.e. economic and demographic variables outside the control of a local authority such as income, age, occupation and family structure. For more detailed technical information about the regression model used to estimate expected participation, visit www.sportengland.org.

For Primary School Children and Young People (aged 9 to 11):

- Between 41% (in Hertsmere) and 65% (in Stevenage) walked to school on the day of the survey. Between 1% (in Hertsmere and Watford) and 11% (in North Hertfordshire) cycled
- 0% of pupils in all districts (except 1% in Dacorum) never or hardly ever took part in any physical activity at least once a week and between 92% (in Dacorum) and 98% (in East Hertfordshire and St Albans) took part in at least one physical activity at least once a week [NB]
- Between 80% (in North Hertfordshire) and 90% (in 4 districts) of pupils enjoy physical activity at school 'quite a lot' or 'a lot'
- Between 88% (in North Hertfordshire) and 96% (in Hertsmere) of pupils found it 'very easy' or 'quite easy' to be as physically active as they liked
- Between 82% (in North Hertfordshire) and 94% (in East Hertfordshire) of pupils play running/skipping games/tag at play times and between 66% (in North Hertfordshire) and 85% (in Stevenage) play ball games [NOT ASKED IN SECONDARY SCHOOLS]
- Between 37% (in Stevenage) and 50% (in Hertsmere) of pupils reported they exercised vigorously enough to breathe harder five times or more last week [NOT ASKED IN SECONDARY SCHOOLS]

For Secondary School Children and Young People (aged 12 to 15):

- Between 32% (in Watford) and 65% (in Dacorum and Stevenage) walked to school on the day of the survey. Between 1% (in Dacorum and East Hertfordshire) and 6% (in Welwyn Hatfield) cycled
- Between 2% (in 5 districts) and 6% (in Stevenage) of pupils never or hardly ever took part in any physical activity at least once a week and between 73% (in Stevenage) and 88% (in North Hertfordshire) took part in at least one physical activity at least once a week [NB]
- Between 69% (in Welwyn Hatfield) and 86% (in North Hertfordshire) of pupils enjoy physical activity at school 'quite a lot' or 'a lot'
- Between 68% (in Welwyn Hatfield) and 83% (in North Hertfordshire) of pupils found it 'very easy' or 'quite easy' to be as physically active as they liked

4.34 NB. It should be noted that the figures presented for the proportion of pupils who are active are based on the number taking part in at least one activity at least once a week which does NOT correlate to achievement of the national physical activity guidelines by all of these children. That data is unavailable from current measurement tools.

4.35 The data presented gives an overview of the differences that can arise across Hertfordshire. Further trends also show that different sports can be popular in different geographical areas. It is recommended that districts, in collaboration with their Local Partnership for Schools, access their individual area full reports to prioritise and target physical activity interventions.

Physical Activity Recommendations for local action plans

4.36 For adults, it is the recommendation of this strategy that consideration is given to the following indicators at a local level in developing local physical activity action plans:

- Proportion Inactive (inactive health indicator) – presented against the Public Health Outcomes indicator 2.13ii
- Proportion Active for Health (150minsPA health indicator) – presented against the Public Health Outcomes indicator 2.13i for achieving the national recommended physical activity guidelines
- Proportion Active in Sport (1x30 Sport indicator) – presented against the Sport England target, used by the National Governing Bodies of Sport.

4.37 For children, it is the recommendation of this strategy that consideration is given to the following indicators at a local level in developing local physical activity action plans:

- Proportion who walk or cycle to school – as measured by the Health Related Behaviour Survey

Hertfordshire Physical Activity & Sport Framework (2015)

- Proportion who take part in at least one physical activity at least once a week in their own time or in school clubs – as measured by the Health Related Behaviour Survey

In addition, it is the recommendation of this strategy that local areas work with their Local Partnership for Schools to:

- Roll-out either the Health Related Behaviour Survey or Me And My Health & Sport Survey to all their schools, and
- Support the inclusion of an additional question in both surveys relating to achieving the national recommended physical activity guidelines for children and young people of at least 60 minutes daily.

4.38 Reducing the inequalities gap is a key focal area. The key principle of Proportionate Universalism will be adopted in this Framework, as it has been in the Health and Wellbeing Strategy for Hertfordshire and the Public Health Strategy. In addition, this Framework will support physical activity across the nine protected characteristics (sex, sexual orientation, marriage and civil partnership, race, disability, gender reassignment, religion and belief, age and pregnancy and maternity).

5 Strategic Ambitions and Objectives

***'The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure.'*⁵⁹**

Introduction

- 5.1 The urgent priority is to increase participation in physical activity which will realise significant physical and mental benefits to individual and community health and well being. Evidence of inactivity is a grave concern in relation to the negative impact it has on health and well being and the significant, subsequent public health costs. The situation in respect of the financial and human cost is only likely to worsen unless measures are put in place now to address the low levels of participation in physical activity. These measures include safeguarding future expenditure in relation to physical activity, targeting the most sedentary populations, working better across partners from both the statutory and voluntary sectors and more.
- 5.2 Sport is one means through which participation in physical activity can be increased and made more sustainable. Equally, incorporating physical activity into everyday life can be an important contribution to a more active and healthier lifestyle. One example that is also a low-cost option is active travel e.g. walking or cycling to school or work.
- 5.3 The research and participation data illustrate that levels of participation vary between individuals, socio-demographic groups and geographical communities. The reasons why people do or do not participate are not uniform. This supports a more targeted approach to engaging with people to increase their levels of participation. This also supports the view that local strategies should be developed that seek to address the specific barriers, motivations and levels of participation in a local (i.e. district or smaller) area. Given the national and regional context for future physical activity provision, it is important that the local focus reflects this in terms of delivery strands, but also addresses local issues.
- 5.4 Much research has been done, as outlined in previous sections of this document, to identify the least active and find out what they would like to do, where and when. Focussing on physical activity and not sport in the first instance, has been found to be less threatening and more successful, particularly for older people, women and children.
- 5.5 To increase the number of people taking part in regular physical activity, there is a particular need to coordinate targeted interventions at those groups or individuals who are the least active. An approach that could help facilitate this is the establishment of a community outreach team, perhaps county-based, whose role it would be to encourage increased participation by those who are least or not active.
- 5.6 A complete systems approach across Hertfordshire would be the ideal to ensure effective collaboration. It is important to work with partners outside sport to build relationships, and create capacity so that activities become self-sustaining beyond a specific programme. These partners could include different departments within county, district and borough, and town and parish councils, public health teams, local Strategic Partnerships, Health & Wellbeing groups, NHS Clinical Commissioning Groups, third sector agencies, Healthwatch and community agencies.
- 5.7 Increasing participation is about people; activities such as walking which use the natural and local environment can sometimes be more appropriate and successful than activities reliant on an indoor space. Encouraging people to keep active, and change their lifestyle habits relies on developing trust and confidence; the people involved in running activities are therefore critical.

⁵⁹ Annual Report of the Chief Medical Officer, Department of Health (2009)

Summary of Key Challenges for Increasing Levels of Physical Activity in Hertfordshire

5.8 Information and data, relevant to participation levels in physical activity from national, regional and local research and local consultation has been highlighted in earlier chapters. A number of key challenges for increasing participation levels arising from these are summarised below:

- Addressing drivers and barriers to participation including accessibility and affordability.
- Strengthening strategic coordination, communication and cross-service planning for physical activity and its delivery by unlocking resources and aligning with agreed priorities.
- Improving targeted provision to those who are most sedentary and inactive and therefore at risk of ill-health as a result.
- Increasing participation in the context of the current financial and economic climate (where appropriate budgets are constrained).
- Improving understanding of the benefits of physical activity and the contribution it can make to many local priorities including health improvement and preventative health.
- Improving monitoring and evaluation of physical activity provision, linked to identified outcomes.
- Influencing local planning, environmental and transport policy to create more active environments in new housing, schools and other developments and create more active environments.
- Increased understanding and inclusion of physical activity and sport to help address local priorities.
- Adoption of Proportionate Universalism to reduce health inequalities and support of the nine protected characteristics to address equality.

Vision of the Hertfordshire Physical Activity & Sport Framework

5.9 Reflecting on the low levels of activity and in particular the extent of inactivity in Hertfordshire, the aspiration in developing this Framework is that Hertfordshire gets **'Everybody Active, Every Day'**. This means that all residents will be undertaking, at the very least, some limited form of physical activity to benefit their health and this will become the new social norm for Hertfordshire.

5.10 As well as tackling inactivity, this Framework seeks to increase the frequency of those already participating. Therefore the overall vision of this Framework is:

**'To reduce levels of inactivity, increase regular participation in physical activity
and contribute to healthier, more active communities'**

5.11 This Framework is about encouraging and facilitating opportunities for everyone to participate in regular physical activity, particularly the most inactive groups. Working towards this vision will make an overall contribution to the improved health and wellbeing of people in Hertfordshire and to achieving the targets set out in section 3.20 of this Framework.

5.12 The overall intended outcomes of the vision are: for there to be a year-on-year increase in physical activity, more people to be participating in physical activity and healthier, more active communities in Hertfordshire.

Strategic Ambitions

Hertfordshire Physical Activity & Sport Framework (2015)

- 5.13 To achieve its vision, this Framework proposes four strategic ambitions that align with the national framework 'Everybody active, every day'. These are:
- (1) GETTING THE MESSAGE OUT
The people of Hertfordshire understand the importance of physical activity to their health and are aware of the opportunities available to them to participate and enable participation through volunteering. Activity is promoted in a targeted way that encourages participation in key audiences, aiming to establish a new social norm in which physical activity IS the norm. Effective collaboration between public, private and third sectors will ensure this.
 - (2) DESIGNING PHYSICAL ACTIVITY BACK IN TO OUR EVERYDAY LIVES
The people of Hertfordshire live in an environment that is conducive to participating in physical activity on a regular basis, ensuring improved environmental sustainability and economic prosperity.
 - (3) MAKING PHYSICAL ACTIVITY A LIFELONG HABIT
People in Hertfordshire, who are inactive and most at risk of developing health problems related to inactivity, are supported to increase their participation levels.
 - (4) PROVING SUCCESS
There is an effective infrastructure in Hertfordshire within which partners (including health & social care and wider determinant professionals, academic networks as well as physical activity specialists) can work in an integrated way to address local need and increase participation in their area, whilst following robust monitoring and evaluation procedures.

- 5.14 Underpinning these ambitions is a set of objectives that need to be delivered to achieve the ambitions and ultimately the outcomes of the vision. Each is detailed below.

(1) Getting the Message Out

- 5.15 The majority of adults are not active enough to benefit their health. It is important to communicate the facts about inactivity and increase awareness of the significant health benefits of physical activity to everyone, particularly groups facing specific barriers and those who are least active. There is a role for all sectors, not just health specialists, to make every contact count, to communicate the facts about physical activity and dispel the myths.
- 5.16 The transfer of public health from the NHS to local government means the county council has a statutory responsibility to improve public health and a statutory duty to lead the local system through the Director of Public Health. Also, Clinical Commissioning Groups have a statutory duty to reduce inequalities in health in their registered populations so GPs and other health professionals have a significant role to play in raising awareness of the benefits of physical activity to health and signposting people to the local opportunities for them to take part.
- 5.17 Opportunities to be more active are available in daily life. Understanding the benefits of small lifestyle changes such as walking up the stairs instead of taking the lift or getting off the bus one stop earlier will help inform individual lifestyle choices, as will increased awareness of the range of physical activity opportunities available at local level. All this will help establish a new social norm in which physical activity IS the norm.
- 5.18 The strategic ambition is that **the people of Hertfordshire understand the importance of physical activity to their health and are aware of the opportunities available to them to participate and enable participation through volunteering. Activity is promoted in a targeted way that encourages participation in key audiences, aiming to establish a new social norm in which physical activity IS the norm. Effective collaboration between public, private and third sectors will ensure this.** To meet this strategic ambition, the following objectives for creating a social movement are proposed:
- All stakeholders should be encouraged to make every contact count and signpost people to the opportunities for them to take part in a more physically active lifestyle, including volunteering. These partners need to be fully aware of local resources and opportunities and measures should be put in place at a local community level to ensure this happens.

- Healthcare staff, in primary and secondary care, need to be supported to promote physical activity through training on effective brief intervention and by establishing systems that support routine assessment, advice and follow-up. This approach needs to be embedded within clinical strategies.
- Information relating to physical activity opportunities and the benefits of physical activity to improving health should be as easy to find as possible for communities. The best way to do this at a local level may vary but could include a website, a central 'one stop shop' for information and/or effective signposting through all health and social care facilities such as GP practices. Opportunities for enabling participation through volunteering can be promoted through Volunteer Centres.
- National branding such as 'Change4Life' should be used locally wherever possible, to ensure that the full benefits of national campaigns are felt at a local level.
- County and community wide mass participation approaches to promoting physical activity, such as Hertfordshire's Years of Cycling and Walking, should also be used by stakeholders to provide an imaginative hook for people to become more active.
- Using existing research tools (such as Sport England's Market Segmentation) and a people-centred approach (e.g. consultations with the least active to further understand the barriers and motivations behind non-participation) can be useful in developing marketing and communications approaches at a local level. These tools can further be used to develop physical activity interventions that are appropriate and appealing to a particular target group or community to achieve a cultural change. One example is how StreetGames have used Doorstep sport to target areas of inequality.

(2) Designing Physical Activity Back in to Our Everyday Lives

- 5.19 The quality of our environment has a direct influence upon levels of physical activity. The opportunity to explore safe, attractive and interesting parks, streetscapes and rural areas can be a significant motivator for recreational walking and cycling. Equally, good urban design that takes account of the needs of cyclists and pedestrians, offering safety and convenience, helps tip the balance in favour of active travel for shorter journeys. Tools are available that can help inform the design of communities that support and promote healthy and active living which include practical guidance, checklists and case studies e.g. the Healthy Active by Design (HABD) tool.
- 5.20 'Natural' environments offer important settings for physical activity. As well as the health benefits associated with physical activity, they have been shown to reduce chronic stress and enhance a sense of wellbeing. Active use of the outdoors can strengthen communities and creates a sense of place in which people feel they belong. Natural space has a restorative effect on adults suffering from depression or anxiety. Both the quality and quantity of green space are important.
- 5.21 A more active environment is a more sustainable one⁶⁰. There are important synergies between healthy, active lifestyles and sustainability, for example walking and cycling can help to reduce carbon dioxide emissions.
- 5.22 The National Planning Policy Framework⁶¹ sets out government's planning policies for England, how these are expected to be applied and acts as guidance for local planning authorities. Chapters 8 and 9 focus on promoting healthy communities and protecting green belt land, including the protection of open spaces and playing fields from development. These are all conducive to people living in an environment that is conducive to being physically active. There is Planning Practice Guidance (revised and updated in 2014 from previous planning policy guidance) on open space, sports and recreation facilities, public rights of way and local green space, and a second one on health and wellbeing. Others may also be relevant to enabling physically active environments but the framework specifically encourages local authorities to promote walking and cycling.
- 5.23 Important synergies also exist with the Local Transport Plan (LTP) for Hertfordshire. Goal 3.2 in the current LTP is to improve the health of individuals by encouraging more physically active travel and improving areas of poor air quality: "encouraging active travel will form part of the promotional work to encourage use of all sustainable modes. This could include provision of information on, for example, how to access recreational areas where walking and cycling may be more than just a means of transport". It is important to support these policies and their implementation.

⁶⁰ 'Be Active, Be Healthy – A plan for getting the nation moving (Department of Health, 2009)

⁶¹ <http://planningguidance.planningportal.gov.uk/>

Hertfordshire Physical Activity & Sport Framework (2015)

- 5.24 Further, the Department for Education 'Home to school travel and transport guidance' is statutory guidance for local authorities, who must comply with their home to school transport duties and promote the use of sustainable travel and transport for all eligible children. Walking and cycling are key to this.
- 5.25 The planning process offers opportunities to undertake needs assessments of facilities, taking account of accessibility, quality and quantity, which can form the basis of improving facilities. It also provides the opportunity to work to prevent the loss of facilities and should redevelopment be unavoidable, provide equivalent or better replacement facilities in a suitable location.
- 5.26 The strategic ambition is that **the people of Hertfordshire live in an environment that is conducive to participating in physical activity on a regular basis, ensuring improved environmental sustainability and economic prosperity**. To meet this strategic ambition, the following objectives for creating environments for active lives are proposed:
- At both county and a more local level, everyone has a stake in raising participation levels and those stakeholders should look to establish an effective mechanism to influence the planning process. In doing so the importance of physical activity to secure a healthy natural environment, an improved quality of place and health and well being of the population should be promoted.
 - Partners at a local level should work together with agencies responsible for parks, open spaces, community safety and travel to make greater use of the natural and built environment as a place for people to take part in physical activity. For example, this could include influencing provision of cycle tracks in suitable and safe places, providing allotments or developing parks as safe and welcoming places for taking part in active recreation.
 - The Hertfordshire Local Transport Plan should reflect its continued commitment to active travel and continue to identify how it will increase those travelling by foot and by bicycle. This should be a 'live' document.
 - The local authority to ensure planning applications prioritise the needs of people to be active as part of everyday life i.e. consider all developments from a pedestrian and cyclist perspective, for example sufficient widths of pavements, convenient options for exiting housing developments on foot, and links to existing routes for active travel.
 - At a local level, partners to also ensure that physical activity is directly linked into other county and local strategies such as the local development framework, green infrastructure, community safety and other environmental strategies and continues to be a focus in public health and health and wellbeing strategies.
 - A wide range of facilities already exist that can and do provide venues for participation in physical activity, ranging from leisure centres to schools and community halls. At a local level, partners should be ensuring that access to existing facilities is appropriate and, wherever possible, affordable to all sections of the community.
 - Consider training public health, planning and transport colleagues in the use of tools (such as the Health Economic Assessment Tool (HEAT) for walking and cycling, and the Health Impact of Physical Inactivity (HIPI) Tool) for greater understanding and application of cross-sector evidence.
 - Implement physical activity-related NICE guidelines on walking and cycling (PH41), the environment (PH8), children and young people (PH17) and the workplace (PH13) amongst others.

(3) Making Physical Activity a Lifelong Habit

- 5.27 Inactivity is threatening the health of a significant number of the population; it is important that we support those individuals and groups who are the most sedentary, and address barriers to their participation to prevent their inactivity leading to serious health problems.
- 5.28 Evidence from 'Understanding the Success Factors of the Sport Action Zones'⁶² highlights some key messages about how to increase participation amongst low or non-participants, which could be useful in Hertfordshire.
- 5.29 The evidence outlined in previous sections of this Framework highlight those groups of people who are most inactive (e.g. older people, women, people with disabilities, those of a particular socio-economic

⁶² Sport Action Zones, Sport England (2006)

Hertfordshire Physical Activity & Sport Framework (2015)

classification and children and young people). Local action plans should be developed to target these inactive groups who are at risk of developing health problems. The approach taken needs to be people centred across the life course using the principles of proportionate universalism.

- 5.30 The strategic ambition is that **people in Hertfordshire, who are inactive and most at risk of developing health problems related to inactivity, are supported to increase their participation levels**. To meet this strategic ambition, the following objectives for activating professionals are proposed:
- Local and countywide interventions should be developed that take account of the barriers to inactivity particularly, but not exclusively, for women, older people, people with disabilities, people from certain socio-economic classifications and at key areas during child development where drop-off rates are prevalent. These targeted programmes and focused interventions should clearly demonstrate how they aim to increase participation for particular groups within the community including the involvement of volunteers and their support, which will demonstrate that investment in targeted physical activity will reduce current health and social care expenditure.
 - Local, community outreach teams of people including key people who can help break down cultural barriers should be established wherever possible to encourage, facilitate and promote increased participation in sport and physical activity by specific targeted groups with currently low levels of participation.
 - Wherever possible, partners at a local level should seek to develop interventions that are low cost and as local as possible to communities. For example, the national workplace challenge or interventions based on the Doorstep sport model of StreetGames.
 - The 'Let's Get Moving' commissioning guidance from the NHS (2009) is designed to provide a systematic approach to identifying and supporting adults who are not meeting the CMO's recommendation for physical activity, to become more active, for the purpose of both prevention and management of inactivity-related chronic disease. This physical activity care pathway, which has been further developed to involve partnerships by ukactive, should be implemented across all Clinical Commissioning Groups in Hertfordshire.
 - Physical activity promotion is a core component of the NHS Health Check programme across the two Clinical Commissioning Groups that cover Hertfordshire. However, promotion could be improved with better links to local physical activity options.
 - Schools should use the opportunities available to them to enhance their provision of physical activity across the school day. For example, all primary schools receive an annual PE and School Sport Premium ring-fenced grant which will allow a whole-school approach to be taken to address inactivity. Supervised play initiatives and free play during school break times could be undertaken alongside more structured physical activity.
 - Employers should where possible support their staff to be physically active while at work and travelling to/from work, whether this be through, for example, incentive schemes or volunteering opportunities.
 - Implement physical activity-related NICE guidelines on exercise referral (PH54), behaviour change (PH6 and PH49) and brief advice in primary care (PH44) amongst others.

(4) Proving Success

- 5.31 In recent years a framework for the delivery of physical activity alongside, and complementary to, organised sport has been established in the UK. A broad range of stakeholders at national and regional levels are now working together to develop opportunities for increasing physical activity. With the County Sports Partnership and local authorities (the most significant providers of leisure at a local level through local facilities and now Public Health) providing the lead in Hertfordshire, there is an opportunity to champion the role physical activity can play to improve public health as the districts/boroughs develop their action plans for the new investment of £2 million that has been set aside for Public Health work across the 10 districts/boroughs over 2014/15 and 2015/16.
- 5.32 In Hertfordshire there are a significant number of physical activity stakeholders, but not all of them are aware of each other's skills, capacity and resources, and therefore there are few local strategic approaches to provision of physical activity. This Framework recommends strengthening and improving co-ordination and awareness between providers and to extend and enhance development and delivery of opportunities to increase physical activity levels.

Hertfordshire Physical Activity & Sport Framework (2015)

- 5.33 Effective collaboration is the key. Stakeholders and potential partners include (but are not limited to) different departments within county, district, borough, town and parish councils, local Strategic Partnerships or Health & Wellbeing groups (where they exist), NHS Clinical Commissioning Groups, third sector agencies, Healthwatch, Public Health England, leisure providers and community agencies as well as physical activity specialists.
- 5.34 A number of evaluation and return on investment tools are available that can help design appropriate physical activity programmes and prove success, information for which are detailed in chapter 3. These include the standard evaluation framework for physical activity interventions.
- 5.35 The strategic ambition is that **there is an effective infrastructure in Hertfordshire within which partners can work in an integrated way to address local need and increase participation in their area, whilst following robust monitoring and evaluation procedures.** To meet this strategic ambition, the following objectives for measuring impact are proposed:
- At a local level, there should be greater collaboration and integration of service planning and delivery between the key partner organisations with an interest in, and responsibility for, improving health and increasing levels of physical activity. Ultimately these partnerships should be sustainable and responsible for commissioning physical activity interventions.
 - In establishing these partnerships they should be highly visible and effective. It is recommended that local champions, who can be a more local point of contact for communities wanting to become involved, should be appointed.
 - Sustainable resources need to be put in place at a local and countywide level. There should be a focus on influencing partner agencies' core budgets and leveraging-in funding to support evidence-based initiatives for increasing participation such as health walks, community outreach, doorstep sport and workplace health programmes.
 - Performance management and demonstrating the impact of interventions at a local and countywide level is crucial in ensuring sustained investment in physical activity. Partners at a local and countywide level should identify ways to measure and share success to enable local impact assessment i.e. an evidence base for physical activity delivery should be developed and used to shape and define physical activity interventions and services.
 - Monitoring and evaluation should be an integral part of the design of any intervention from the outset.
 - Training on the benefits of physical activity to health should be integrated into the Continuing Professional Development of health & social care and wider determinant professionals.
 - Academic networks should be enabled to share evidence-based practice and contribute to monitoring and evaluation and hence priority setting for successful interventions.

6 Leadership and Co-ordination

- 6.1 This Framework proposes a challenging vision. Its successful implementation in Hertfordshire will require effective leadership, to ensure close co-operative working by all the agencies, organisations and individuals commissioning or delivering physical activity opportunities and behavioural change programmes.
- 6.2 The Hertfordshire Lifestyle and Legacy Partnership will be the lead body for this Framework. A countywide partnership working towards shared objectives in the areas of public health, sport, recreation, culture and volunteering (using the Five Ways to Wellbeing), the Hertfordshire Lifestyle and Legacy Partnership aims to sustain the enthusiasm and good practice built up from the London 2012 Olympic and Paralympic Games. Similar to this Framework, its vision is “Healthy, active and resilient communities, enjoying healthy lifestyles and social, physical and mental wellbeing”.
- 6.3 However, countywide strategic leadership on its own will not be enough to achieve the ambitions within this Framework and therefore effective local leadership also needs to be in place in each district/borough, together with a local delivery action plan fully supported across each area. For example, this may be an existing action plan associated with a Health and Wellbeing Strategy if physical activity is prominent within that, or it may be a separate action plan for physical activity.
- 6.4 To strengthen local leadership to meet these challenging targets it is recommended that in each district/borough one group takes responsibility for delivering their local physical activity targets and does this by establishing and monitoring a local physical activity action plan or agreed physical activity actions within existing plans.
- 6.5 The diverse nature of the barriers to physical activity requires that this local physical activity plan will need to recognise that other existing theme groups (such as community safety, transport, business and volunteering) need to be fully engaged in the creation and delivery of the action plan as cross-over will exist through the multiple outcomes that physical activity can provide. To formalise this support, it is recommended that each district/borough should include increasing physical activity participation levels as a priority within its community strategy.
- 6.6 In addition to appropriate district/borough representation, the action planning needs to engage with:
- The full range of local organisations (for example local large employers) and individuals who are able to support the delivery of increased physical activity and who may not currently be linked to the relevant theme group; and
 - All appropriate commissioning organisations when resource use needs to be re-prioritised or additional resources are required to deliver a service. It is important to realise that it is not always about new investment but about thinking differently about the way commissioning happens and maximising the potential of current assets (be it leisure facilities, community buildings, school facilities, parks and open spaces and many others).
- 6.7 This Framework has been approved by the Hertfordshire Lifestyle & Legacy Partnership and endorsed by the Health and Wellbeing Board, and each district/borough council via the local Strategic Partnerships or Health and Wellbeing Partnerships.

7 Conclusion

- 7.1 Increasing levels of physical activity to deliver health benefits and reduce health inequalities is a key priority but also a significant challenge in Hertfordshire. It is not the responsibility of, nor is it realistic for, one organisation to address or achieve this in isolation. Making a sufficient step change in physical activity levels to deliver health benefits requires a co-ordinated approach from all providers and stakeholders involved in physical activity alongside a targeted approach to reduce the existing barriers to participation. Improving awareness and understanding amongst the community of the value of regular physical activity is also fundamental to increasing individual participation levels.
- 7.2 It is not the intention of these recommendations to destabilise or devalue any current network but rather to facilitate improved co-ordination of what presently exists, and to ensure there are no gaps in being able to identify and affect local barriers and target priority groups within each area.
- 7.3 In summary the 6 key recommendations of this Framework are:
1. All district and borough councils in Hertfordshire and the County Council to adopt increasing levels of physical activity as a key priority for both adults and children across the life course.
 2. Continue to strengthen county-wide strategic leadership by closer working between the Health and Wellbeing Board, the 11 local authorities, the three Clinical Commissioning Groups, The Hertfordshire Lifestyle and Legacy Partnership and the Hertfordshire Physical Activity and Sport Stakeholder Alliance.
 3. Continue to strengthen local strategic leadership and delivery through development (or continuation) of a local action plan to increase levels of physical activity, with alignment to the targets identified in section 3.20 of this Framework. Appendix 1 and appendix 2 are included to ease this process.
 4. Support social marketing initiatives to better target information and delivery of programmes. For example, use of the change4life brand and promoting the use of the range of technologies that are available to help increase physical activity. All partners in The Hertfordshire Lifestyle and Legacy Partnership to work together and the Public Health Communications Team to play a lead role.
 5. Develop interventions informed by local, regional and national evidence of effective and best practice. Effective interventions to be presented and circulated by The Hertfordshire Lifestyle and Legacy Partnership to support understanding of evidence-based practice.
 6. A centralised countywide physical activity action plan to be produced that includes common areas for inclusion (for example transport, environment) plus areas which can be easily adapted by districts/boroughs to allow additional focus on local priorities. A link to a database showing where current funding/resourcing for physical activity initiatives can come from should be included in the centralised action plan.

CASE STUDIES

Growing Local Sport in Six Communities: Village Festivals

Parish and town councils across the Welwyn Hatfield district area expressed an interest in increasing sports participation amongst young people in areas where few resources exist in support of their work around health and wellbeing, anti-obesity, youth diversion, reduction in antisocial behaviour, social inclusion and educational attainment.

In response to this need and following a mapping exercise to establish existing opportunities and capacity for sports participation, Welwyn Hatfield Sport & Physical Activity Alliance (WHSPAA) are working closely with six selected parish and town councils to organise six festivals during 2014/15. Support is being provided by Child UK, volunteers, sports clubs and Herts Sports Partnership with a grant from Sport England.

These Village Festivals are building on the success of the Herts Sports Partnership's *Sports Fest* held at Knebworth Country Park in July 2013 and learning from their experience. Therefore, a portable stadium ('stadia') is being used as a visible focal point for activities.

The aims of these six Village Festivals (in Hatfield, Northaw & Cuffley Parish, North Mymms Parish, Welwyn Garden City, Welwyn Parish and Woolmer Green Parish) are:

- To introduce local people to a range of sports taster sessions in an informal relaxed setting;
- To provide links to local clubs;
- To strengthen the relationships needed between schools, NGB's, coaches, town and parish councils and the village residents to be able to set up and run further clubs to meet the demands of the area;
- To increase capacity in the local sporting infrastructure to assist with the sustainability of these interventions;
- To decrease the drop in participation of sports and physical activity seen between ages 14-25years;
- To set-up four club forums within the communities to continue the planning, formation and maintenance of sport and physical activity clubs.

The four Village Festivals that have already taken place (Woolmer Green, Welwyn Garden City, Northaw and Cuffley, and Hatfield) were successful in getting the community and other clubs on-board and expanding on the original events delivered by Child UK within the 'stadia'. Events have been successful in terms of participation and people trying new activities which have included both traditional sports (e.g. badminton, hockey, football, tennis) and other activities (e.g. seated exercise, tug-of-war, zumba, dodgeball, ultimate frisbee). Participation across activities was estimated as 60% under 14, 40% age 14+.

Follow-up data to be inserted by Fiona Deans once available

e.g. WHAT HAVE EACH COMMUNITY USED THEIR £300 DEVELOPMENT FUNDING FOR? i.e. Woolmer Green used the questionnaire to participants on the day and the parish council meeting and set-up a Badminton (Smash Up) group for U16s on Wednesday evenings during the winter (supported with free equipment from Badminton England and local volunteer coaches), and a tennis group starting in April 2015.

e.g. HOW SUCCESSFUL HAVE CLUBS BEEN AT ENGAGING NEW MEMBERS FOLLOWING THE FESTIVALS?

Growing old, staying active: Extra Time – supporting independence and wellbeing for older people

This Extra Time pilot project aimed to use the power of professional football club brands to engage people over 55 in physical activity and social inclusion projects across the country. In addition, the project aims to strengthen the evidence base for the role that professional football club community schemes can play in engaging with older people, improving the health and well-being of communities and tackling social issues.

Extra Time provides grant funding and support to football club community schemes to set up social and physical activity programmes for local people over the age of 55, offering them the opportunity to take part in weekly physical activity and social activities. Activities on offer range from five-a-side football to chair-based exercise. Each project has a steering group which is made up of the football club, local statutory and non-statutory organisations with experience of working with older people.

Hertfordshire Physical Activity & Sport Framework (2015)

Evaluation shows that Extra Time has resulted in significant benefits to the individual, including feeling more supported and specific physical benefits, and savings to the state:

- 21% of participants reported using health services less
- 50% of participants said they felt healthier after the programme
- 70% of participants said they found everyday tasks easier
- 75% of participants made friends and had fun
- 81% of participants stated the football connection made Extra Time more appealing
- 89% of participants felt they now had more people looking out for them

The Social Return on Investment (SROI) analysis shows that the total value of the benefits accruing to this pilot project is estimated to be £1,128,252. Input costs were £216,160 showing there is a **£5.22 return in social value for every £1 invested**. The value of benefits to the state, at a local and national level, is estimated to be £14,279, the result of reported reduced use of medical services and medication.

Doorstep Sports Clubs: an example of successful joint working in disadvantaged communities

The doorstep sport club for The Friary consults and engages with local young people from the estate, bringing needs-led activities to them at the 'right time, right place, right price and in the right style' (following the principles of StreetGames programmes). Such an approach gives young people the best chance of adopting a sporting habit for life as well as helping to ensure that sport and exercise become part of the future fabric of the community.

Wiltshire Council works with a wide range of local partners in delivering the project including the Bath Rugby Foundation, Kandu Arts, Alabare, Salisbury City Council, the Youth Service and Community Safety. Weekly sports sessions are provided for more than thirty 13-25 year olds in the area who would not normally be involved in sport. During the sessions the young people have tried out football, touch rugby, street dance and paintballing. One highlight was young people taking part in a rugby demonstration at half time at the recent Aviva Premiership rugby match between Bath Rugby & Saracens.

The project also encourages volunteers to come forward from the local community and the council will look to train and develop these individuals to work in the club.

Launched in September 2013, The Friary has become a successful Doorstep Sports Club within 6 months. Wiltshire Council explained why:

- Danny Geeson, Sports Development Officer: *"The doorstep sports club funding for The Friary estate gives us a fantastic opportunity to deliver a sustainable community sports project that can break down the barriers preventing some young people from taking part in sport. We will do this by working closely with local partners and the young people to create a sporting club with the opportunity to volunteer right in the centre of the estate"*.
- Paul Pritchard, Sports Development Manager: *"Wiltshire Council pulled together the partnership (including police and local groups)..... input from all of the partners went into the planning ... it has been really positive. A big part of that has been about engaging with the right partners from the beginning"*.

Doorstep Sports Clubs have now been set up across Hertfordshire, initially in Borehamwood, Hatfield, Stevenage and Watford, to benefit young people with the positive outcomes that have been seen in other disadvantaged areas.

Appendix 1: How to Use this Framework

This Framework identifies why physical activity investment should be made and helps to make the case for increasing physical activity through reducing the costs in the long term.

It should be read in conjunction with the national framework for action from Public Health England 'Everybody active, every day' and the supporting resources that will be updated and adapted including the physical activity promising practice collation and the overview of the evidence base. The latter provides opportunities for action for different sectors and disciplines and should be used in the following action planning stage (see below). It also includes five steps for local areas to support change:

1. Teach every child to have and enjoy the skills to be active every day.
2. Create safe and attractive environments where everyone can walk or cycle, regardless of age or disability.
3. Make every contact count for professionals and volunteers to encourage active lives.
4. Lead by example in every public sector workspace.
5. Evaluate and share the findings so the learning of what works can grow.

Specific targets for Hertfordshire as a whole are not set within this Framework, only trend directions against outcomes (see section 3.20), as this document is intended as a framework from which districts and boroughs can set their own more relevant targets.

Following on from this Framework, the next stage is to develop a centralised countywide action plan which districts and boroughs can use as a template for guiding the development of their own physical activity action plan. If an existing action plan already has a focus on monitoring success of physical activity interventions and targets have been set (e.g. the health and wellbeing strategy's action plan) then this can be used.

This Framework provides a lot of detail around the 'why' whereas the centralised countywide action plan will include greater detail about the 'how' across Hertfordshire. For example it could:

- Provide examples on how to take five steps for local areas to support change (detailed above) and make suggestions specific to Hertfordshire on how each sector and discipline can play a role in helping achieve the outcomes.
- Liaise with Countryside Management Services to develop and promote a countywide app for mobiles. This is already planned as part of the year of walking (May 2015–2016) and will look at the possibility of including searches for open spaces.
- Investigate the role of Local Enterprise Partnerships in the development of local action plans.
- Provide examples of how new physical activity programmes can be self-sustaining financially and, where relevant, how to seek commercial sponsorship.
- Drive forward one or two countywide websites (e.g. Health in Herts or Herts Help) to direct residents to for information on physical activity.
- Investigate the use of big brands based in Hertfordshire to communicate physical activity messages (e.g. Tesco Head Office in Cheshunt, Saracens and Watford Football Clubs)
- Improve walking and cycling routes to enable people to get to places where they can join activity groups.

Appendix 2 (Active People Survey Local Area Profiles) provides benchmarking data which should be used by each district and borough to look at trends across the many years of Active People Survey data collection (for their own locality and nearest ONS neighbours) and decide on local SMART targets for each of the key outcomes to be achieved (see section 3.20 of this Framework). These can then be included in the local action plan.

Appendix 2: Local Area Profiles

(live links will be automatically updated when new data is available)

NOTE: These links will be live from January. An example of the profiles is attached separately)

Hertfordshire

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Broxbourne

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Dacorum

Demographics, health data and physical activity sport participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

East Herts

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Hertsmere

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

North Herts

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

St Albans

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Stevenage

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Three Rivers

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Watford

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)

Welwyn Hatfield

Demographics, health data and physical activity participation data: [link](#)
'Local Sport Profile' produced by Sport England nationally: [link](#)