



Public Health
England

Protecting and improving the nation's health

Everybody Active, Every Day: Two years on

An update on the national physical activity framework



About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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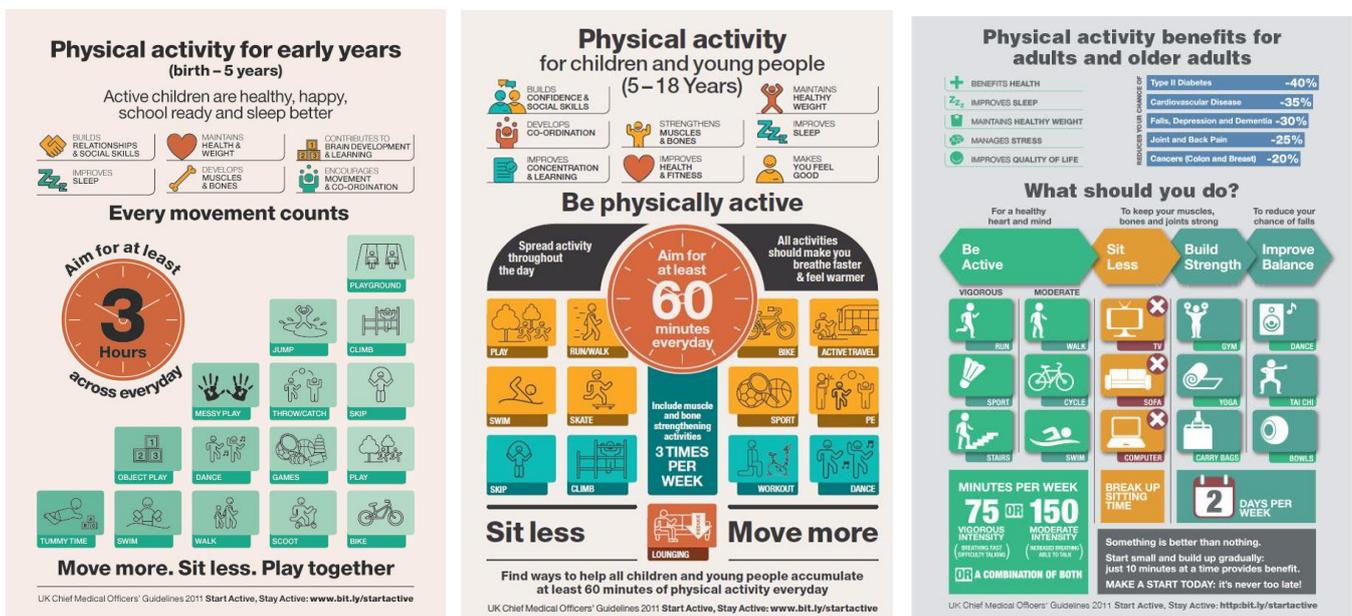
Introduction

Around one in two women and a third of men in England are damaging their health through a lack of physical activity¹. Over one in four women and one in five men are classified as 'inactive' by doing less than 30 minutes activity a week¹. In some local communities only one in ten adults are active enough to stay healthy¹ and there are significant inequalities between different demographic groups (eg gender², race³, disability⁴ and age⁵).

Physical inactivity remains one of the top ten causes of disease and disability in England⁶ and is responsible for one in six deaths in the UK⁷; the same number as smoking^{8,9}. It costs the UK an estimated £7.4 billion a year^{10,11} and the ongoing decline in activity seen since the 1960s will put increasing pressure on strained health and social care, and the quality of life for individuals and communities, unless addressed. The **PROMISE Study**, commissioned by the Richmond Group, highlighted twelve interventions that could support the UK to achieve the World Health Organization target to reduce premature mortality by 25% by 2025, including three specifically related to increasing physical activity¹².

The UK Chief Medical Officers (CMOs) have made clear recommendations for the amount of physical activity and muscle strengthening activity that is most beneficial for health at the three stages of the life course¹³. In 2015/16 PHE supported their translation into infographics to facilitate their understanding and adoption into practice¹⁴.

UK Chief Medical Officers' guidance infographics



In October 2014, Public Health England (PHE) published **Everybody Active, Every Day** as the national physical activity framework for England. It drew on the international evidence base and was co-produced with over 1,000 different individuals and organisations. It set out the need for action across four domains at national and local levels (Active society, Moving Professionals, Active environments and Moving at scale). The core document was supported by a **'What works – the evidence'** document, a **toolkit for MPs** and a **collation of local emerging and promising practice** developed with ukactive and the National Centre for Sports and Exercise Medicine (NCSEM).

After two years one would expect negligible changes in statistics at a national scale. This is due to data collection cycles, as well as the timescale for impact from intervention to population shift (especially for built environment interventions). However, this should not be misinterpreted, as international evidence^{15,16} demonstrates that mobilising the nation takes years to achieve significant and sustained changes in the statistical data at a population level.

However, it is positive that between 2013 and 2015 there has been a statistically significant 1% increase in the proportion of the population across local areas achieving the recommended 150 minutes of moderate intensity physical activity each week. This represents over half a million more people whose health and wellbeing is benefiting from being active every day. Increases have been seen in all nine regions of England and at local authority level around 60% of authorities have seen improvement.¹⁷

How active are we?

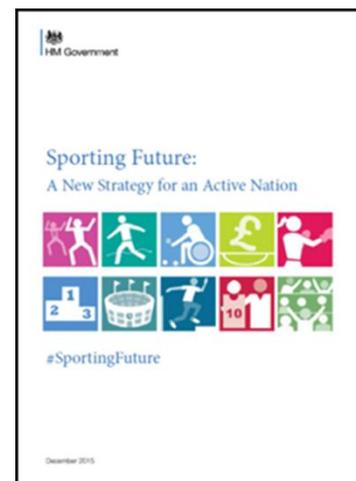


Data source: Health Survey for England 2012

At an individual level, the evidence base for the impact of moving from inactivity into regular every day moderate intensity exercise has strengthened over the last two years^{19,20,21}. This reinforces the need to get everyone in the country moving every day throughout their lives in some shape or form.

Optimal benefits from physical activity come at achieving 150 minutes or more of moderate intensity activity every week and including regular muscle strengthening activity. But there is clear evidence of health gains once an individual achieves more than 30 minutes of activity each week. There is also increasing evidence that although being physically active can go some way to mitigate the harmful effects of sedentary behaviour²², it is crucial that individuals reduce sedentary behaviour throughout their lives^{23,24}. Similarly, the evidence to support muscle and bone strengthening activities continues to grow, not just to reduce the risk of falls and frailty but also for the independent and complementary impact in reducing the risk of cardiovascular and metabolic conditions like type 2 diabetes²⁵.

In 2015, the Government published '**Sporting Future**', the first national strategy for sport and physical activity for 13 years. This built on the evidence base in '**Everybody Active, Every Day**' and set out a clear national narrative that recognises the fundamental value to society in reducing inactivity at individual and population levels. '**Sporting Future**' set five new high-level outcomes which recognised the breadth of the benefits of sport and physical activity, and expanded the focus to the proportion of active adults and children as well as the amount of sport participation. This was followed by Sport England launching their '**Towards an Active Nation**' strategy that further strengthened this national movement towards reducing inactivity across the life course.



In late 2016, the '**Bangkok Declaration on Physical Activity for Global Health and Sustainable Development**' was launched at the World Health Organization-sponsored International Congress for Physical Activity and Public Health in Bangkok. The Declaration outlines six strategic areas for investment and action at country, regional and global levels, which if implemented in all countries, would advance progress towards achieving the 2025 target of increasing levels of physical activity by 10%. It aligns with the four domains of '**Everybody Active, Every Day**' and provides an international context for the learning in England, as well as potential additional levers around the 2030 Sustainable Development Goals (SDG). This update includes reflections on England's position against the Declaration areas to help consider the contribution of physical activity to efforts to meet the SDG outcomes.

The potential cost savings to health and social care services from mobilising the nation are significant, in both primary and secondary care and social care direct costs. Sustained action is fundamental to maintaining a viable health and social care system as population life span continues to extend. The scale of the challenge is significant and there is a clear need to continue to accelerate at pace the whole systems approach set out in 'Everybody Active, Every Day' to achieve the WHO global goal of a 10% relative reduction in the prevalence of inactivity and realise the benefits to individuals and society at large.

In 'Sporting Future' the Government asked PHE to undertake an annual review of implementation of 'Everybody Active, Every Day' to inform further work at a national and local level to realise the vision of a truly active and engaged nation. This inaugural review is an update on the first two years of progress since publication of 'Everybody Active, Every Day' and opportunities for the future.

Methodology

This update has been undertaken primarily as a desk-based exercise, supported by some engagement with key stakeholders. It is not a systematic review or evaluation of implementation.

It is primarily limited to national actions and enablers. Stakeholders engaged include Sport England, the Department for Health, the Department for Transport, and the Department for Culture, Media and Sport have contributed to the content. PHE Centres contributed insight and examples of local implementation, with a few examples included in this document.

Future reviews will undertake more detailed analysis of action at local level. This will include findings from the current 'promising practice 2' case study collation and review process with ukactive and the NCSEM that will complete in Spring 2017.

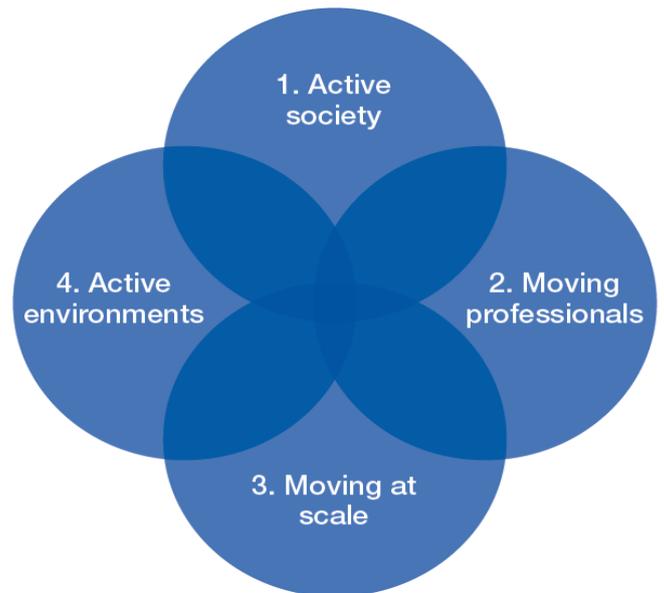
The review considered adoption and progress on the four 'Everybody Active, Every Day' domains for action:

- active society: creating a social movement
- moving professionals: activating networks of expertise
- active environments: creating the right spaces
- moving at scale: scaling up interventions that make us active

It also assessed progress on the five key opportunities for local areas highlighted in the Framework:

- teach every child to enjoy, value and have the skills to be active every day
- create safe and attractive environments where everyone can walk or cycle, regardless of age or disability
- make 'every contact count' for professionals and volunteers to encourage active lives
- lead by example in every public sector workspace
- evaluate and share the findings so we are learning more about what works

Finally the collated information has been used to undertake an assessment of the England position against the new **Bangkok Declaration** to assess the contributions from actions to the Global Sustainable Development Goals.



Progress in domains for action

1. Active society: creating a social movement

A culture change is required so being active every day is the social norm in every community and generation. This requires sustained activity at every level of society, mobilising diverse stakeholders for visible leadership in the public, private and third sector.

A visible shift is apparent in national policies. Consistent language and principles on promoting activity for individual and societal benefits, and reducing inactivity and inequalities has been embedded across a matrix of inter-linking Government policies and strategies, including: the [draft Cycling and Walking Investment Strategy \(2016\)](#), [Sporting Future: A New Strategy for an Active Nation \(2015\)](#), [Towards an Active Nation \(2016\)](#) [Sport England], and [Childhood Obesity: a plan for action \(2016\)](#).

There is potential for further national leadership to realise the potential for population behaviour change through key policies and strategies (eg transport, infrastructure, economic development and regeneration) that connect together to form a comprehensive whole systems approach to tackling inactivity.

Everybody Active North East (EANE)

EANE has provided a framework based on EAED across 12 councils in the North East to reduce inactivity across the population. During 2016/17 each council led a specific month of local campaigning promoting the local physical activity offer, with a specific emphasis around walking, swimming and cycling for people with health conditions.

At local level, local leaders have also embraced this approach, including local government and health and wellbeing boards. Areas have developed specific strategies and frameworks to tackle population inactivity; others have explicitly referenced inactivity as a major driver of population health outcomes in health and wellbeing strategies.

The NHS made a public commitment to prevent disease and poor health in the [Five Year Forward View](#) and within implementation of Making Every Contact Count. This has been supported by patient facing information on NHS Choices, although this could be further maximised and developed.

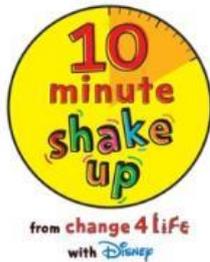
National agencies have utilised social marketing to empower a strong national

narrative that has been supported by aligned local activities led by local authorities and their partners, including Change4Life, One You and This Girl Can.

Work by the third sector is evolving a common narrative for physical activity and health. Macmillan Cancer Support, Age UK and others have created public-facing campaigns on physical activity for resonate with the motivations and needs of specific demographic groups.

There is potential to maximise national campaigns to create consistent and tailored public facing narratives at national and local levels, especially around cycling and walking as daily activity. Sport England and PHE are already working to share consumer insight and strengthen alignment of messaging.

Key national campaigns



Change4Life supports children and families to make healthier lifestyle choices in respect to healthy diet and physical activity.

A PHE partnership with Disney, **10 Minute Shake Up** encourages 10 minute bouts of activity each day. **Over 2.7 million children and families** signed up and 100,000 take part each year. Participants on average did five extra minutes activity each day.

Partnerships with national and local organisations, and local authority-led activities amplify national messages.



726,144 children and young people participated in the **School Games** in 2015/16; 52% were girls and 12% were young people with disability



One You launched in 2016 from PHE for adults, primarily targeting 40-60 year olds in C2DE demographic.

It uses evidence on risk behaviours and consumer insight on appetite to change for seven behaviours: Checking yourself, Sleeping better, Stressing less, Being smoke free, Drinking reasonably, Eating well and Moving more.

16.3 million engagements include **1.2 million positive interactions** with the *How Are You?* Quiz. The Quiz highlights individual potential for improvement followed up with prompts and signposting. Partnerships with Amazon, BBC, Halfords and others, plus local authority activities align the local offer.



This Girl Can is led by Sport England to encourage women and girls to become more active. It is based on consumer insight of the barriers to physical activity for women and girls.

A 90-second film was viewed over 37 million times on Facebook and YouTube alone.

2.8 million women have done some or more activity as a result of *This Girl Can*



WORKPLACE CHALLENGE

The County Sport Partnership Network-led **Workplace Physical Activity Challenge** supports employers and engaged over **15,000 people** in 2015/16, with over 60% women.

2. Moving professionals: activating networks of expertise

Supporting individuals to become more active requires expertise and leadership amongst the professionals and volunteers who already engage individuals on a daily basis through a 'Making Every Contact Count' (MECC) approach.

Moving professionals paradigm

Professionals can be defined as individuals with a specific knowledge and skillset. Those attributes are garnered through a career-long development pathway (often undergraduate, postgraduate and continuing professional development), with their capability continually overseen by a professional body. The Moving professionals paradigm utilises this career structure to embed supporting people to be active within common knowledge and skillset.

Everybody Active, Every Day identified four priority sectors: Education; Sports and leisure; Health and social care; and planning, design and transport.

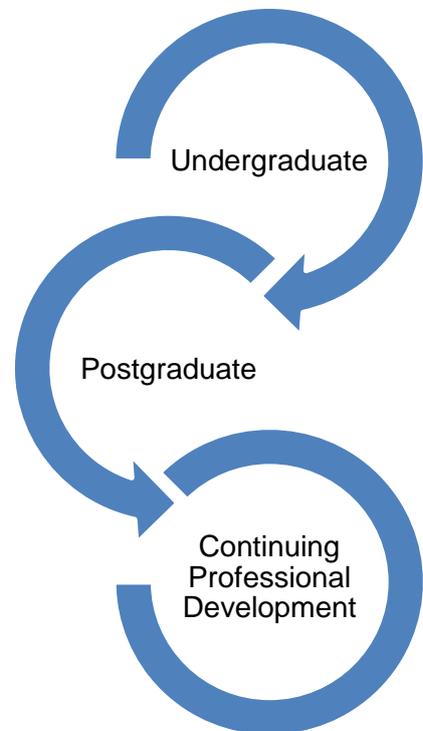
In addition to sector-specific action, common cross-sector messages and resources have been developed. For example, the suite of **CMOs' physical activity infographics** were initially designed for healthcare professionals, but have been adopted across professional groups.

There is potential for greater use of national and local levers to integrate knowledge and skills to support activity within and across the career development course of professionals and volunteers, especially those working with the most inactive groups (eg those with health issues or disabilities, older people), to make every contact count.

Education

PHE published **What Works in Schools and Colleges to Increase Physical Activity? A briefing for head teachers, college principals, staff working in education settings, directors of public health and wider partners** in 2015 in partnership with the Youth Sport Trust and the Association of College Sport. It set out an evidence-based whole school/college approach that uses eight principles and links to key organisations that can help schools and colleges.

Childhood Obesity: A Plan for Action identifies the need to support health care professionals to have the skills to engage with families. It also commits to a campaign to



raise awareness of the physical activity guidelines amongst the Early Years workforce. The Plan highlights the development of MECC resources that can support the health and wider public health workforce.

Sports and leisure

Sporting Future established the leadership for professional development in the sector with the Charter Institute for Management in Sport and Physical Activity (CIMSPA) and Sports Coach UK. CIMSPA is developing a skills escalator framework around defined professional groups and the work of Sport Coach UK includes resources to support the workforce. PHE is working closely with both bodies to integrate behaviour change theory and practice into curricula and maximise the potential of the sport and leisure sector to make every contact count.

Planning, design, transport sector

This is discussed in the Active environment section.

Health and social care professionals

There are over 500,000 skilled healthcare professionals²⁶ and **NICE guidance** already calls for physical activity promotion across clinical pathways. One in four people would be more active if advised by a GP or nurse²⁷, yet as many as 72% of GPs do not discuss the benefits of physical activity with patients²⁸. This reflects that only one in five GPs are familiar with the CMOs' guidelines²⁹ and medical students are 40% less likely to be aware of them compared to alcohol guidelines³⁰.

Actions on Moving healthcare professionals to develop knowledge and skills have included:

Undergraduate

- Undergraduate 'Movement for Movement' resources – PHE supported a consortium led by Exercise Works to develop over 20 free-to-use undergraduate teaching slide sets on physical activity and health, and a bank of 150 exam questions. Approved by the Council of Deans of Health, they have been adopted by 17 of the 34 medical schools in England

Post-graduate

- Clinical Champions programme – Established in 2015 and now a partnership between PHE and Sport England, it has a national footprint of healthcare professionals delivering peer-to-peer training to support embedding brief interventions for physical activity as routine clinical practice. Clinical champions

present alongside local physical activity leads to join up the education with the local offer. Over 4,000 healthcare professionals have been trained, which should support over 400,000 patients to achieve the CMOs' guidance

- Other bespoke training – A range of third sector and private sector providers are delivering bespoke training (eg Macmillan Cancer Support, Intelligent Health, ukactive)

Continuing Professional Development

- E-learning resources – there are now two tailored resources, BMJ Learning and Motivate to Move. PHE commissioned nine **BMJ Learning modules on physical activity and health**, plus a **motivational interviewing module**, and over 48,000 modules have been completed
- Leadership group – the Deputy Chief Medical Officer convened a roundtable of healthcare colleges and faculties to consider integration of physical activity into routine clinical practice

There is potential for the medical colleges and other healthcare professional bodies to work proactively with the Faculty of Sport and Exercise Medicine to embed the knowledge and skills to tackle inactivity into post-graduate curricula and examination processes.

3. Active environments: creating the right spaces

Getting everybody active every day requires spaces – indoors and outdoors – that make daily physical activity the easy, efficient and cost effective choice for all regardless of age, disability and other personal characteristics.

At national level, the consultation for the **Cycling and Walking Investment Strategy** outlined national ambitions to make walking and cycling a normal part of everyday life, and a commitment to create the infrastructure to support it. This was reinforced in the **Childhood Obesity: A Plan for Action**, which highlighted the need to support children and families to use active travel in their daily commutes to and from school.

As outlined in Moving professionals, planning, design, development and transport professionals are critical to shaping the places we live, work and play. PHE has worked with the Town and Country Planning Association on the Reuniting Planning with Health programme. Resources include good practice guidelines and resources on increasing healthy weight environments, supported by 15 Planning Health Weight environments workshops across the country.

In partnership with Sport England, PHE published updated **Active Design** guidance targeted primarily at planners, health professionals and developers. It outlines 10 principles that bring together health, design and planning evidence to inspire and inform the layout of cities, towns, villages, neighborhoods, buildings, streets and open spaces, to promote active lifestyles.

PHE published an **evidence briefing for local authorities** on local approaches to increase active travel. Work between PHE and Living Streets has also looked at specific work on specific challenging issues highlighted by stakeholders during development of Everybody Active, Every Day through research on ‘what works’ to increase active travel in rural environments³¹ and **barriers and opportunities to increase functional walking for people with disabilities**. Others have also taken up the baton on addressing walking and cycling inequalities, such as the work on the **Cycle Boom** consortium to identify practical approaches that encourages cycling in older adults to support independence, health and wellbeing.

There has been increasing realisation of the commonality between environments that support physical activity and addressing air pollution and environmental sustainability. In 2014 Transport for

Healthy Street model



Source: Lucy Saunders

London (TfL) launched **Improving the health of Londoners Transport action plan**, which brought together the evidence and a coherent framework for considering health in street planning for urban settings. The Healthy Street checklist has been used in 65 London streets with over 6,500 Londoners and in other cities and towns to develop urban environments that support physical activity, improve air quality and reduce noise pollution. TfL has also trained over 150 transport planners, engineers and project sponsors from TfL and London's boroughs to monetise the health benefits of transport schemes.

The NHS Healthy New Towns initiative was launched in 2016 as a national programme to support greater integration of health into urban design and regeneration. It supports work across both the Core Cities and rural areas to develop 'healthy' cities, villages, towns and communities and is focussed on 10 demonstrator sites with developments ranging from less than 1,000 to 10,000 homes. The programme is still in its infancy, but has the potential to embed physical activity for utility and recreation into its core by translating the international evidence into a UK context of application.

Good work has been undertaken on shaping specific environments to enable and encourage activity and address barriers, including for specific groups. Examples include the Amateur Swimming Association's **Dementia Friendly Pools** initiative, which looked at the barriers and solutions in both the built and cultural environment of swimming pools to support people with dementia to enjoy swimming.

Significant work has also been undertaken to recognise and utilise the potential of green and blue spaces for increasing physical activity. Leadership has been demonstrated by organisations such as Natural England, Horticulture and Health Forum and the National Outdoors for All Working Group members to build and embed evidence-based practice into the approach to the physical environment. This includes work on the economic benefits of outdoor activity and the potential of social prescribing as a means to link individuals with the outdoors to improve their health and wellbeing.

NHS Healthy New Towns sites

- **Whitehill and Bordon, Hampshire** – 3,350 new homes on a former army barracks
- **Cranbrook, Devon** – 8,000 new residential units
- **Darlington** – 2,500 residential units across three linked sites in the Eastern Growth Zone
- **Barking Riverside** – 10,800 residential units on London's largest brownfield site
- **Whyndyke Farm in Fylde, Lancashire** – 1,400 residential units
- **Halton Lea, Runcorn** – 800 residential units.
- **Bicester, Oxon** – 393 houses in the Elmsbrook project, part of 13,000 new homes planned
- **Northstowe, Cambridgeshire** – 10,000 homes on former military land
- **Ebbsfleet Garden City, Kent** – up to 15,000 new homes in the first garden city for 100 years
- **Barton Park, Oxford** – 885 residential units

This is an area where there is potential for coherent and interconnected leadership at national and local level, particularly around infrastructure and built environment investment and a more coherent approach to research and evaluation over the short and long term to demonstrate impact for capital investment at scale.

4. Moving at Scale: scaling up interventions that make us active

The Moving at Scale domain highlighted the need to better identify and scale-up what works to achieve population scale change. It consists of three main strands: increasing understanding of the evidence in a UK context; improving awareness and skills in evaluation and collaboration between researchers, commissioners, providers and practitioners to implement what works at scale.

Alongside the **Everybody Active, Every Day** framework, PHE published a summary of the evidence of **'what works' to increase population physical activity** across settings and the life course. This has been supported by a series of briefings and reports from the PHE Knowledge and Intelligence Team, including updated local public health outcomes data and guidance on evaluation and return on investment tools. Sport England has also rolled out a wealth of insight research data and learning from its Get Health, Get Active programme on key principles for programmes that address inactivity.

The co-production of **Everybody Active, Every Day** included a series of regional events. Building on this approach a series of nationally organised, locally led regional Moving More Living More events were held that brought together over 600 local decision makers and partners. Events were organised through a partnership led by PHE, ukactive, County Sports Partnership Network and the Local Government Association and explored how the framework could be adopted within local systems.

Alongside development of **Everybody Active, Every Day**, PHE worked with ukactive and the NCSEM on a national call, collation and review of good and promising local case studies. Over 900 submissions were received and reviewed against NESTA standards of evidence, but relatively few were able to demonstrate a robust level of data collection or evidence of impact. Those considered good or promising practice were published in **Identifying what works for local physical inactivity interventions**.

In response to learning from the promising practice case study collation, PHE commissioned a consortium of the British Heart Foundation National Centre, NCSEM and County Sports Partnership Network in 2015/16 to develop and run a series of

Now's the Time

Around half of the adult population in Bexley and Greenwich are inactive, with inequalities in deprived communities and certain population demographics. Now's the Time focuses on Thamesmead, a demographically diverse area with pockets of deprivation and utilises specific assets within the local area.

Based on activity data, social insight and community engagement, it targets three market segments: "Paula" – stretched single mums, "Kev" – blokes who enjoy pub league games and watching live sport and "Brenda" – middle aged ladies working hard to make ends meet.

regional evaluation and scale-up fora. They brought together over 300 academics, providers, commissioners and practitioners within geographic areas to discuss how they could individually and collaboratively plan, deliver and evaluate evidence-based physical activity programmes and roll out 'what works' at scale.

A 'Promising Practice 2' process is underway led by ukactive, NCSEM and PHE to repeat the call, collation and review of local case studies. It uses the same evidence thresholds and will provide an indication of levels of evidence being collected, as well as identify new practice.

PHE launched a new **physical activity data tool** in 2016 to support local areas connect the range of local physical activity data and look at trends over years. The tool includes data on adults and young people's physical activity and local transport and green space utilisation data.

PHE partnered with the Local Government Association, Association of Directors of Public Health and Leeds Beckett University to establish the **Whole Systems Approach to Obesity programme**. It works with four pilot local authorities and a Community of Learning of over 500 people to develop and share learning translating the **Foresight Tackling Obesities systems map into practical** short, medium and long-term actions within a sustained whole systems approach.

PHE is also working with providers, including digital and technology providers, to integrate the evidence base for behaviour change and the CMOs' guidelines into the design and evaluation of new interventions. As part of the One You campaign, PHE will launch a new mobile phone app in 2017 that will help people understand the amount and intensity of their walking to support inactive people moving into activity through 10 minute 'activity snacks'. It is hoped that as well as the direct impact on participants, the app will encourage other developers to separate out intensity from duration or step count to help users understand the moderate activity threshold needed to impact on health.

Sport England and the Chief Culture and Leisure Officers Association have been supporting local authority sport and leisure professionals to engage more effectively with commissioners and commissioning. The aim of the programme is to equip practitioners with a sophisticated understanding of local need, help build relationships with commissioners and respond with a service offer or targeted intervention that delivers priority outcomes. Over two phases, 25 local authorities have been involved with the project. Each project took place in very different contexts and each was complex and diverse in terms of requiring solutions that needed to be negotiated and facilitated locally. In the second phase the context in which the project operated was significantly different and more challenging than the first phase, due to significant organisational, turbulence in local authorities and the health service and locally less

capacity to deliver the project. The project has generated significant learning for participants and helped to develop new partnerships at local level. This is being disseminated through an **animated film** outlines how the project was developed including interviews with participants from the first phase.

The Richmond group of charities has also been supporting use of the evidence base to reduce inactivity through the third sector and their networks. In their report, **What is Preventing Progress?** they highlight inactive as one of the four major risk factors leading to preventable death and disability in the UK alongside case studies of intervention. The associated **Promise Study** highlighted three evidence based interventions that could make significant impact on progress towards the 25% reduction in preventable mortality target set by WHO.

There has been significant progress in embedding evaluation and the use of evidence into practice, both with commissioners and practitioners. There remain significant gaps in the evidence base and potential for strategic leverage of national research funding to increase the understanding of what works, especially in the context of specific disease conditions and environmental infrastructure interventions.

Progress on key opportunities

1. Teach every child to have and enjoy the skills to be active every day

Physical activity is associated with numerous health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight. There is also evidence that physical activity and participating in organised sports and after school clubs is linked to improved academic performance³².

National partners have been working to support the roll out of evidence-based systematic approaches. This includes **What Works in Schools and Colleges to Increase Physical Activity?** published in 2015 by PHE, the Youth Sport Trust and the Association of Colleges Sport. There has been significant work led by Sport England and the Youth Sport Trust with National Governing Bodies (NGBs) sport offer for schools. Many NGBs have improved the youth offer both in schools and in communities, and some sport foundations have worked with elite athletes to mentor and inspire physical activity in children, including in the most inactive groups (eg those with special needs or from ethnic minority communities).

Activity outside of schools has been supported by a broad and diverse range of opportunities, including implementation of the Change4Life campaign at national and local levels.

In 2016 the Government published **Childhood Obesity: A Plan for Action**. It set out a commitment to help all children enjoy an hour of physical activity every day, with a range of actions that include: supporting primary schools to deliver at least 30 minutes of activity through the day; an Ofsted thematic review of obesity, healthy eating and physical activity in schools; integrating physical activity in the new healthy schools rating scheme; advice from PHE to schools in the 2017/18 academic year; and a new interactive online tool to help schools physical activity.

Teaching every child to be active in Lancashire

A partnership between the Sport Partnership, County Council, the Youth Sport Trust, School Games Organisers and School Sports Partnerships has created three evidence-based videos for primary schools to maximise use of the Primary School Sport Premium;

1. Teacher Coach Relationship - How teachers and coaches can work together and learn from each other to support children.
2. High Quality CPD for School Staff – How to create a whole system approach and staff training to deliver high quality PE beyond the time of the Premium.
3. Evidencing impact and improving provision – How to build on local need and insight from children.

The Government also announced increased investment through the School Sports Premium to enable schools to make local choices about effective interventions to increase pupil activity.

The **Global Matrix Scorecard on Physical Activity for Children and Youth** was published in late 2016 by the Active Healthy Kids Alliance. This was an independent academic review of national level evidence on physical activity in children and young people. Average grades were D (low / poor) for Overall Physical Activity and Sedentary Behaviour and C for indicators related to support for activity. Lower-income countries generally had better grades on outcomes compared with higher-income countries, but worse for individual support, infrastructure and Government commitment indicators.

Global Matrix Scorecard on child and youth activity for England

| Year | Overall Physical Activity | Organized Sport Participation | Active Play | Active Transportation | Sedentary Behaviour | Family & Peers | School | Community & Built Env | Government strategies & investments |
|------|---------------------------|-------------------------------|-------------|-----------------------|---------------------|----------------|--------|-----------------------|-------------------------------------|
| 2014 | D+ | C- | Inc | C | Inc | Inc | A- | B | Inc |
| 2016 | D- | D | Inc | C- | Inc | Inc | B+ | B | Inc |

Between 2014 and 2016 England saw deterioration across most scores and no improvement in the inconclusive sections. This suggests that there is significant national action required and potential to through learning from the countries that scored highest such as Denmark, Slovenia and the Netherlands.

There is potential to learn from international counterparts and also for a continued focus on the need for better intelligence on physical activity and family involvement for children and young people as highlighted in *Everybody Active Every Day*.

2. Create safe and attractive environments where everyone can walk or cycle, regardless of age or disability

Walking and cycling are some of the simplest ways to incorporate physical activity into daily life. However, some people face significant environmental barriers in everyday life which make utility and recreation active travel a real challenge and increase the inequalities in physical activity.

Walsall A*STARS (Active Sustainable Travel and Road Safety)

A*STARS is a whole school approach of walking, cycling, scooting and road safety initiatives for early years settings, primary schools and secondary schools delivered by road safety officers.

Schools are supported to develop a bespoke programme tailored programme based on local national child measurement programme data, road accident and safety statistics and socio-demographic pupil profile.

71 primary schools, 17 secondary schools and 2 early year settings have signed up and over 20,000 children and young people participate annually. Active travel in A*STARS primary schools is 55.9% compared to 48% nationally. Car journeys to school are 39.6% versus 46% nationally.

The Department for Transport has provided leadership on creating environments which enable cycling and walking across the life course. This has included the consultation on the national **Cycling and Walking Investment Strategy**, and working with the Cycling Proofing Working Group to gather case studies of promising practice to inform national and local investment and action.

This builds on the Cycling Cities and Towns (CCT) programme that was launched in 12 areas in 2008 to support a whole system approach to increasing the proportion of people cycling and increase the frequency and safety of cycling in the area. Evaluation of the impact of the programme³³, comparing cycling participation in the 12 cities and towns against a matched control group, demonstrated that although there was an overall decline in cycling participation, rates of cycling remained higher in the CCT areas and this was a statistically significant impact. The evaluation also showed that people who cycled were not reducing other forms of physical activity; this supports other research³⁴ which suggests individuals who take part in

utility based cycling, ie to work, school or shopping, are much more likely to be achieving the levels of physical activity required to have the optimal impact on health.

The 2016 **Childhood Obesity: A Plan for Action** reiterated the commitment to increasing physical activity, particularly for children through walking and cycling. Walking or cycling

to school provides a healthy way to start the day and there is good evidence that children who are physically active see benefits physically, mentally and academically. Enabling active travel to and from school requires whole systems approaches that address transport infrastructure and road architecture and furniture, alongside cultural and skills based interventions for parents and children; this is important in both rural and urban school settings. Children become young people, so active travel should be embedded and reinforced at the transition between primary and secondary school.

Some areas have approached investment in the built environment through the prism of disability and age inclusion. This is fundamentally important as life expectancy increases but more of us are living longer with periods of ill health and disability. Enabling people to remain active as they age is a key part of reducing the social care burden and this is reinforced by the evidence showing the negative impacts of loneliness. If individuals are unable to physically leave their homes either because of physical inactivity or physical barriers which block their way, their risk of loneliness and dependence on social care is much more likely. Although more work is needed to quantify the impact of inactivity on social care, there is a clear logic pathway which suggests inactive adults as they age may require more social care investment because of their lack of strength and mobility and the subsequent isolation that may occur.

But creating active inclusive environments isn't just about the build infrastructure and addressing the physical barriers to activity.

Sport England has partnered with a number of disability sector organisations to support more disabled people into sport and physical activity. These investments will also be looking to understand more about the behaviours and needs of disabled people to become or continue to be active and evaluations will focus on individual and community outcomes.

Sport England's Inclusive Sport investment was designed give disabled people aged 14+ more opportunities to take part in sport. In developing the fund they recognised that disabled people were not one homogenous group, but people with different ages, interests, abilities, and attitudes. This has also recognised the need to attract a range of partnerships bringing together experts from different sectors to work with Sport England and invest to create a mix of inclusive and dedicated sporting opportunities. In 2014 they announced that the second round of this programme was going to invest over £8 million into 44 two and three year projects across the country, bringing the total invested through Inclusive Sport to over £18 million since 2012. Over 32,000 disabled people have taken part in activity through this investment in round two, resulting in 380,000 individual attendances; this will increase with some of the projects still having 18 months of delivery left. Many of the projects have received awards, accolades and recognition for their innovative work.

There is potential to do more to understand the direct and indirect costs on social care created through inactivity, and articulate how physical activity interventions for people with health conditions, disabilities and those in the 50-70 years 'baby boom' generation can mitigate these costs in the short and medium term.

3. Make every contact count for professionals and volunteers to encourage active lives

Professionals are key informants and influencers of behaviour change at both individual and population level. They often have a pivotal role at key life course moments of change eg pregnancy, birth, school entry and exit, entry to the workplace, retirement. Professionals have structured training and learning pathways and often have specific professional bodies and key stakeholder groups with strong professional identities and public voices.

Sporting Future outlined a vision for both the professional and volunteer workforce in the sport, leisure and fitness sector and this is moving at pace. Over 5.5million people volunteer in the sport, leisure and fitness sector and there is huge potential to use a making every contact count approach for volunteers as well as for professionals.

Sport England has published a **Coaching plan for England** that prioritises supporting inactive people to enjoy sport and activity. It is supported by the **Volunteering for an active nation** strategy that is diversifying the volunteer base and links across the volunteering landscape.

Although there has been significant progress made in considering the potential for action through specific groups of professionals, especially health care professionals, discussed in the Moving Professional theme, there is potential for mobilising a wider landscape of professionals. This could link across with the work on developing the public sector as an exemplar for action by maximising the potential of line managers as professionals in the workplace to enable and support active lives.

There is potential for the evidence and skills to support physical activity to be embedded coherently across the undergraduate curriculum in a wider range of subjects and professionals to support making every contact count.

Get Yourself Active

Disability Rights UK is leading the three-year *Get Yourself Active* project to support disabled people using personal budgets to participate in physical activity.

To date the project has engaged directly with 181 personal budget holders and 530 non-personal budget holders. It has supported them to take up physical activity through Disability Rights UK's partners Leicestershire Centre for Integrated Living and Cheshire Centre for Independent Living.

These Disabled People's User Led Organisations are facilitating partnerships across health, social care and sport sector colleagues and providing information and support to disabled people.

4. Lead by example in every public sector workspace

The public sector has significant potential to lead a culture change through example. Over 4.5 million people work across the public sector: 420,000 in the civil service³⁵, 1.5 million in local government³⁶, 1.318 million in health and social care services³⁷, and around 160,000 in fire³⁸ and police services³⁹.

The Civil Service Employment Policy Team, with the support of PHE, developed a cross-civil service wellbeing strategy in 2015/16, which included a specific physical activity focus. In 2016 DCMS launched the Civil Service Workplace Challenge supported by County Sports Partnership Network based on their National Workplace Challenge model. It provided online and offline resources to set up challenges, track progress and compete against each other. Ten central government departments are currently signed up.

PHE has worked closely with the NHS, Emergency Services and Civil Service to develop their workplace health and wellbeing programmes, including action on promoting physical activity. This included a 2015/16 NHS Commissioning for Quality and Innovation incentive with a specific component on staff physical activity as part of organisation-wide approaches to NHS staff health and wellbeing. This was further supported by NHS England leading a cohort of exemplar NHS provider organisations.

PHE has had a staff health and wellbeing strategy since 2014/15 that includes a priority around reducing inactivity. To support this PHE has worked with a range of external partners including the County Sports Partnership Network, Step Jockey and Living Streets.

Alongside the internal work on employee physical activity in the public sector, there has also been action to incorporate physical activity (and healthy eating) into public sector events and conferences. PHE is exploring the potential to collate this evidence to develop a public sector healthy conference guide, which would help all event organisers maximise the potential to enable active travel, break up sedentary behaviour, offer physical activity taster and energiser sessions, and incorporate healthy catering into event planning and delivery.

#AlltogetherfitterNHS

With only 35% of staff meeting the CMOs' physical activity guidelines, the 9 Merseyside trusts, worked with the CCG and Merseyside Sport Partnership to establish #alltogetherfitterNHS.

It encompassed a workplace step challenge linked to Rio 2016 and a 15 taster on-site sessions.

126 staff participated in sessions. 71% were inactive, 43% trying an activity for the first time and 98% wanted to continue taking part.

Over 950 staff signed up to the step challenge. 86% were inactive and over 30 days they logged over 40 million steps.

Many local authorities are also doing great work to support staff to be more physically active every day.

There is significant opportunity for collaboration across local government and between public sector organisations and non-public sector neighbour to collaborate on initiatives. A focus on outcomes in addition to activity and public reporting could also improve effectiveness.

5. Evaluate and share the findings so the learning of what works can grow

Positive change needs to happen at every level in a way that is measurable, permanent and consistent. This requires systematic identification of 'what works' and delivery of interventions appropriate to community needs and assets.

PHE has supported the NCSEM to evolve its role as the national hub for synthesis and translation of the evidence base around physical activity and health and maximise its impact on health practice. It published over 200 peer-reviewed publications in 2015 and 2016 alone that extended and aided implementation of the evidence base across disease prevention, condition management, musculoskeletal health, performance health and mental wellbeing. In the same period, 655 practitioners attended its evidence into practice events and almost 43,000 NHS patients benefitted from pathways and techniques developed and delivered across the three sites.

Sport England has invested £13.8 million into 33 local independently evaluated *Get Healthy Get Active* projects. Of the 212,583 people engaged, 91,616 (43%) were inactive and 45,479 (50%) were ready to change through the projects. An average of 53% remained active after 3 months. Sport England has recently published the learning and insight from the projects in several resources, including the [Design Principles for developing projects and services to tackle inactivity](#).

Sport England's [Towards an Active Nation](#) strategy renewed its commitment to tackling inactivity, with at least £265 million funding over the five-year strategy. This includes a £120 million dedicated fund and £145 million of local delivery, children and young people, workforce and coaching and facilities funds targeting inactive people.

A wide range of other research has been commissioned through the UK research councils. The National Institute for Health Research has supported 27 specific research projects focused primarily on physical activity, with activity a component of other funded research. The Medical research Council identified 527 active projects under 'physical activity', with 60 were actively looking at physical activity as an intervention or key factor.

Greater Manchester Exercise Referral Standardisation Approach

The Association of Greater Manchester Leisure and Cultural Trusts enables all 13 leisure operators to work together on shared outcomes.

Around £1.6million is invested in exercise referral annually, with each scheme working with 12,500 individuals. Consistency in processes contrasts with significant variance in critical elements, such as commissioning organisation, investment (from £0.18 to £1.63 per head of population), intended outcomes, targets / KPIs, eligibility and integration in services.

The Association is working with public health, commissioners and academics to develop standards. These will be evaluated to inform service design and investment to ensure equity and positive outcomes for all patients.

There is potential for the National Centre for Sports and Exercise Medicine to take a leadership role coordinating and helping to connect academics and research.

Review against Bangkok Declaration

The **Bangkok Declaration on Physical Activity for Global Health and Sustainable Development** was published by the International Society for Physical Activity and Health in December 2016. It is an international evidence-based call for action to reduce population level inactivity to address the burden of non-communicable disease and support global sustainable development goals.

How action on physical activity contributes to Sustainable Development Goals⁴⁰



The Declaration identified six strategic areas for national action. Progress in England has been considered for each at national level.

1. Renew commitments to invest in and implement at scale and pace policy actions to decrease physical inactivity across the life course as a contribution to reducing the global burden of NCDs and achieving 2030 Agenda goals.

Reducing physical inactivity is being embedded in key policies and policies adopted as cross-Government approaches (eg **Sporting Future**, **Childhood Obesity: A Plan for Action**). There is potential to increase efficacy through a clearer articulation of how

policies interlink towards the single goal of reducing inactivity (as set out in **Moving More, Living More**) and wider economic drivers (eg planning, employment and tourism). This could be facilitated by cross-government, Ministerial oversight, such as revitalising the Committee on Inactivity that previously existed for 2012 Legacy governance to provide governance across new and emerging policies

2. Establish national multi-sector engagement and coordination platforms

Everybody Active, Every Day set out a clear national, cross-sector framework for action. There is potential to support stronger implementation, particularly to maximise synergies with sustainable development and drive action to reduce inequalities in activity and inactivity.

3. Develop workforce capabilities

This is a core strand of action set out in **Everybody Active, Every Day**, with significant progress in specific sectors led by PHE and others. There is potential for more integrated national leadership to embed the knowledge and skills as standard in all training and education schemes.

4. Increase technical assistance and share experience

There has been significant effort to increase understanding of evidence and implementation in data, evaluation, practice and policy across providers, practitioners, decision makers and policy makers. This has been facilitated by sector-specific and cross-sector leadership, including through the NCSEM, regional evidence-into-practice fora (by PHE, ukactive, British Heart Foundation National Centre, NCSEM, Local Government Association, County Sports Partnership Network, etc.) and sector-specific programmes (eg Sport England and the Chief Leisure Officers Association strategic commissioning programme). A welcome trend is evident in permeating out findings during rather than at the end of programmes (eg PHE's **Whole Systems Approach to Obesity** programme and Sport England's emerging local delivery pilots programme). There is potential for expanding the reach of these initiatives through a single portal for information sharing and supporting skills and knowledge development in England.

5. Strengthen monitoring and surveillance

Data on physical activity is collected through the Health Survey for England and on a more regular cycle through the Active People Survey. There are some gaps highlighted through the Global Matrix on Children and Young People's Physical Activity, and **Sporting Future** has already started the process to more insightful approaches to data (eg development of the Active Lives Survey).

6. Support and promote collaboration, research, and policy evaluation

The NCSEM was established as part of the 2012 Olympic Legacy and has since taken up its intended role as a national hub for promoting collaboration, research and evaluation. The NCSEM is still evolving and work is underway to realise its potential and expand the network beyond the original capital grant funded three hubs. The Global Matrix highlighted the need for national policy evaluation and impact assessment to demonstrate the connection between policy and population level outcomes.

Summary

There has clearly been significant progress to tackle inactivity since the publication of **Everybody Active, Every Day** in 2014. The framework has informed local and national strategy and delivery plans and has made a visible difference to the approach across England.

The full impact of these first two years may take time to be reflected in the data, but progress has clearly been made to embed the evidence into practice and build the foundations for a healthier future for the nation.

International evidence demonstrates the need for continued leadership and coordination over several years to make sustainable change in population levels of physical activity.

There has been a strong start to tackle one of the top ten causes of preventable death, disease and disability, but there is still much more to be done.

The journey is only just beginning.

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