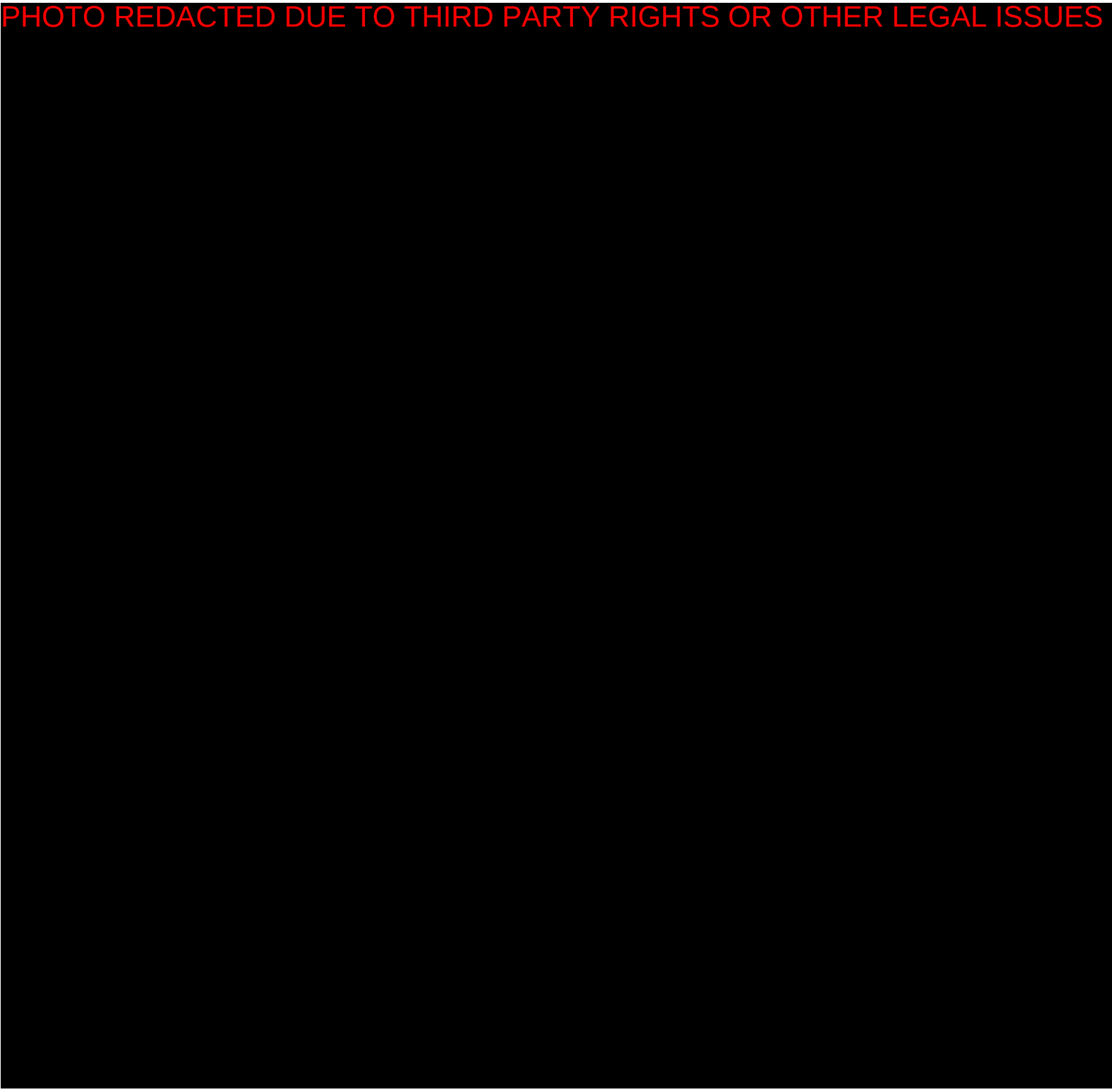
Choosing Activity:

a physical activity action plan



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FOREWORD

The Choosing Health White Paper delivery plan[1] outlines the key steps, which we will be taking over the next three years to deliver *Choosing Health: making healthier choices easier*. In support of the overall delivery plan, this action plan brings together, in one place, all the commitments relating to physical activity contained within the White Paper, as well as further activity across government, which will contribute to increasing levels of physical activity. It provides further detail on both the context, and next steps for action, and represents the first truly cross-government plan to coordinate action aimed at increasing levels of physical activity across the whole population – as recommended by the *Game Plan* report in 2002.

An active lifestyle is key to improving and maintaining health. However, at present only 37% of men and 24% of women[2] are sufficiently active to gain any health benefit. Three in ten boys and four in ten girls aged 2 to 15 are not meeting the recommended levels of physical activity.[3] The challenge we now face is to encourage more people to become more active.

Richard Caborn
Minister for Sport

We have consulted widely in producing this plan and the *Choosing Health* White Paper, which preceded it, and are confident that this plan will make an important contribution to getting England active. However, this is only the start. We are committed to reviewing progress, learning from what works best, and developing our strategies in the light of that learning.

We do not underestimate the challenge that faces us in increasing activity levels. Many countries in the world are tackling similar challenges and few have so far achieved a significant increase. Key to the successful delivery of the commitments within this plan will be the contribution and engagement of the voluntary, business and community sectors. Working together will be critical to bringing about change, and supporting individuals to make the changes that build activity back into their lives.

We have consulted, listened and reflected. Now is the time for action and with your help we can build an active society.

Melanie Johnson
Minister for Public Health

CHAPTER 1: INTRODUCTION

PHYSICAL ACTIVITY IN ENGLAND

1. Physical activity as part of our everyday lives has been in overall decline, not least as a result of changes in the level and the nature of manual work and active travel. As car ownership has increased and as the proportion of our trips that are short have fallen, we are covering fewer miles on foot or by bike: a decline of over 20% in miles walked since the mid 1980s, and over 10% in miles cycled.[4] When all sources of activity are considered, only 37% of men and 24% of women currently meet the Chief Medical Officer's minimum recommendations for activity in adults and are sufficiently active to benefit their health.[4]

2. Although figures suggesting an increase in the proportion of people who choose to be active in their leisure time show an upward trend, participation in sports and exercise varies by age, sex, social grouping and ethnicity.[2] For example:

- Men in managerial and professional, and intermediate households reported higher participation in sports and exercise (45–49%) than those in the remaining three categories (30–35%).[2] Similar trends exist for walking, heavy manual work in the home, gardening and DIY.
- In both men and women and in all age groups, low educational attainment is associated with higher levels of inactivity.[5]
- The proportion of people engaging in physical activity declines with age and particularly after the age of 35. In particular, participation in walking has been shown to decline from 45% among men aged 16–24 to 8% among men aged 75 and over. Among women, walking remained relatively stable among those aged 16–54 (28–32%) but declined rapidly to 5% for those aged 75 and over.[2]

All of this means that any strategy to increase physical activity needs to link with broader work to tackle inequalities.

3. The Chief Medical Officer has set out the scientific evidence[6] on the important contribution active living can make to maintaining health and well-being throughout life. Besides the human costs of inactivity in terms of mortality, morbidity and quality of life, the report highlighted an estimate for the cost of inactivity in England to be £8.2 billion annually.[7] This excludes the contribution of physical inactivity to overweight and obesity, whose overall cost might run to £6.6–£7.4 billion per year according to recent estimates.[8]

4. Increasing activity levels will contribute to the prevention and management of over 20 conditions and diseases including coronary heart disease, diabetes and cancer, positive mental health and weight management. Cardiovascular disease, including heart disease and stroke, and cancer are the major causes of death in England, together accounting for almost 60% of premature deaths. Inactive and unfit people have almost double the risk of dying from coronary heart disease. Physical activity is also an independent protective factor against coronary heart disease. Increasing activity levels also has beneficial effects on musculoskeletal health, reducing the risk of osteoporosis, back pain and osteoarthritis. Encouraging increased levels of physical activity in disadvantaged groups will also contribute to the work under way to tackle health inequalities and narrow the health gap.

5. Physical inactivity, along with unhealthy diets, has contributed to the rapid increases in obesity in both adults and children with 22% of men and 23% of women in England now obese.[2] The prevalence of obesity has continued to increase in both sexes since 1994, but more rapidly among men, so that in recent years there has been little difference between the sexes in obesity prevalence.

6. Regular physical activity reduces the risk of depression and has positive benefits for mental health including reduced anxiety, and enhanced mood and self-esteem. Many primary care professionals are already involved in schemes to refer patients to facilities such as leisure centres or gyms for supervised exercise programmes. In 2001, the Department of Health (DH) published a National Quality Assurance Framework to improve the quality of existing referral schemes and help the development of new ones. Well-being support programmes will build on this work, and other good practice around the country, supported by the National Institute for Mental Health in England (NIMHE).

WHY WE HAVE AN ACTION PLAN

7. We need a culture shift if we are to increase physical activity levels in England. This will only be achieved if people are aware of, understand and want the benefits of being active. Opportunities will be created by changing the physical and cultural landscape – and building an environment that supports people in more active lifestyles. We need to provide choice and a range of options so that people can be active on a daily basis. Choices to build everyday activity into daily routines such as walking to the shops and cycling to school, and choice to participate in a wide variety of leisure time sport and recreation activities such as aerobics, football, mountain biking, dancing and swimming. Effective solutions need the engagement of a wide range of agencies. No single organisation – including Government – can have sufficient impact on its own.

8. A physical activity plan was first recommended in *Game Plan*.[7] We have developed the programme of work on activity presented in this plan, following much consultation with stakeholders, as part of the development of the White Paper. This consultation process is summarised in the Appendix.

9. The action detailed in this plan was announced, in November 2004, in *Choosing Health*. This action plan, therefore, is a summary of how we will deliver the physical activity commitments in the White Paper and those made since in other Government announcements. We will achieve delivery of those commitments using the programme management arrangements being introduced to deliver the White Paper generally. This plan is being published alongside the overarching delivery plan for the White Paper, *Delivering Choosing Health,* and *Choosing a Better Diet: a food and health action plan*.

WHAT THE ACTION PLAN SETS OUT TO ACHIEVE

10. The aim of this plan is to promote activity for all, in accordance with the evidence and recommendations set out in the Chief Medical Officer's report – *At least five a week*.

The Chief Medical Officer recommends:[6]

- Children and young people should achieve a total of at least 60 minutes of at least moderate-intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscle strength and flexibility.
- For general health benefit, adults should achieve a total of at least 30 minutes a day of at least moderate-intensity physical activity on five or more days of the week.
- The recommended levels of activity can be achieved either by doing all the daily activity in one session, or through several shorter bouts of activity of 10 minutes or more. The activity can be lifestyle activity or structured exercise or sport, or a combination of these.
- More specific activity recommendations for adults are made for beneficial effects for individual diseases and conditions. All movement contributes to energy expenditure and is important for weight management. It is likely that for many people, 45–60 minutes of moderate-intensity physical activity a day is necessary to prevent obesity. For bone health, activities that produce high physical stresses on the bones are necessary.
- The recommendations for adults are also appropriate for older adults. Older people should take particular care to keep moving and retain their mobility through daily activity. Additionally, specific activities that promote improved strength, coordination and balance are particularly beneficial for older people.

11. *Game Plan*[7] recommended that the Government adopt an ambitious target to increase levels of participation in physical activity and sport of 70% of individuals undertaking 30 minutes of physical activity five days a week by 2020. The report proposed an interim target of 50% participation by 2011.

12. Based upon a baseline of 32% of adults currently meeting the Chief Medical Officer's minimum recommendation, the 70% target would necessitate a year-on-year increase of 2%, converting approximately 21 million people to active living. Such an increase has eluded other Western countries. The most successful 'top three' countries – Finland, Canada and New Zealand – have only achieved around a 1% increase in participation per annum.

13. In his final report, *Securing Good Health for the Whole Population*,[9] Derek Wanless recommended delivery of the lower, 'medium-term' *Game Plan* target by 2020, ie 50% participation, with short and medium-term objectives fixed for 2007 and 2011. This would aim for a prevalence of physical activity in England that is similar to the levels found in Canada and Australia, and a 1% per annum trajectory. Such a target would be both stretching and would require strategies to help individuals to build activity into their daily lives. Responses to the Choosing Activity consultation expressed overall agreement with this view.

14. While we acknowledge the 70% target as an aspirational goal, the Government has clearly set out its priority targets in the Public Service Agreement (PSA) targets below. Before committing to any further activity targets, we propose to complete the current modelling work being undertaken under the obesity PSA delivery plan.

15. Government has published its physical activity priorities in the following PSA targets. We will:

- halt the year-on-year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole (DH, DfES, DCMS);

- by 2008, increase the take-up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups* by increasing the number who participate in active sports, at least 12 times a year by 3%, and increasing the number who engage in at least 30 minutes of moderate-intensity-level sport, at least three times a week by 3% (DCMS); and
- enhance the take-up of sporting opportunities by 5 to 16-year-olds so that the percentage of school children in England who spend a minimum of two hours each week on high-quality PE and school sport within and beyond the curriculum increases from 25% in 2002 to 75% by 2006 and 85% by 2008 in England, and to at least 75% in each school sport partnership by 2008 (DfES, DCMS).

16. Creating opportunities to be active is a key element to this plan and the relevant PSA objective is to:

- lead the delivery of cleaner, safer and greener public spaces and improvement of the quality of the built environment in deprived areas and across the country, with measurable improvement by 2008 (ODPM).

17. We expect that the consequent improvements that these priorities enable will also prove of wider value to our national targets for improvement in health and healthcare.†

THE PLAN

18. The following chapters set out a cross-government plan that identifies an extensive range of commitments which cumulatively seeks to achieve a more active and therefore healthier England. The plan will be updated regularly to enable more effective planning and delivery to reflect on progress and recognise success.

* Priority groups in this context are defined as those with a physical or mental disability, black or minority ethnic groups, those from socioeconomic groups C2, D and E, and women.

† Department of Health, National Standards Local Action. London: Department of Health: July 2004. For example, reducing coronary heart disease. Also preventing ill-health early in people's lives should offer a strong foundation for our aligned priorities to ensure improvement in the health and well-being of older people, enabling more of them to live independently at home.

CHAPTER 2: CHOOSING ACTIVITY IN A CONSUMER SOCIETY

CONTEXT

1. *Choosing Health* sets out the Government's vision for enabling people to improve their health by providing coordinated and consistent health messages in step with the way people live their lives. We need to ensure that both the public and health professionals are aware of and understand how much activity is needed for maintaining general health as well as specific activity messages for different target groups such as young and older people. A major challenge in any communication strategy will be ensuring that information is tailored to meet the needs of these specific groups, address inequalities, which are reflected in participation rates, and reach the least active and most at-risk in society.

Our goals

Ensuring that people in all parts of society get the information they need to understand:

- the links between activity and better health; and
- where the opportunities exist in daily life to be active.

2. Evidence from other countries, such as Finland and Canada, shows that increasing consumer awareness does influence levels of participation. Countries that have successfully increased levels of physical activity have invested in national campaigns that have sought to create and sustain a culture in which people want to be more active and are able to be more active.[10]

Launched in the North-East on 11 June 2004, *Everyday Sport* is an 'activity-based' marketing campaign piloted by Sport England. The three-month campaign encouraged people to build more activity into their everyday routine aiming to raise awareness and promote the '30 minutes a day – everybody feels better for it' message. It focused not only on traditional sport but also activities such as rollerblading, countryside-based exercise and everyday activities such as taking the stairs instead of the lift. The long-term aim is to develop a coordinated national campaign with key partners and government.

THE ACTION

3. A core principle of Choosing Health is informed choice: helping people make their own decisions about choices that affect their own health. To that end, the Government is introducing a new strategy for promoting health by influencing people's attitudes to the choices they make. As an early focus of this strategy, there will be a cross-government campaign to raise awareness

of the health risks of obesity and the steps that people can take through a combination of physical activity and diet to prevent obesity. Physical activity messages will be an important part of this campaign.

4. We will take the following steps to promote activity messages through the obesity education campaign:

- DH will work with creative media, the relevant sectors, consumer groups, health professionals and others to agree a clear and simple set of physical activity messages.
- The Government will promote these messages, especially to those who will benefit most, through the new cross-government obesity education campaign and ensure these messages are promoted consistently across the public sector and beyond, for example in schools and the workplace and through health professionals.
- Recognising that the private sector's advertising spend is many times that which the Government spends on campaigns, the Government will explore with industry how they might contribute to the funding of physical activity promotions.

5. DH will lead Government in the development of the obesity education campaign and alongside this produce evidence-based guidance on how to achieve the Chief Medical Officer's physical activity recommendations. Other government departments such as the Department for Culture, Media and Sport (DCMS), Department for Education and Skills (DfES), Department for Transport (DfT), Department for Environment, Food and Rural Affairs (Defra) and the Office of the Deputy Prime Minister (ODPM), and stakeholders outside central government, including the sport and leisure industry, consumers and their representatives, health professionals and the media, will be involved in the development of the campaign. It will be important to ensure that core messages are relevant and applicable to all those promoting physical activity.

OTHER INFORMATION-RELATED ACTIVITY

6. We will establish Health Direct by mid 2007, as a telephone, internet and digital television service to provide the public with cost-effective, easily accessible and confidential personal advice, relevant quality-assured lifestyle improvement information and practical support to encourage the public to take responsibility for their own health. The service will act as a virtual health trainer, offering the public, especially children and young people, older people, health professionals and employers a series of electronic gateways through which they can educate themselves about the options for improving their own, their clients' or their employees' lifestyle(s) or condition, and make initial steps to change behaviour.

7. The service will link up to approved motivational, lifestyle-improvement programmes, and national or local health-improvement services, such as obesity care pathway services.

8. DH has also appointed the National Consumer Council (NCC) as an independent body to help develop a social marketing strategy that promotes health by influencing people's attitudes to the choices they make and extends across all aspects of health improvement.

9. The NCC will: consider health psychology and social research to determine how best to influence lifestyle and change behaviour; support the development of a broader public health marketing intelligence base, including the establishment of a National Centre for Media and Health; investigate innovative ways of communicating to assist behaviour change; examine examples of social marketing best practice at a local, national, and international level; build on previous marketing communications activities on smoking, 5 A DAY, salt, mental well-being and sexual health; and extend the strategy to include information on obesity, healthy eating and physical activity in different groups.

10. Close cooperation with all government departments and agencies responsible for health improvement and protection, children, food, sport, the environment, transport, employment and community development and regeneration, the voluntary sector, and local government will ensure that the strategy is effectively integrated and implemented.

11. A DH-accredited online practical health assessment, the personal health guide, will also be offered as a core educational module to the public, employers, health professionals and other community support mentors seeking to improve quality of life and raise productivity.

12. Personal health guides are a tool to assist people in planning for health, which will be unique to every individual and controlled by them. It gives them the opportunity to assess their own health, set out their goals and determine what action they want to take. Adults and children will have support from the NHS in developing their guides, including support from health trainers, as well as help in putting their plans into practice. The guides may come in a number of formats to suit the individual such as electronic, diary format or personal health organiser.

13. For children, personal health guides will be able to build on children's health records and children's health guides. As they grow up, a child will take responsibility for developing their own health goals, and there will be opportunities to review the plans at key transition points.

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

What	Who	When
Promote health by influencing people's attitudes to the choices they make through a strategy that extends across all aspects of health. **WP2.13** The social marketing strategy will include information on obesity, healthy eating and physical activity in different groups. **WP2.14** • report outlining social marketing strategy and recommendations for implementation.	DH/NCC	End 05
We will support the setting up of a 'national partnership for obesity'. **WP6.70** • consult with relevant professional groups.	DH	Spring 05
Cross-government campaign to raise awareness of the health risks of obesity, and the steps people can take to prevent obesity, **WP2.15** including working with the sports and recreational activity sectors to deliver positive, innovative messages about healthy lifestyles. **WP2.21** • launch campaign nationally.	DH	Mar 07
Commission authoritative evidence-based guidance on how to meet the Chief Medical Officer's physical activity recommendations. **WP4.43** • develop project plan.	DH	Spring 05
Commission production of a 'weight loss' guide. **WP6.68**	DH	Jul 05
Sport England will continue to invest, test and roll out the Everyday Sport campaign.	Sport England	From May 05
Continued support for National Bike Week.	DfT	11–19 Jun 05

What	Who	When
Marketing cycling – DfT will continue to support marketing of cycling. Search for opportunities to promote 'Bike For' endorsements	DfT	Ongoing
Health Direct to provide easily accessible and confidential information on health choices. **WP2.30, 2.31** • launch.	DH	2007

Goal: Ensuring that people in all parts of society get the information they need to understand where the opportunities exist in daily life to be active

What	Who	When
Sport England will widen coverage of activity opportunities contained in Active Places website.	DCMS/ Sport England	Summer 05
National walking website – the establishment and maintenance of a website/portal that provides information on walking for practitioners and the public. • tender exercise for development work on the new portal.	DfT	Mar 05
Cycling portal – support development and maintenance of this key resource, www.bikeforall.net, to provide information about why, how and where to cycle.	DfT	Ongoing
Link Transport Direct's new website to new cycling and walking portals to provide people with the best available information to plan their journey. • commencing pilots.	DfT	Spring 05
DfT will bring together those who have produced state-of-the-art walking maps to produce good-practice guidance. • production of guidance • toolkit will be piloted in the three Sustainable Travel Towns.	DfT	Summer 05 Mid/late 05

CHAPTER 3: CHILDREN AND YOUNG PEOPLE: STARTING ON AN ACTIVE PATH

CONTEXT

1. Establishing activity from an early age and throughout childhood makes an important contribution to healthy growth and development. In conjunction with diet, regular activity is essential in maintaining the energy balance as well as developing physical literacy,* social skills and creative and emotional intelligence, such as positive self-esteem and peer relationships.

2. However, three out of ten boys and four out of ten girls† are still insufficiently active to benefit their health and all recent studies show that obesity is increasingly prevalent among children. For example, 16.6% of boys and 16.7% of girls are now obese.†

3. There is now coordinated action across government working towards ensuring all children and young people have access to a wide range of fun, health-enhancing activities. There is also specific action on diet and physical activity to halt the rise in childhood obesity.

Our goals

- Encouraging activity in early years, schools, further and higher education.
- Extending further the use of education facilities as a community resource for sport and physical activity, including out-of-hours use.

4. We want to establish healthy behaviours from an early age and encourage enjoyable, health-enhancing activity that will be sustained throughout life. Children and young people need to experience a wide range of formal and informal activities both in and out of school from walking to school, to community dance initiatives and active free play in well-maintained open spaces. The needs of children and young people with disabilities must be recognised and prioritised given the low levels of participation compared with their peer groups and wherever possible comparable opportunities provided.

5. Parents and carers play a crucial role in influencing children and young peoples' lifestyle choices. Having a supportive, encouraging, inspiring family; practical support from parents; and having the opportunity to do things with other family members can motivate young people to be active.[11] They need appropriate information

* Physical literacy is the development of competence and confidence in early movement patterns and skills. They are a key building block and prerequisite for a route into lifelong physical activity.

† Aged 2–15 years – Health Survey for England (2002).

and support to enable them to become positive role models and to encourage their children to lead healthier lives. Additionally, the many health, leisure and community professionals including health visitors, school nurses, youth workers and facility staff make an invaluable contribution in supporting behaviour change. Pre- and post-training for this workforce will need to build in the appropriate knowledge and skills to enable them to support both adults and young people to become more active.

6. Early-years providers such as Sure Start and schools are also ideally placed in the community to offer accessible, year-round services that could reduce obesity levels in pupils, parents and the wider community.

7. We will need to ensure that children in children's centres through to young people in further and higher education are encouraged to build activity into their daily lives through play, Physical Education, sport and through increased walking and cycling opportunities. We want physical activity and sporting opportunities, including a variety of outdoor education experiences, to be an integral and essential part of the day for every child, including those hard to reach (such as those excluded from mainstream education and looked after children). That means that all children and young people have access to a wide range of fun and challenging opportunities both in school, their local community and the countryside, with work in place to tackle the barriers that we know block participation, for example, lack of means of safe travel, lack of facilities, cost, busy traffic, threat of crime and neglect of local play areas.[11]

ACTION IN SCHOOLS

8. The Government's Travelling to School action plan outlines a series of measures for national and local government and for schools to promote more walking, cycling and bus use on the journey to and from school. School travel plans will engage parents, pupils, schools, local authorities and other interested parties and set out measures to make walking, cycling and bus use safe and attractive alternatives on the journey to school. The School Transport Bill will allow a number of local authorities to pilot innovative approaches to home-to-school travel and transport.

9. *Choosing Health* set out a commitment that half of all schools will be healthy schools by 2006, with the rest working towards healthy school status by 2009. Physical activity and nutrition will be incorporated as core elements of the Healthy Schools programme and this will help to ensure schools provide and prioritise time and facilities for physical activity and sport both within and beyond the curriculum.* The possibility of extending the Healthy Schools programme to include nursery education will also be explored.

10. We have a successful model for school sport in place and the downward trend in sport in schools is being reversed. Across 6,500 schools in school sport partnerships, 62% of pupils now spend at least two hours in a typical week on high-quality PE and school sport.[12]

11. The national Physical Education, School Sport and Club Links strategy has set ambitious targets to increase the amount of Physical Education and sport young people do. It is also helping bridge the gaps between school and community sport and opening up schools out of hours to provide additional sports opportunities for all children. By 2008, 85% of 5–16 year olds will be spending at least two hours each week on high-quality PE and school sport within and beyond the school day. The long-term ambition is that by 2010 all children will be able to spend four hours each week on sport. This will be made up of at least two hours of high-quality PE and sport at school and two to three hours of sport beyond the school day.

12. PE and school sport is an entitlement for all pupils whatever their own particular needs, preference or circumstances and is not limited to traditional team games which may not encourage an active lifestyle in some. The national curriculum for PE is not prescriptive and provides flexibility that schools can exercise when providing activities so that the needs of all pupils can be catered for.

* Multi-component healthy eating and physical activity interventions can be effective for improving the time children spend in physical activity. See Brunton G, Harden A, Rees R, Kavanagh J, Oliver S and Oakley A (2003) *Children and Physical Activity: A Systematic Review of Barriers and Facilitators*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

These activities include dance, trampolining and swimming.*

13. We want all schools, over time, to be extended schools, developing extended services of all kinds. We have developed a core set of services that we would like to see available in all primary and secondary schools. For primary schools, the core offer of services includes sport and outdoor activities (as an element of study support), swift, easy referral to specialised support services for pupils (health, social care), parenting support and wraparound childcare, which might include breakfast clubs. The secondary school offer includes opening up sport facilities for use by pupils and the wider community, a wide range of study support activities (including sport and access to activities), parenting support opportunities (which include family learning, holiday activities) and referral to specialised support services, perhaps through multi-agency teams based on the school site.

14. The role of the school nurse will be expanded and developed to help build pupil health expertise within schools and provide individual children, young people and families with access to individual support and advice to prevent obesity and promote healthier eating. Every Primary Care Trust (PCT) will have at least one full-time, year-round, qualified school nurse working with each cluster or group of primary schools and the related secondary school. School nurses will use personal health guides to discuss nutrition and physical activity with children and young people and identify ways to increase access to physical activity. School nurses will support the obesity PSA target through their involvement in extended school schemes when they lead programmes that include identifying healthy foods, raising understanding of the 5 A DAY message, and cooking. They also use personal, social and health education (PSHE) sessions to influence thinking around healthy lifestyles.

15. The DfES Five Year Strategy[13] signalled the Government's intention to consider a new offer for young people, which will include proposals on a wide range of initiatives including access to exciting and enjoyable activities in and out of school or college that enhance young people's personal, social and educational development and reflect what they do. This includes sport, outdoor activities and residential opportunities.

ACTION IN THE COMMUNITY

16. We must bridge the gap between school and community sport and build capacity so that young people's sport and physical activity provision becomes a central part of all our communities. We have one of the steepest drop-out rates in sports participation in terms of age in Europe with poor 'transition management' between school, university and community sport.[14]

17. Building community capacity through our schools, clubs, coaches and volunteers is an important priority for community sport. This is a key focus for national agencies such as Sport England, working through the nine Regional Sports Boards.

18. Recent findings suggest that outdoor play makes a major contribution to children's overall level of physical activity, including playing in the street.† DCMS is currently considering how to take forward work on children's play. This work is in its early stages but will include the establishment of a cross-departmental group to devise a strategic approach to play policy.

19. The countryside also offers excellent learning and personal development opportunities for all children through outdoor and adventurous education. However, work with rural communities presents specific issues for supporting children to be more active. Local schemes should focus on encouraging easily affordable transport and, through the extended school concept, we need to ensure innovative use of existing sports facilities by community groups, community workers and volunteers. Step into Sport is an example of how we are encouraging young people to get involved in sports leadership and volunteering that will continue in later life.‡

* The 2003/04 survey of school sport partnerships showed that 94% of schools in school sport partnerships provided dance provision for their pupils. Gymnastics (which includes trampolining) was provided by 94% of schools and swimming by 84%.

† Nearly a fifth of children – *Couch Kids*.[11]

‡ Young people aged between 14 and 19 engage in a series of leadership training opportunities prior to taking up a mentored volunteer placement within the community – Step into Sport is one of the strands of the joint DCMS and DfES Physical Education, School Sport and Club Links strategy.

20. Among secondary school children aged 11–15 barriers to participation in physical activity include a general feeling of inertia, a preference for other activities and self-consciousness, especially among girls.[15] Activity provision for young people, specifically girls who may not be interested in traditional sports has to be made appealing and achievable. For example, programmes that take the views of young people into account and reflect their choices and acknowledge specific requirements such as religious and cultural needs of minority ethnic groups, are more effective and sustainable.

21. If we are to make activity a lifelong habit then ensuring it is a regular and enjoyable part of everyday life from an early age and throughout childhood is essential. We need to build on the current cross-sector programmes involving education, local authorities, statutory and non-statutory bodies, environmental and transport groups, the private sector and the health service. No one sector holds the key to unlocking the diverse range of opportunities that need to be in place to inspire and motivate young people to lead more active, healthier lives.

Goal: Encouraging activity in young children

What	Who	When
Sure Start Unit will put in place: • a training programme on social and emotional development to improve support for people delivering services for young children; • guidance for early years practitioners; and • a community parental support project. **WP3.43**	DfES	 Late 2005/ early 2006
DCMS is considering how to take forward work on children's play. This will include the establishment of a cross-departmental group to devise a strategic approach to play policy.	DCMS	Ongoing
Sport England is working with Liverpool John Moores University and the Youth Sport Trust to map physical activity provision for under 11s to inform future physical literacy work.	Sport England/YST	Summer 05

Goal: Encouraging activity in schools

What	Who	When
Half of all schools will be healthy schools by 2006, with the rest working towards healthy school status by 2009. **WP3.47, 3.48, 3.49** Draft guidance. • set targets to schools to 2009. • develop communications strategy.	DH/DfES	 Jul 05 Jul 05
All schools in England should have school travel plans by 2010. **WP3.63** • travel plans in place in all schools.	DfT/DfES	 2010

What	Who	When
National strategy for PE, School Sport and Club Links is the keystone of a bridge being built from PE to lifelong participation in sport via out-of-school-hours learning, inter-school sport and school-club links. **WP3.68, 3.71, 3.75** • 75% of schools in a school sports partnership. • all schools in 400 operational school sports partnerships.	DfES/ DCMS	 Sep 05 Sep 06
Continuing professional development programmes provide teachers with the knowledge and skills to identify and support children who may be at risk from obesity. **WP3.69**	DfES/DH	
Implement the new national standard for cycle training for children across England in 2005/06. **WP3.66** • Helpline launch.	DfT	 Mar 05
DfT will continue to explore with local partner authorities how effective roadside child pedestrian training schemes on the Kerbcraft model may be established and sustained in the longer term. The 103 three-year schemes were let in three competitions in 2002, 2003 and 2004.	DfT	Ongoing
DfT will continue to support the Bike It initiative which has been developed by a wide range of cycling stakeholders.	DfT	Summer 05
DH has recently commissioned a review of the international evidence for incentive schemes. The aim is to assess which areas of public health could benefit the most and to consider some piloting work should the general approach look to be encouraging. **WP3.98** • initial scoping report. • production of searchable database of existing schemes and literature. • systematic review of existing evidence (if sufficient evidence to warrant carrying out).	DH	 Mar 05 Summer 05 Early 06
We are working with the Youth Sports Trust to pilot the use of pedometers in schools. **WP4.45**. Assessment of the outcome of the pilot.	DH/YST	 Summer 06
Ofsted to report on schools' contribution to children's health.	DfES	Sep 05
School profile to reflect schools' contribution to children's health.	DfES	Autumn 05
Ofsted to investigate the contribution of education across children's health. • interim findings. • included in Annual Report.	DfES	 Spring 06 Oct 06
We are further strengthening the regime governing the sale of school playing fields. **WP3.79**	DfES	 Achieved

Goal: Extending further the use of educational facilities as a community resource for sport and physical activity, including out-of-hours use

What	Who	When
The Government's expectation is for all primary and secondary schools to develop as extended schools over time. **WP3.21** • publication of the Extended Schools Prospectus.	DfES	 Spring 05

CHAPTER 4: ACTIVE COMMUNITIES

CONTEXT

1. Providing a wide range of physical activity and sporting opportunities within the local community, close to where people live, together with creating cleaner, safer and more activity-friendly local environments will be at the heart of building more active communities. The Local Exercise Action Pilots (LEAP) are evaluating a range of community approaches that aim to increase levels of activity across the community as a whole but also with targeted work with specific groups such as older people and children. The pilots are being led by PCTs, who are working in innovative ways with many different partners such as leisure and social services and a range of voluntary organisations. The national evaluation will identify the most effective approaches, share best practice and make recommendations to inform future investment.

2. There are many and varied barriers that can block activity in daily life. Fear of accidents on roads and broken pavements; traffic fumes and pollution; problems with changing and lack of facilities; risk of bike theft and public attitudes to cycling are cited as barriers to taking that first step. Responsibility for tackling these barriers cuts across different departmental agendas. The cross-Government arrangements for promoting Cleaner, Safer, Greener Communities* are designed to bring together departmental responsibilities for public spaces, including ensuring Government policies support healthier local environments.[16]

3. *Choosing Health* recognised that action was needed across many different areas to bring about change in local communities and, in outlining commitments that cut across sectors, it has identified the NHS as a key partner in delivering the physical activity agenda at both a national and local level.

4. Achieving more active communities leads to wider social benefits than simply public health gains. Physical activity and sport programmes are already contributing to a range of agendas including crime reduction and youth justice, social inclusion and urban regeneration. For example, investment from the New Deal for Communities and neighbourhood renewal programmes is creating sport and activity interventions as well as more activity-friendly environments and delivering on social inclusion agendas.

5. Similarly, there is strong evidence that social support interventions in community settings are effective in increasing levels of physical activity.[17] Taking part in activities such as a local walking scheme, swimming sessions, chair-based activity sessions for older people or simply cycling in your local neighbourhood provides not only opportunities to socialise and tackle issues of isolation at an individual level but also has potential community-wide benefits through building social networks and community participation.

* The Cleaner, Safer, Greener Communities programme brings together nine departments to help deliver better public spaces. Details are available at www.cleanersafergreener.gov.uk.

Our goals

- Creating and maintaining a wide range of opportunities for activity through sport.
- Ensuring high-quality, well-targeted and attractive provision for walking and cycling.
- Continuing to make our public spaces and the countryside more accessible and attractive.

THE ACTION

6. Well-planned, designed, managed and maintained streets, open spaces and buildings will help to ensure our everyday surroundings maximise opportunities for activity. For example, walking and cycling for all or part of our everyday journey is the easiest way for many of us to build activity back into our busy, time-pressurised lives.[18] Access for all to well-maintained, safe walking and cycling routes, attractive and affordable leisure and sports facilities, playgrounds, parks and the countryside will make a significant contribution to enabling people to live more active lives.

7. The Cleaner, Safer, Greener Communities programme will engage local people in decisions about the services they get, empower them to trigger action and make service providers responsive to their needs and give opportunities to drive improvements to local neighbourhoods. The Office of the Deputy Prime Minister (ODPM) is committed to putting more power in the hands of local people, working through local government, to make services more responsive.

8. In meeting the Government's objectives for health and well-being, planning policies for open space, sports and recreational facilities have a vital role to play in the promotion of healthy living, preventing illness and the social development of children of all ages through play, sporting activities and interaction with others.* Using the existing guidance, local planning authorities should seek to meet the needs of their local communities by providing new facilities where they are needed and protecting existing ones unless they are in surplus.

9. The experience of a number of European countries suggests that there may be advantages in a shift to a new generation of multi-activity provision. Sport England is developing this new approach, which is based on the development of community 'hubs' with new management partnerships that link sport and physical activity with health, education, lifelong learning and social welfare. Sport England and the Big Lottery Fund's investment in Active England offers the opportunity to learn important lessons of what works best within different communities and we will ensure that this learning informs any future investment decisions.

10. Effective partnerships at the local level are the key to delivering this plan. The Local Strategic Partnership model (see Chapter 7) has proven to be effective in bringing together the range of key stakeholders needed to deliver the social, cultural and environmental changes necessary to transform our communities.

11. ODPM has announced a 'How To' programme that aims to work with practitioners and leaders to sustain a climate of good practice and innovation on liveability issues. They will publish three guides on town centres, residential areas and parks and open spaces to initiate a programme of events and good practice development which identifies and tests innovative ways of making public spaces better.

12. Other regional and local structures such as physical activity forums and coordinators, regional sports boards, public health groups, County Sports Partnerships and local forums are also strengthening physical activity and health partnerships to deliver innovative approaches to widen community participation.

13. Workforce planning, training and career development are crucial to supporting communities to become more active. We will work with Skills Active and Skills for Health to ensure that we address the skills needs of the physical activity workforce.

* The planning system provides a robust regime for the protection and creation of recreational open spaces. The ODPM's national guidance on *Planning for Open Space, Sport and Recreation* (PPG17) (July 2002) provides the planning framework for the provision and protection of all recreational facilities including parks and playing fields. It is accompanied by a companion guide, *Assessing Needs and Opportunities* (September 2002), which provides more detailed advice on how to put the policies into practice.

14. The volunteer workforce will be key to getting people more active. Sport England's Framework for Sport in England[19] highlights volunteers as one of the 'key drivers of change' necessary to increase activity levels. It recognises that sport is heavily reliant on its volunteer workforce and that they are the 'lifeblood of sport'.† Sport England will work with the National Strategic Partnership for Volunteering in Sport, Volunteering England and the national governing bodies for sport to identify new ways to recruit, retain and support volunteers in sport.

15. Similar support will be offered to coaches who play a key role in encouraging communities to become more active. Government investment in coaching will deliver a network of 45 coach development officers across England by April 2005 and 3,000 full and part-time community sports coaches working across schools and clubs with a focus on young people by December 2006.

16. We will work closely with professional sports including football and rugby, to use the power of their brands to promote physical activity and sport.

17. The population of England is an ageing population and almost half of adults in the UK will be over 50 years of age by 2020. Older people are the biggest users and 'core customers' of health and social care services; for example, falls are the leading cause of injury and death for the over 75s with over 400,000 older people attending accident and emergency departments annually. So older people are a key focus for our plans. Regular activity is particularly important for this group, not only for the beneficial effects on conditions such as diabetes and cardiovascular disease, but also for the maintenance of mobility and independent living and well-being.[6]

18. Targeted, community-based physical activity interventions* can also help to tackle social isolation issues and provide not only health but also a range of social benefits. Free swimming initiatives have generally been targeted at young people but there is growing recognition of the value of extending this activity to older people. Both Wales and Scotland have undertaken work with this group and we are also developing guidance to support local authorities who are implementing free swimming schemes – for both young and old. This will also be informed by learning from the Local Exercise Action Pilot (LEAP) that is focusing on targeted free swimming.

19. Our action on improving personal safety and encouraging well-maintained streets and open spaces will encourage all ages to be more active. There are great gains to be made at an individual level and across society if we can increase activity levels across all our communities.

† Recent research carried out by Sport England found that there are 5,821,400 sports volunteers, representing 14% of the adult population; the sporting sector makes the single biggest contribution to total volunteering in England, with 26% of all volunteers citing 'sport' as their main area of interest. They contribute 1 billion hours each year to sport, equivalent to 720,000 additional full-time paid workers. The value of the time contributed by sports volunteers in England is estimated at over £14 billion. *Summary Report of the Findings of the Sports Volunteering Study* commissioned by Sport England from the Leisure Industries Research Centre, Sheffield, October 2003.

* Review-level evidence suggests that interventions that promote moderate-intensity and non-endurance physical activities (eg flexibility exercises) are associated with changes in physical activity in older adults, ie 50+ (see Hillsdon, M et al (2005) *The Effectiveness of Public Health Interventions for Increasing Physical Activity Among Adults: A Review of Reviews*. 2nd edition. London: Health Development Agency).

Goal: Creating and maintaining a wide range of opportunities for activity through sport

What	Who	When
Sport England will establish 49 County Sports Partnerships fit for purpose.	Sport England/ Regional Sports Boards	By Apr 06
Establish 45 Coach Development Officers. Establish 3,000 full- and part-time Community Sports Coaches working across schools and clubs.	DCMS/SE/ Sports Coach UK	Apr 05 Dec 06
Develop best practice guidance on providing free swimming and other sport initiatives, for publication in 2005. **WP4.50** • publication	DH, DCMS, Sport England, Amateur Swimming Association	Autumn 05
Publish a guide for PCTs and sports clubs to encourage good practice and foster links on health improvement work. **WP4.51**	DH/ DCMS	Spring 05
The Government, working with the NHS, British Olympic Association, Greater London Authority and London 2012 Ltd will make clear the beneficial effects for Londoners and the rest of the country of increased physical activity. **WP4.49**	DCMS	Dec 04 Ongoing
Testing the Healthy Communities Collaborative (HCC) principles in the prevention and management of obesity. This will build on existing HCC work on diet and nutrition, and accidents. **WP6.73** Scope out extensions of collaborative.	DH, Healthy Communities Collaborative	Sep 05
DCMS and Arts Council England are developing a dance and health strategy. Initiate project.	DCMS	Spring 06
Building on the success of the LEAPs we will invest over the next three years in initiatives to promote physical activity supported by guidance to promote best practice. Investment made (see Chapter 7). **WP4.46** LEAP pilot evaluation findings: • interim report. • final report. • annual stakeholder events. • publish community physical activity best practice guidance.	DH	 May 05 Summer 06 Jun 06 Summer 07–08
Improving the evidence base for sport and active recreation interventions by using the Value of Sport Monitor and Sports Innovation Exchange	Sport England	Ongoing
Roll out the Inclusive Fitness Initiative ensuring that over 50% of all local authority areas are participating	Sport England	Dec 04

Goal: Ensuring high-quality, well-targeted and attractive facilities for walking and cycling

What	Who	When
The transport charity Sustrans, in partnership with local authorities, has already built 8,000 miles of new cycle lanes and cycle tracks between 2000 and 2005. In addition, DfT is providing £10m to Sustrans to build traffic-free links from the network to more than 300 schools, allowing pupils to walk or cycle more easily.	Sustrans DfT	 2005
Defra/DfT will lead on progressive integration of Rights of Way Improvement Plans (ROWIPs) into DfT's Local Transport Plans. **WP4.39** • local authority progress reports. • all ROWIPs completed. • full integration into all Local Transport Plans.	DfT/ Defra	 Jul 05 Nov 07 2010
Following evaluation we will build on the Sustainable Travel Towns pilots to develop guidance on whole-town approaches to shifting travel from cars to walking, cycling and public transport. **WP4.40** • Health Impact Assessment completed. • pilots completed.	DfT/DH	 Mar 05 2009
Improving access to town centres – new Planning Policy Statement 6 (PPS6) which will advise to plan town centres to give priority to pedestrians and cyclists and improve the pedestrian environment.	ODPM	Spring 05
Streamlining the planning process – under reforms in the Planning and Compulsory Purchase Act 2004, local authorities will be able to secure a payment to ameliorate the direct impact of developments. • Chancellor's announcement on planning-gain supplement. • publish good-practice guidance.	ODPM	 Spring 05 Dec 05
Walking and cycling in sustainable communities – ensure that new development, identified in the Communities Plan, and major town centre schemes includes good provision for pedestrians and cyclists. • guidance to be finalised.	DfT/ ODPM	 Mar 05
Crossings for pedestrians and cyclists – a non-motorised user crossing programme to reduce the risks for pedestrians, cyclists and horseriders.	Highways Agency	Ongoing
Better street lighting – we are encouraging local authorities to consider the option of using the Private Finance Initiative (PFI) to fund improvements to street lighting.	DfT	Ongoing
DfT will continue to promote the importance of inclusive design in the pedestrian environment.	DfT	Ongoing
Guidance in our new Local Transport Notes on the provision of safe, high-quality walking and cycling infrastructure.	DfT	May 05
Investment of £600,000 in upgrading cycle parking facilities at 130 targeted stations. • install new cycle parking equipment.	DfT	 Mar– Oct 05
Promote professional training for cycling and walking – cycle training modules.	DfT	Begin Apr 05

What	Who	When
Work with the cycling and walking stakeholders to persuade professional institutions and universities to take on the walking and cycling training modules. Consult academics and institutions to include cycling and walking training modules in future degree courses.	DfT	Summer 05
We will publish revised guidance on health and neighbourhood renewal early in 2005, to support local action to address health inequalities and deliver neighbourhood renewal. **WP4.18** • publish revised guidance.	DH/ ODPM	Mar 05

Goal: Continuing to make our public spaces and the countryside more accessible and attractive

What	Who	When
We will use lessons learned from the 27 local authority pilots on improving parks and public places in the development of the £660m Safer and Stronger Communities Fund announced in Spending Review 2004. **WP4.38**	ODPM	Milestones Tbc
Clean Neighbourhoods and Environment Bill. It is hoped that the Bill will receive Royal Assent during the current session.	Defra/HO/ ODPM/ DCMS	May 05
Encouraging home zones and quiet lanes. • regulations aim to be in force	DfT	Spring 05
New powers in the Anti-Social Behaviour Act.	HO	Achieved
The Outdoors Health Concordat will encourage active use of the outdoors to improve people's health and well-being.	Countryside Agency, English Nature, Forestry Commission, Sport England, Association of National Park Authorities	2005
Defra are planning a public consultation on action to improve access to coastal land.	Defra	By end of 05
Better transport planning – DfT will issue updated guidance on Local Transport Plans (LTPs). Local authorities will be expected to set out in their Plans how their policies and schemes, including their plans to improve walking and cycling, will deliver better outcomes for congestion, pollution and road safety and improve quality of life and health. • provisional LTPs to be delivered back to DfT. • LTP assessment criteria worked out for provisional LTPs. • final LTPs delivered.	DfT	Jul 05 Apr 05 Mar 06

What	Who	When
Manual for Streets – DfT, in partnership with ODPM and local authorities, will launch a Manual for Streets which will aim to raise the standard of design for local roads.	DfT/ ODPM	Spring 05
The Traffic Management Act includes improved powers to tackle obstruction of pedestrian or cycle crossing points, and driving in cycle lanes. • regulations under Part 6 of the Act for parking enforcement to be brought in late 2005. • regulations to enable enforcement of moving contraventions in cycle lanes expected in 2006.	DfT	 Late 2005 2006
DfT will work with British Waterways to consider how best to exploit the potential of canal and river towpaths to provide accessible routes for walking and cycling in our towns and cities. • circulate scoping paper to Government Offices, other government departments and non-governmental organisations (NGOs). • consider funding opportunities.	DfT/ British Waterways	 Mar 05 Summer 05
ODPM will support an Urban Design Alliance/Commission for Architecture and the Built Environment (CABE) programme. • CABE training sessions.	ODPM	 Mar 05
The Diversity Review aims to find out what can be done to provide more opportunities for disabled people, black and ethnic minority people, people who live in inner city areas and young people to enjoy outdoor recreation in the countryside. Initial outcome of research launched. Action plan to implement full findings.	Countryside Agency/ Defra	 2006

CHAPTER 5: AN ACTIVE HEALTHCARE SYSTEM

CONTEXT

1. A health and social care system in which advice and support for physical activity is an integral service would help people lead healthier lives. Doctors, nurses, pharmacists, other health professionals, social care workers and exercise professionals promoting and encouraging their patients and clients to lead active lives has the potential to bring about significant benefits. The NHS, and wider public sector, also has an important role to play as major employers (see Chapter 6).

2. There is international and UK evidence to support the effectiveness of interventions delivered through the healthcare setting.[20] Even brief interventions can have a positive effect. For example, review-level evidence suggests that even brief advice from a doctor based in primary care, supported by written materials, is likely to be effective in producing a modest, short-term (6–12 weeks) effect on levels of physical activity.

3. The NHS and DH have a pivotal role to play in providing leadership in the promotion of physical activity through ensuring greater awareness and understanding of the role activity plays as part of a healthy lifestyle. It is essential that health professionals and the NHS workforce also understand the relationship between activity and health and are themselves supported to lead more active lives, through supportive workplace practices and policies.

Our goals

- Health professionals increasing the provision of advice to patients on lifestyle, particularly on physical activity, both routinely and opportunistically.
- Services developed within the community healthcare system to provide ongoing support to achieve sustainable behaviour change.
- NHS providers and PCTs working more closely with local government and private and voluntary sectors to create access to opportunities for physical activity.

THE ACTION

4. *Choosing Health* signals the Government's intention to refocus the NHS into a true service for improving health as well as treating sickness. Health improvement and tackling inequalities are becoming an integral part of mainstream NHS planning and performance system, at the core of its day-to-day business. The NHS is responsible for taking forward the health improvement agenda and this will include promoting physical activity.

5. We set out in Chapter 7 in more detail the delivery mechanisms at local and national level, including the NHS, to ensure the physical activity plan is implemented.

6. A comprehensive 'care pathway' for obesity will provide a model for prevention and treatment in the NHS and will ensure that:

- there is coordinated activity on obesity prevention and management in each PCT for both adults and children with a range of appropriately trained staff – to include health trainers, school nurses, health visitors, community nurses, practice nurses, dieticians and exercise specialists. Services may also be drawn from the voluntary and independent sector;
- there are clear referral mechanisms to specialist obesity services which will be staffed by multidisciplinary teams with specialist knowledge and training in obesity management; and
- in addition to specialist services there will also be trained staff who can work in different settings such as schools, leisure services and the community, working alongside obesity prevention and management experts within the overall whole-system approach to obesity within a PCT.

7. The number of people who are overweight and obese means that each PCT area will need a specialist obesity service with access to relevant advice on behavioural change and promoting physical activity. PCTs do not need to commission all these elements from NHS providers, but should develop innovative clinical models that will help support evaluation of different approaches to delivery of obesity services at local level, eg quality-assured, commercial diet providers and leisure centres.

8. Local partnerships with the voluntary and community sectors, local authorities, the leisure industry and other alternative service providers will be able to enhance capacity and the new primary care contracting arrangements support this. The independent sector may have a key role in providing effective behaviour change programmes in ways that are more acceptable than traditional NHS care to some groups of patients.

9. Research for the Department for Transport[21] has found that workplace travel plans have the potential to increase workforce participation in walking and cycling and reduce car dependency. The most successful workplace travel plans combine hard measures (such as better facilities for using and storing bikes) with promotional campaigns. NHS facilities have been introducing travel plans since the late 1990s, but the quality and effectiveness of these plans varies greatly from site to site. To exercise our leadership role on workplace fitness, we will be reviewing travel plans on NHS sites, and developing an action plan for increasing their spread and improving their quality.

10. We are developing a simple patient activity questionnaire which will be available by the end of 2005 to support NHS staff and others to understand their patients' level of physical activity and assess needs for interventions such as exercise referral.

11. For the first time DH[22] is requiring the NHS Strategic Health Authorities (SHAs) and PCTs to return plans and data on prevalence of obesity in children and the obesity status of adults. This is at a time when the Department is reducing the overall number of data-monitoring lines, emphasising the importance we attach to tackling obesity and increasing physical activity.

12. Additional funding has also been provided (see Chapter 7) to enable PCTs to take increased action on diet, activity and obesity. It is expected that PCTs will promote physical activity through the roll-out of interventions based on existing evidence and learning from the Local Exercise Action Pilot programme and the Physical Activity Collaborating Centre. This work will need to be taken forward in close conjunction with Sport England, local authorities and others to support DH

implementation of this plan. We will provide both guidance and tools to assist primary care in this work.

13. NHS-accredited health trainers will have the skills and techniques to support individuals in changing their behaviour, reaching out to those who need help most and tailoring their work to an individual's circumstances. They will provide advice and practical support on what people can do, such as becoming more active and healthy eating, as well as explaining how to access other help locally such as walking initiatives specifically designed to attract older people. Their work will build on the current contributions of a wide range of health professionals working in the community to deliver behaviour change.

14. Exercise referral schemes have proven popular in primary care* and the National Quality Assurance Framework on Exercise Referral Systems provides guidance to primary care and fitness professionals. We will produce specific guidelines for children's exercise referral. We are also introducing a new NHS medical speciality of Sports and Exercise Medicine to underpin the drive across the NHS to promote increased physical activity. Those at risk or suffering from long-term conditions such as diabetes, CVD and arthritis who traditionally find it difficult to exercise will be able to use the expertise of sports and exercise practitioners to enable them to increase their activity levels.

15. Increased activity levels across the population have the potential to deliver significant public health and economic gains. To achieve this goal, the health sector will need to work and invest in new ways and in close partnership with those who develop and deliver services at a community level. Health's investment in this agenda will be critical and devolvement of funding to PCT level will enable health to develop innovative funding arrangements with partners thereby pooling resources across sectors to enable a more cost-effective, joined-up solution to be developed.

16. The health sector, as well as working in partnership to deliver this agenda, also has responsibility for leading on a number of fronts. These include identification of local needs and priorities, developing the evidence base so that we can understand better what works, disseminating best practice to those at the 'coal face' and ensuring we are able to track and measure progress.

17. The NHS has much to gain and a vital role to play in driving up activity levels. It will need to make a long-term commitment to this work despite competing priorities, and be clear what its unique contribution will be to ensuring an active, healthier England.

* A report published in October 2003 (Dr Foster Limited (2003) Obesity Management in the UK) suggests that 89% of PCTs provide exercise on prescription.

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

What	Who	When
Encourage health professionals across PCTs to use pedometers in clinical practice, with coverage of all areas by the end of 2006. **WP4.44** • commencement. • full coverage in all areas.	DH, Defra, Countryside Agency	 Sep 05 End 06
We will develop a simple patient activity questionnaire to support NHS staff and others to understand their patients' levels of physical activity and assess the need for interventions. **WP6.75** – Questionnaire published.	DH	Dec 05
Personal health guides from the NHS. **WP5.31** Initiate health guides project.	DH	Apr 05
Recognition of Sport and Exercise Medicine as a speciality within the NHS. **WP4.52** • Sport and Exercise Medicine announced as NHS speciality. • curriculum submitted to the Specialist Training Authority/PMETB for approval.	DH with PMETB and RCs	 Achieved 2006
NHS health trainers to support lifestyle change. **WP5.24** • development of curriculum. • development of training modules.	DH	 May 05 2006
Providing PCTs with the means to tackle health inequalities and improve health. **WP6.12** • allocated funding, use health inequalities tool, introduction of jointly planned services. • ongoing investment through NHS LIFT for primary care facilities. • support developmental work undertaken by Shared Priority Pathfinder Authorities.	PCTs (SHAs) LAs	 Spring 05 to spring 08 Feb 05 Ongoing
We will foster and expand a comprehensive range of community health improvement services which includes specialist practitioners. **WP6.21** Develop programme plan.	DH	Sep 05
DH has commissioned NICE to prepare definitive guidance on prevention, identification, management and treatment of obesity. **WP6.65** Publication	NICE	Early 2007
Development of new approaches where there are gaps in the evidence base within the new framework for research. This will include production of specific guidelines for children's exercise referral. **WP6.69**	DH	From Apr 05

What	Who	When
The NHS Leadership Centre and NHSU support the development of leadership capability and capacity. **WP7.40** • develop programme plan, integrating with LA Leadership Centre.	DH with Skills for Health and NHSI	 Sep 05

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

What	Who	When
We will develop a comprehensive 'care pathway' for obesity, providing a model for prevention and treatment. **WP6.66** SHA overview of PCT planning for obesity services, eg identifying local obesity teams and specialist obesity services. • care pathway implemented and evaluated. • access to obesity services available in all PCTs. • NICE/HDA guidance for children and adults published.	SHAs, PCTs, RDsPHs, DH	 Dec 05 Jun 06 Jun 07
Guidance for PCTs on priorities and planning includes the need to give advice on diet and activity. **WP6.64**	DH	Achieved
NHS-accredited health trainers will be giving support to people who want it in the areas with highest need and, from 2007, progressively across the country. **WP5.10 & WP5.18** • launch health trainers project.	DH	 Apr 05
We will use the lessons from a new approach being piloted in eight centres in England to extend the new models of physical health care for people with mental health problems across all PCTs. Support from NIMHE. **WP6.43** Publish guidance for effective commissioning of programmes.	DH Support from NIMHE	 Dec 05
SkillsActive, the sector skills council for active learning and leisure will develop competencies and work with regional sports boards and other relevant groups to develop capacity. **WP4.42**	Skills for Health	2006
We will fund the Sustainable Development Commission's Healthy Futures programme to develop the capacity of NHS organisations to act as good corporate citizens. **WP4.63** Launch good corporate citizen self-assessment toolkit.	DH	 Sep 05
As part of this work, the National Clinical Directors with the Deputy Chief Medical Officer will make recommendations on how to build a prevention framework across all the areas covered by the National Service Frameworks. **WP6.11** • identify lead Non-Communicable Diseases champions. • produce core script on key prevention messages.	DH	 Apr 05 Apr 06

Goal: NHS providers and PCTs working more closely with local government and private and voluntary sectors to create access to opportunities for physical activity

What	Who	When
We will pilot local area agreements (LAAs) in 21 areas, starting in April 2005. Pilot areas in LAs, PCTs (SHAs) **WP4.27**	DH	
• ministerial sign-off of pilot areas.		Mar 05
• evaluation of health implications of LAAs.		Jan 06
From 2005/06 onwards, we will require PCTs to develop targets to meet the needs of people living in their designed to meet national targets and priorities set by this White Paper and the NHS Improvement Plan. **WP4.29**	ODPM; PCTs	
• roll out to further 40 pilot LAAs.	LAs	From Apr 05
• review local health targets in LAAs.	DH	Apr 06
We will develop a National Health Competency Framework. **WP6.16**	DH	End 06
The independent sector may have a key role in providing effective behaviour-change programmes in ways that are more acceptable than traditional NHS care to some groups of patients. We will test this as part of a procurement for a 'year of care' for diabetic patients. **WP6.72**	DH	
• develop programme plan.		Spring 05

CHAPTER 6: CHOOSING ACTIVITY IN THE WORKPLACE

CONTEXT

1. The workplace provides a significant opportunity to promote healthy lifestyles as over half of the UK population are currently in employment, and it is estimated that individuals may spend up to 60% of their waking hours in their place of work.[23] The workplace is also an important setting for addressing inequalities including issues of access, health status and gender.

2. In recent years, there has been growing recognition of the scope the workplace provides to improve health, and recent national policy reviews highlight the significance of the workplace in promoting better health and well-being.[9] However, workplaces are generally under-utilised as a setting for promoting health and well-being.

Our goals

- Encouraging employers (in the public, private and voluntary sectors) to engage and motivate staff to be more active.
- Providing employers with support, such as practical advice and examples of best practice, on enabling and promoting activity in the workplace and promoting and disseminating best practice for an active physical and cultural environment.

THE ACTION

3. Employers, the Government and trades unions all have a role to play in establishing environments that support healthy choices across a range of behaviours including better diet, smoke-free environments, smoking cessation and encouraging activity. Relatively low-cost, simple solutions have the potential to make big differences. For example, in-house policies that encourage employees to integrate activity into their lives through flexible working practices, building design to promote active choices such as the provision of secure cycle racks and showers, information on local facilities and walking maps, and simple changes such as signage to suggest the stairs rather than the lift.

4. The evidence base of what works in this setting needs to be further developed and to this end we will establish workplace pilots to test out interventions across a range of healthy behaviours but with a focus on promoting activity. Each pilot will focus on a specific type of workplace, such as an NHS organisation, a local council, and small and medium-sized businesses.

5. The Government will lead by example and, in conjunction with business partners, establish a Healthy Workplace Award* to promote awareness and recognise the positive work companies are already doing to improve the health and well-being of their employees.

* For details of award, see www.bitc.org.uk/awards/entering/categories/healthy_workplac.html.

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

What	Who	When
DfT will work with the cycle industry to produce user-friendly guidance on the tax-efficient cycle to work scheme to increase the use of the scheme and promote cycling. **WP7.22**	DfT	Apr 05
Walking and cycling in Local Transport Plans – both cycling and walking levels and modal share for the journey to work and school will be key indicators of outcome in the 2005–10 Local Transport Plan process, subject to the consultation process. Submission of Local Transport Plans.	DfT	Mar 06
DH sponsored Business in the Community Healthy Workplace Award – recognising companies that are improving the health and well-being of their employees.	DH/BiTC	Award made Jul 05
We will invite national and local organisations to make their own pledges about what they will do to respond to people's enthusiasm to improve their health. This may be a pledge to their own workforce, to their local community, to their customers or as part of their core business. **WP4.58** • develop proposals and framework for engagement.	DH	2005
We will work with the Healthcare Commission and the NHS Employers Organisation to develop the annual NHS staff survey so that we can better assess current practice and encourage more NHS organisations to become healthier workplaces. **WP7.37** • develop National Workforce Strategy for Health and Social Care.	DH	Apr/May 05

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

What	Who	When
Sport England will provide a free consultancy service to government departments on how they can encourage and support staff to be more active in the workplace. **WP7.20**	Sport England	Summer 05
We will establish pilots to develop the evidence base for effectiveness on promoting health and well-being through the workplace. Each pilot will focus on a specific type of workplace such as an NHS organisation, a local council or business. **WP7.25**	DH/Sport England/ Big Lottery Fund/BHF/ BITC	Mar 05
Investors in People (IiPUK) will develop a new healthy business assessment, in conjunction with DH, identifying the advantages for business and employees in investing in staff health. **WP7.27** • include key elements in review of IiP standard.	DH/IiP	2007
DfT and ODPM will produce a standard for government departments on pedestrian and cycle access to government buildings – both for visitors and staff. We will then seek to set a target date by which high-quality access for pedestrians and cyclists, whether visitors or staff, and secure storage for cycles will be delivered at all buildings. • draft standard. • aim to build into review of sustainable development (SD) of government estate.	DfT/ ODPM	Spring 05 Mar 06
The Government will sponsor debate on corporate citizenship across the public sector which leads to firm recommendations for action for all public and private sector employers, to demonstrate how they can organise their activities in ways that improve the health of employees and the wider community. **WP4.65** • publish proposals.	RPHGs/DH	Jul 05
As part of the National Health Competency Framework we will allocate new funding for training, management, provision of evidence-based obesity prevention and treatment, based on National Occupational Standards for obesity. **WP6.74** • develop programme plan. • encourage support for local delivery through regional plans and bodies.	DH/Skills for Health/ RPHGs	Dec 05 Sep 05
We will increase the availability of NHS Plus services in parallel with the development of occupational health services in the NHS. **WP7.18** • develop proposals for NHS Plus.	DH/ NHS Plus	Jun 05
We believe that the NHS will become an exemplar for public and private sector employers. We will set out how the NHS will continue to develop employment policies and practice to make a better, healthier NHS. **WP7.34** • develop National Workforce Strategy for Health and Social Care.	DH/NHS	Apr/May 05

CHAPTER 7: MAKING IT HAPPEN: LOCALLY, REGIONALLY AND NATIONALLY

1. *Delivering Choosing Health* sets out the key steps that need to be taken over the next three years to deliver the White Paper commitments. Tackling obesity is one of the key Choosing Health priorities. DH and DCMS will deliver this action plan using the White Paper's Delivery Plan arrangements.

2. The national engine for health improvement is to be found in the ambition of people themselves to live healthier lives. Action to deliver the White Paper is therefore underpinned by three key principles:

- informed choice for all;
- personalisation of support to make healthy choices; and
- working in partnership to make health everyone's business.

3. This action plan recognises that in order to help people make healthier, more active choices, support and services for people need to be provided at a local level. It recognises the vital importance of co-delivery between local government and the NHS in partnership with local communities, business, and the voluntary and community sectors.

GOVERNANCE

4. Delivery across Government will be overseen by the Cabinet Committee MISC 27, chaired by the Secretary of State for Health, supported by a Health Improvement Board of senior government officials. Other boards and steering groups involving partners outside Government will be convened to help lead change and to report on progress – including the obesity PSA programme, which will oversee delivery of the work in this action plan.

5. These boards and groups will ensure that action across Government is properly monitored, that risks to delivery are identified and minimised and that interdependencies between programmes are managed effectively. During 2005 DH will work with other government departments to develop agreements setting out how they will work together to deliver key Choosing Health priorities. ODPM and DH will work together to ensure that Government policy reduces health inequalities, and that by improving the overall health and well-being of the population it does not inadvertently widen health inequalities.

6. DH and DCMS will also continue to monitor implementation of this action plan and report on progress as part of the obesity PSA arrangements. The initial remit of the Activity Coordination Team (ACT) established in 2003 has now been met. We see an important and continuing need for coordination of activity-related policy and programmes which go wider than those forming part of the obesity PSA programme but it is essential that delivery of this plan is an integral part of the White Paper delivery. We will therefore merge ACT into the Choosing Health delivery structure – retaining an officials' working group to coordinate activity policy and monitor delivery of this action plan.

REGIONAL AND LOCAL DELIVERY

7. This action plan outlines the framework of actions which will be taken to support and help set the direction for regional and local delivery. It is not intended to direct the action happening in local communities but rather complement regional and local initiatives by delivering those actions that can only be driven nationally, by national organisations.

8. Delivery of this plan is reliant on the support and assistance of a wide range of agencies and not just Government and other public sector bodies. The work of the ACT has enabled production of this plan and a joined-up government approach to physical activity. This work has been aided by a similar wide-ranging dialogue with the voluntary and business sectors through the Choosing Health and Choosing Activity consultations. We regard it as essential that dialogue continues during the delivery of this plan.

9. We committed in *Choosing Health* to setting up a national partnership for obesity to promote practical action on the prevention and management of obesity and as a source of information on obesity (for both diet and physical activity) and evidence of effectiveness. As part of these arrangements we will continue with a separate forum for focused discussion on physical activity issues building on the experience of the National Alliance for Physical Activity and the Obesity Task Group meetings held earlier this year.

REGIONAL COORDINATION AND DELIVERY

10. The Government Offices (GOs) for the Region, Regional Assemblies and Regional Development Agencies (RDAs) also play an important part in helping to shape the wider economic determinants of health and strategy on transport, employment, the environment and regeneration. GOs bring together the activities of ten Whitehall departments within a single organisation in the region. These activities include, for example, ODPM's interests in sustainable communities and in deprived neighbourhoods, DfES's interests in children and learners, the Home Office's interests in crime, community safety and community involvement, and DCMS's interests in culture and active recreation. This makes GOs ideally placed to achieve the connections necessary between these activities to improve health and increase physical activity. GOs are already leading for central government on the negotiation of LAAs. The Government wants to strengthen the role of GOs and delegate to them more of the activities that have been carried out in Whitehall.

11. Regional Directors of Public Health and their Public Health Groups (PHGs) are based within GOs and will support local delivery of health improvement by working closely with other key regional stakeholders such as RDAs, Regional Assemblies and regional offices of Sport England to deliver health improvement. They have a key role in supporting local planning and delivery mechanisms within GOs, including, for example, the assessment of Local Transport Plans (and their impact in creating activity-promoting communities) and direction of the work of regional public health observatories to track and report performance.

12. The regional role in delivery is key for successful implementation of many of the commitments in this plan. Many of the actions outlined will be delivered most effectively with support from the regional physical activity

coordinators announced in *Choosing Health* who will be based in the PHG to provide the link between national policy and regional, sub-regional and local interventions.* Building on the good work already taking place in regional physical activity forums and regional sports boards across England, regional physical activity plans will need to be developed (if this is not already taking place) to identify and gain commitment to the essential contribution of regional agencies such as RDAs, Regional Assemblies and other stakeholders in improving activity levels.

ENSURING ACTION LOCALLY: A CLEAR SYSTEM FOR DELIVERY

13. The NHS is responsible for taking forward the health improvement agenda but it can only do this effectively through partnerships with key stakeholders. It is therefore essential that PCTs work in partnership with local authorities to deliver the Choosing Health priorities.

14. The Communities for Health programme is a new approach to unlocking the energy that lies within communities. To be piloted from spring 2005, the programme will promote action across a range of local organisations on locally chosen priorities for health. The pilot areas have identified action to improve diet and increase physical activity as local priorities for action. Local authorities will take a lead in the Communities for Health programme, building on the activity they are leading in many areas to tackle poor health and health inequalities.

15. Physical activity interventions at PCT and local authority level are key to the delivery of Choosing Health targets. Regional networks and support will provide a framework for consistency, sharing good practice, and capacity development enabling effective delivery.

16. There are now around 370 Local Strategic Partnerships (LSPs) across England providing the framework for developing community strategies, which are the key strategic documents setting the vision for a local area. LSPs bring together local authorities, other public services, private, voluntary and community sector organisations to work with residents to improve local areas and services. Most have built up effective partnership structures and arrangements, and evidence from the Audit Commission shows they are helping to deliver real improvements for local people.

17. Delivery planning for Choosing Health is an integral part of PCTs' Local Delivery Plans (LDPs), which should be developed in close consultation with local authority partners and other key stakeholders in LSPs. Within their LDPs, PCTs will agree local targets to reduce childhood obesity which are designed to meet local needs and will be agreed with the local education authority and other local partners.

18. A planning and performance toolkit has been circulated to PCTs to support them in planning locally for Choosing Health. The toolkit stresses the importance of PCTs working with children's travel, school sport and other existing physical activity interventions together with key regional bodies and Sport England.

19. Performance levels within LDPs will be agreed between PCTs and SHAs, and PCTs will be held accountable for delivery by their SHAs. SHAs will have an important role in ensuring that the spearhead PCTs are making faster progress than the average of all PCTs in order to reduce inequalities in line with the national targets.

20. Children's trusts are being established by local authorities working with colleagues in the health sector and other local stakeholders. They will determine the services needed to drive improvements in children's health and well-being in line with the Children's Outcome Framework.† It is essential that PCTs and the emerging children's trusts work together to co-deliver local action on obesity.

21. Local needs for increasing physical activity can only be identified through local authorities and Primary Care Trusts working closely together and with the voluntary and private sectors, each of

* The role of the regional physical activity coordinators will build on the evaluation of a pilot in the North West launched in 2003 and funded by the Big Lottery Fund.

† HM Government (2004) *Every Child Matters: Change for Children*. London: The Stationery Office. 'Be Healthy' is one of the five outcomes in the Government's cross-cutting Every Child Matters: Change for Children programme.

which also has an important role in delivery. Our imminent Vision for Adult Social Care will also outline our aligned expectations of how local authorities may work more closely with health care partners.

LOCAL AREA AGREEMENTS

22. DH is supporting the development of local area agreements (LAAs)* as an important new planning process which brings health inequalities and health outcomes to the forefront of local community planning. LAAs are agreed with GOs and are based on three 'blocks':

- children and young people;
- safer and stronger communities; and
- healthier communities and older people.

23. 21 local authority areas are piloting LAAs. In the initial pilot LAAs, outcomes in each block have been negotiated between local authorities (and their partners) and GOs brokering on behalf of central departments. LAAs will reflect both local and national priorities. PCTs in the pilot areas are leading the development and delivery of the health elements of the LAAs, with the support and encouragement of SHAs. The initial 21 pilot areas include ten 'spearhead' PCTs† who will set challenging targets to reduce health inequalities in their area. Government has recently announced a further pilot phase of 40 agreements to be in place by April 2006.

ALIGNING PLANNING AND PERFORMANCE ASSESSMENT

24. As PCTs and local authorities work more closely on promoting activity, health and well-being, it will be important to align planning and performance assessment. Independent inspection, assessment and review of health improvement will be carried out by the Healthcare Commission, the Audit Commission, Ofsted and the Commission for Social Care Inspection. The Concordat signed between the main healthcare inspectorates last year committed them to working together to minimise the burden of review on front-line services.‡ DH is exploring with the Healthcare Commission how best to ensure the new standards for NHS provision they will publish later this year achieve a balance between prevention and care. The successor to the Modernisation Agency will also be helping the NHS redesign its services to maximise public health benefits. Over the next three years it will focus on how to improve NHS obesity services, develop the new health trainer role and look at how the NHS can become a health-promoting employer.

RESOURCES AND CAPACITY

25. The NHS will invest its mainstream budgets to secure improvements in public health, well-being and health inequalities and to achieve longer-term savings in the cost of treatment and social care. A significant proportion of the delivery of health improvement, including increasing physical activity, will be funded from PCTs' main allocations and will form part of their core business planning. This is in line with Government policy to devolve responsibility and resources to local organisations. They will also need to consider the contribution that local authorities and other partners make to jointly agreed actions in support of national or locally agreed priorities.

26. Over £1 billion of additional NHS funding has been made available to supplement the delivery of Choosing Health over the next three years. The extra funding will pump-prime innovations to existing services (such as obesity prevention, including physical activity and diet, and sexual health, school nurses and health trainers) and test new ideas. Around half of the extra funding in 2006/07 and 2007/08 has gone directly to PCTs as part of their annual allocation to deliver Choosing Health commitments through the Local Delivery Planning process. Funding will also be targeted at, for example, spearhead areas in support of the national health inequalities target on life expectancy or best practice pilots.

* Information on implementation of LAAs can be found at www.odpm.gov.uk/localvision.

† The Spearhead Group is the fifth of areas with the worst health and deprivation indicators. It consists of the 70 Local Authority areas, mapped across to 88 PCTs, that are in the bottom fifth nationally for three or more of the following five factors: (i) male life expectancy at birth; (ii) female life expectancy at birth; (iii) cancer mortality rate in under 75s; (iv) cardiovascular disease mortality rate in under 75s; (v) Index of Multiple Deprivation 2004 (Local Authority Summary).

‡ The Concordat between bodies inspecting, regulating and auditing healthcare can be found at www.healthcarecommission.org.uk/assetRoot/04/00/43/00/04004300.pdf.

27. We have delivered the Choosing Health commitment for a Physical Activity Promotion Fund by allocating £55 million for 2006/07 and 2007/08 directly to PCTs for action on diet, physical activity and obesity. This will enable PCTs to take more action on promoting healthy lifestyles and physical activity. A further £50 million has been allocated to PCTs in this period for capacity expansion – strengthening the local health improvement workforce, including training and development of the staff needed to deliver obesity services as set out in Chapter 5. SHAs are charged with working with their PCTs and other local partners to develop robust, costed local health improvement workforce plans to meet local needs. It will be vital that these include sufficient local skilled capacity to deliver increased physical activity interventions working closely with local government and the voluntary sector, where many of these skills already lie. We will assist PCTs further by disseminating the emerging evidence of what works from the LEAPs and the Physical Activity Evidence and Guidance Collaborating Centre.*

28. The National Institute for Clinical Excellence (NICE) will also be undertaking a programme of work to produce guidance for the NHS and more broadly to support the aims of the White Paper with respect to obesity prevention and the promotion of physical activity.

29. Programmes are being put in place to boost the numbers of public health specialists and practitioners to help shape, drive and deliver the services that people need to help them improve their health. The NHS workforce will have a better understanding of and better skills in health improvement to make the best opportunity of people's encounters with the NHS to promote healthy lifestyles. In the primary care setting, practitioners with a special interest will provide a focus for health improvement. New and extended roles for pharmacists will provide a flexible source of help and advice. And expansion in the numbers of school nurses will provide a fresh focus to influence the role of diet and physical activity in the health of school children.

MONITORING AND EVALUATING THE IMPACT OF THIS ACTION PLAN

30. The overall success of the action plan will be evaluated in terms of the objectives set out in Chapter 1. Particular elements of the plan – for example PE and school sport – will be monitored as 'stand-alone' objectives, alongside an evaluation of their contribution to increasing participation and reducing inequalities.

31. As the primary delivery measure, we will track the impact of this action plan by measuring the activity levels of children and adults and in particular the number meeting the Chief Medical Officer's recommendations in the context of other determinants of health as part of the ongoing Health Survey for England. In addition we will draw upon other national surveys to measure progress in specific areas:

- **Health Survey for England**
  Regular monitoring of physical activity based upon all contributory sources of exercise, encompassing home activity (housework, gardening, DIY and other manual activity), walking and sports and exercise activities. Includes socioeconomic, demographic and anthropometric characteristics and ethnicity, with a breakdown of participation to a regional level. Children's data 2–15 years, adults' data 16 years and over.

- **Survey of Participation in Sport and Culture**
  Annual survey of adults in England based upon participation in sports, walking and other exercise activities. To include participation rates for specific sports, and involvement in areas such as competitive sport, coaching and voluntary work for sport. Data will be available for various population subgroups including socio-economic groups, ethnic groups and people with disabilities. Future data collection from children is also planned.

* The Health Development Agency Physical Activity Evidence and Guidance Collaborating Centre is an alliance between the British Heart Foundation Health Promotion Research Group – University of Oxford, the British Heart Foundation National Centre for Physical Activity and Health – Loughborough University and the South East Public Health Observatory (www.hda-online.org.uk/html/about/collaboratingcentres.html).

- **National Travel Survey**
  Annual survey monitoring personal travel by bicycle or on foot in terms of trips made, distance travelled, trip purpose and time taken. The detailed data are limited to travel on 'public highways'.

32. We will also build on the role which public health observatories already play in collating, analysing and reporting on health data, both nationally and locally.

RESEARCH AND DEVELOPMENT

33. The Government is committed to building the evidence base for the effectiveness and cost-effectiveness of public health interventions, including those related to physical activity. We recognise deficiencies in the evidence base on effective interventions in physical activity, and a specific event to consider research priorities was held during the Choosing Activity consultation last year. As a first step, the Health Development Agency (HDA) has already published an evidence briefing on physical activity[20] and NICE will be publishing definitive guidance on the prevention, identification, management and treatment of obesity early in 2007.

34. In *Choosing Health* the Government has committed to commission further studies to support the development of new approaches where there are gaps within the evidence base. This will be achieved through:*

- reviewing the existing research and development strategy for public health to provide a strategy focused on supporting delivery of this White Paper through improved, timely evidence;
- establishing a new public health research initiative within the framework of the United Kingdom Clinical Research Collaboration (UKCRC);
- providing new funding for the public health research initiative, building to £10 million by 2007/08;
- launching a public health research consortium, bringing together national policy-makers and researchers from a wide range of disciplines, to focus effort on strengthening the evidence for effective health interventions to support White Paper delivery;
- launching a national Prevention Research Initiative, working in collaboration with research funders in the fields of cancer, coronary heart disease and diabetes, to provide dedicated funding for research aimed at the primary prevention of these diseases; and
- providing additional resources to support the National Institute for Health and Clinical Excellence, in its new work on health improvement.

35. In addition, the Government will establish a new Innovations Fund, of £30 million in 2006/07 and £40 million per annum from 2007/08, in order to pilot and evaluate health improvement activities and support the rapid roll-out of effective interventions, such as those around diet and nutrition.

36. The White Paper also signed the commitment to develop a comprehensive public health information and intelligence strategy that will be overseen by a new Health Information Task Force. The strategy will play a key part in monitoring the delivery of the health improvement and related PSA targets and the *Choosing Health* White Paper commitments from the national to the local level.

37. Ultimately, the aim is to develop a real-time public health information system that can be contextualised with evidence of cost-effective interventions, and so lead to action to improve health and tackle health inequalities at national, regional and local levels, across the NHS, with partner agencies, and in local communities.

38. The Activity Coordination Team has demonstrated the value of working across departmental boundaries to coordinate pilot work and new research initiatives. We will build on the

* See Annex B of *Choosing Health*.

Sustainable Travel Towns pilots to develop guidance for local authorities, PCTs and others on whole-town approaches to shifting travel from cars to walking, cycling and public transport. We will continue to collaborate with public- and voluntary-sector partners in the evaluation of workplace and pedometer schemes. In particular we will support the ongoing work of the Physical Activity Evidence and Guidance Collaborating Centre for the Promotion of Physical Activity and its mechanisms for the collection, evaluation and dissemination of best practice.

39. Alongside the commitments documented in the White Paper to pilot new initiatives, the following work will help to shape delivery of physical activity:

- **Evaluation of the Local Exercise Action Pilots** – a rigorous evaluation of the impact of the interventions at both a programme and a pilot level will be conducted, to include both the target groups and individuals in the wider population.
- **Evaluation of the New Opportunities for PE and Sport programme** – includes the effectiveness of partnerships to manage and deliver projects, the impact of the programme on participation rates in sporting activities, and the impact participation has on a range of wider social issues within the school and in the local community. It is through an annual survey and detailed case study work that the evaluation aims to explore what impact the programme has had on the local community.
- **Evaluation of the Active England Programme** – evaluation of 200 local projects that are part of a joint programme between the Big Lottery Fund and Sport England aiming to encourage innovative approaches and creative solutions in a wide variety of environments to drive up physical activity levels and sports participation rates.

CONCLUSION

40. Choosing Activity: a physical activity action plan is the first truly cross-government plan for getting the nation active and improving health. We are proud of the achievement this represents but well aware of the task of delivery that we must achieve. We also recognise that there is much more to learn and to do than has been set out in this action plan. However, this is an important step in our journey to create an active England, a journey which we recognise is vital to the nation's health.

APPENDIX: OUTCOME OF THE CHOOSING ACTIVITY CONSULTATION

The key areas where the Choosing Activity consultation asked for views were:

- a proposed framework of goals;
- priorities for action; and
- roles and responsibilities.

RESPONSES

We received 283 responses to the consultation.

In general the responses we received were positive, and have been incorporated into this document wherever possible. The main proposals for action emerging in the Choosing Activity consultation were to:

- improve information and raise awareness of the benefits of activity;
- support activity in the community by addressing barriers such as safety, cost, and locality;
- support activity in early years and schools and improve community access to school facilities; and
- support and encourage everyday activity such as walking and cycling.

CONCLUSION

As a result of the consultation we have been able to confirm that broad objectives and priorities outlined in the consultation are shared by the wider health community, the sports and leisure sectors, interested voluntary bodies, and the wider public.

A fuller analysis of the consultations will be available in due course.

REFERENCES

1. Department of Health. *Delivering Choosing Health: making healthier choices easier*. London: Department of Health; 2005.
2. Department of Health. *Health Survey for England 2003. Volume 2: The Risk Factors for Cardiovascular Disease*. London: Stationery Office; 2004.
3. Department of Health. *Health Survey for England 2002: The Health of Children and Young People*. London: Stationery Office; 2003.
4. Department for Transport. *National Travel Survey 1999–2001: Update.* London: Department for Transport; 2001.
5. The Sports Council and the Health Education Authority. *Allied Dunbar National Fitness Survey: Main Findings.* London: Sports Council and Health Education Authority; 1992.
6. Department of Health. *At least five a week: evidence on the impact of physical activity and its relationship to health.* London: Department of Health; 2004.
7. Department for Culture, Media and Sport London Strategy Unit. *Game Plan: A strategy for delivering Government's sport and physical activity objectives.* Department for Culture, Media and Sport; 2002.
8. Health Select Committee. *Third Report of Session 2003–04, Obesity HC23-1.* London: Stationery Office; 2004.
9. Wanless D. *Securing Good Health for the Whole Population: Final Report*. London: HMSO; 2004.
10. Cavill N, Bauman A. 'Changing the way people think about health-enhancing physical activity: do mass media campaigns have a role?' *Journal of Sports Sciences*; August 2004, volume 22, No. 8, pp. 771–90. (www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthyLiving/fs/en).
11. McGeorge S. *Couch Kids: the continuing epidemic.* London: British Heart Foundation; 2004.
12. Department for Education and Skills. *The Impact of School Sports Partnerships: The Results of the 2003/04 PE, School Sport and Club Links Survey.* London: DfES; April 2004. (http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/nationalstrategy/2003-04_Survey_Results/).

13. Department for Education and Skills. *Five Year Strategy for Children and Learners: Putting People at the Heart of Public Services.* London: DfES; 2004.

14. UK Sport. *Sports Participation in Europe – COMPASS 1999*. London: UK Sport; 1999.

15. Health Development Agency. *Interventions on Obesity – Better Health for Children and Young People* (HDA Briefing No. 3). London: HDA; 2004.

16. National Forum for Coronary Heart Disease Prevention. *Physical Activity: An agenda for action*. London: National Forum for Coronary Heart Disease Prevention; London.

17. Kahn E, Ramsey L, Brownson R, Heath G, Howze E, Powell K, et al. 'The Effectiveness of Interventions to Increase Physical Activity: A Systematic Review'. *Am J Prev Med* 2002; 22 (4S).

18. Department for Transport. *Walking and Cycling: An Action Plan* (TINF 93). London: Department for Transport; 2004 set out 42 actions across Government aimed at increasing levels of walking and cycling.

19. Sport England. *Framework for Sport in England – Making England an active and successful sporting nation: A vision for 2020*. London: Sport England; 2004.

20. Hillsdon M, Foster C, Cavill N, Crombie H, Naidoo B. *The Effectiveness of Public Health Interventions for Increasing Physical Activity among Adults: A Review of Reviews.* 2nd edition. London: Health Development Agency; 2005.

21. Department for Transport. *Making Smarter Choices Work*. London: DfT; 2004.

22. Department of Health. *Local Delivery Plans 2005–8: Technical Note*. London: DH, November 2004.

23. Peersman G, Harden A, Oliver S. *Effectiveness of Health Promotion Interventions in the Workplace: A Review*. London: HEA; 1998.

GLOSSARY

ACT	Activity Coordination Team
BiTC	Business in The Community
BHF	British Heart Foundation
CABE	Commission for Architecture and the Built Environment
CMO	Chief Medical Officer
CO	Cabinet Office
DCMO	Deputy Chief Medical Officer
DCMS	Department for Culture, Media and Sport
Defra	Department for Environment, Food and Rural Affairs
DfES	Department for Education and Skills
DfT	Department for Transport
DH	Department of Health
DIY	Do it yourself
EPPI	Evidence for Policy and Practice Information and coordinating centre
GO	Government Office for the Region
HDA	Health Development Agency
HEA	Health Education Authority
IDeA	Improvement and Development Agency
IiP	Investors in People
LA	Local authority
LAA	Local area agreement
LDP	Local Delivery Plan
LEAP	Local Exercise Action Pilot
LSC	Learning and Skills Council
LSP	Local Strategic Partnership
LTP	Local Transport Plan
NCC	National Consumer Council
NCD	National Clinical Directors
NGO	Non-governmental organisation
NHS	National Health Service
NHS LIFT	National Health Service Local Improvement Finance Trust
NICE	National Institute for Clinical Excellence
NIMHE	National Institute for Mental Health in England
ODPM	Office of the Deputy Prime Minister

Ofsted	Office for Standards in Education
OGDs	Other government departments (non-DH)
PCT	Primary Care Trust
PE	Physical Education
PFI	Private Finance Initiative
PHG	Public Health Group
PMETB	Postgraduate Medical Education and Training Board
PPG	Planning Policy Guide
PPS	Planning Policy Statement
PSA	Public Service Agreement
PSHE	Personal Social Health Education
R&D	Research and development
RDA	Regional Development Agency
RoSPA	Royal Society for the Prevention of Accidents
ROWIP	Right of Way Improvement Plan
RPHG	Regional Public Health Group
SD	Sustainable development
SE	Sport England
SHA	Strategic Health Authority
UKCRC	UK Clinical Research Collaboration
WP	White Paper

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