



Making Physical Activity a Priority

Buckinghamshire Physical Activity Strategy
2018 - 2023

Introduction

The case for being regularly active is compelling, with a wealth of evidence highlighting that activity helps us lead healthier and happier lives. Yet a significant number of people in Buckinghamshire do not achieve the levels of activity that will keep them physically and mentally well. One in five adults in Buckinghamshire do less than 30 minutes of activity a week and will see the greatest gains from increasing their levels of activity.

This multi-agency strategy aims to encourage everyone in Buckinghamshire to be more active and therefore gain the many benefits that being active can bring, whatever your age or ability, but with a particular focus on those who are currently inactive – defined as doing less than 30 minutes moderate intensity physical activity per week. Physical activity helps people feel good, helps children and young people grow well and achieve at school, improves physical health and reduces the risk of developing many illnesses including serious diseases such as cancer, heart disease and dementia. In fact, it has been widely acknowledged that if exercise were a pill, it would be the most cost-effective medicine available. It also supports people to live independently as long as possible and can reduce social isolation which is a key priority for us.

We would like to thank all the organisations that helped develop this strategy and who are all keen to play their part in implementing it, including District Councils, Leap, Buckinghamshire Clinical Commissioning Groups, wider Buckinghamshire County Council services and voluntary sector partners. We will work together to achieve our ambitions, ensuring we plan and share ideas at the earliest opportunity, learn from each other about what works, and scaling up successful initiatives.

Everyone has a role to play in increasing activity levels – whether at school, at work, in your community or at home and as you travel around.

Please help us to implement this strategy and keep Buckinghamshire a great place to live and our residents more active, healthier and happier.



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1. Purpose

The purpose of this Strategy is to provide clear guidance to strategic leads, policy makers, commissioners and providers across different areas of responsibility to help drive an increase in the physical activity levels of Buckinghamshire residents and support delivery of the Buckinghamshire Health and Wellbeing Strategy 2016-2021.

The Strategy sets out 4 key evidence-based principles that provide the framework for embedding activity into everyday life, across the life course, and making activity the social 'norm'. Achieving this ambition isn't possible by any one organisation alone and relies on a whole-system, joined-up approach to action.

The Strategy will be overseen by a multi-agency steering group and will link to the Buckinghamshire Healthy Communities Partnership, and ultimately the Buckinghamshire Health & Wellbeing Board.



2. Aims and Outcomes

Aims

1. Increase levels of activity by encouraging **inactive** residents into regular activity throughout life.
2. Increase the number of residents achieving Chief Medical Officer guidelines for physical activity throughout life.

Outcomes

The high level outcomes are:

1. A reduction in the proportion of Buckinghamshire residents who are **inactive** by 2023.
2. An increase in the proportion of Buckinghamshire residents who achieve the Chief Medical Officer guidelines for physical activity by 2023.

People who do less than 30 minutes per week of moderate intensity physical activity are defined as being inactive. In Buckinghamshire almost 1 in 5 (18.8%) of adults aged 16+ are inactive. The greatest health gains are made by moving people from “inactive” to more active categories. Our second aim is to increase the proportion of residents who meet national guidelines for physical activity – for adults aged 16+ years this is 150 minutes of moderately intense physical activity per week and for young people age specific recommendations are even higher. In order to achieve our aims we will need to identify the most effective methods to increase activity levels in people who are currently inactive.

National research identifies that a higher proportion of people from the following groups are more likely to be inactive:

Lower Socio-economic groups

Those who are long term unemployed or have never worked are the most likely to be inactive (37.5%) while those in managerial, administrative and professional occupations are the least likely to be inactive (17%).

Women and girls

Girls (45%) are more likely to be inactive than boys (36%).¹
Women (27%) are more likely to be inactive than men (24%).

Older people

Inactivity levels increase with age. Older people aged 75 – 84 (48%) and 85+ (71%) are most likely to be inactive.

People with disability

51% of those with three or more impairments are inactive compared with 21% of those without a disability.

People from some ethnic groups

Whilst nationally 25% of White British people are inactive the levels of inactivity for some ethnic groups are higher, South Asian 31%, Black 30% and Chinese 30%.

We aim to achieve this through the 4 principles of our strategy described on the following pages

- Active environments
- Active communities
- Skilled workforce
- Working collaboratively

We need to make physical activity part of everyone's every day life and need a system wide approach to make being active the easy choice for residents, particularly for those who are currently inactive. We need our workforce to be skilled in supporting residents to be active by providing brief advice and signposting particularly to those who are inactive and to encourage sustainable physical activity opportunities in key communities where levels of inactivity are higher . We will develop co-ordinated multiagency action plans to help us achieve our aims.

¹ Data source – Health Survey for England 2012

3. Physical Activity - an overview

3.1 What is physical activity?

Being physically active can incorporate many types of informal and structured activity:

Physical Activity (expenditure of calories, raised heart rate)

Everyday activity:

- Active travel (cycling/walking)
- Heavy housework
- Gardening
- DIY
- Occupational activity (active/manual work)



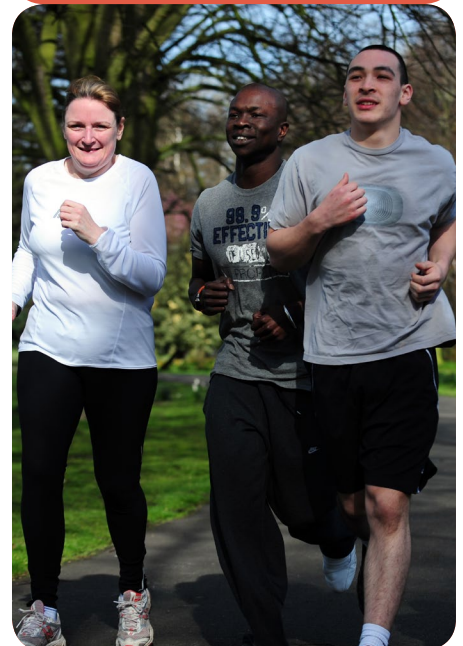
Active recreation:

- Recreational walking
- Recreational cycling
- Active play
- Dance



Sport:

- Sport walking
- Regular cycling (≥ 30 min/week)
- Swimming
- Exercise and fitness training
- Structured competitive activity
- Individual pursuits
- Informal sport



3.2 Why be active?

Economy



£85m

approx. cost of physical inactivity to Buckinghamshire each year

Businesses with active employees are **more productive** and have a **lower staff turnover**



Active employees take **27%** fewer days sick leave than inactive employees

Health

20

number of chronic health conditions that physical activity can help prevent and treat



1 in 10 cases of heart disease and stroke could be prevented by persuading inactive people to become active.



Physical inactivity directly contributes to **1 in 6** deaths in the UK



An inactive person is likely to spend **37%** more time in hospital and visit the doctor **5.5%** more than an active person

Being active makes the majority of 5-11 year olds feel happier (**79%**), more confident (**72%**) and more sociable (**74%**)

Physical activity can help with:



improving sleep



maintaining healthy weight



managing stress



improving quality of life

Education



Improves concentration and learning

GCSE results of active young people are **10-20%** higher than those of inactive young people



Participating in extra-curricular activities has a positive effect on attainment

Physically active young people are **15%** more likely to go to university



3.3 What are the guidelines?

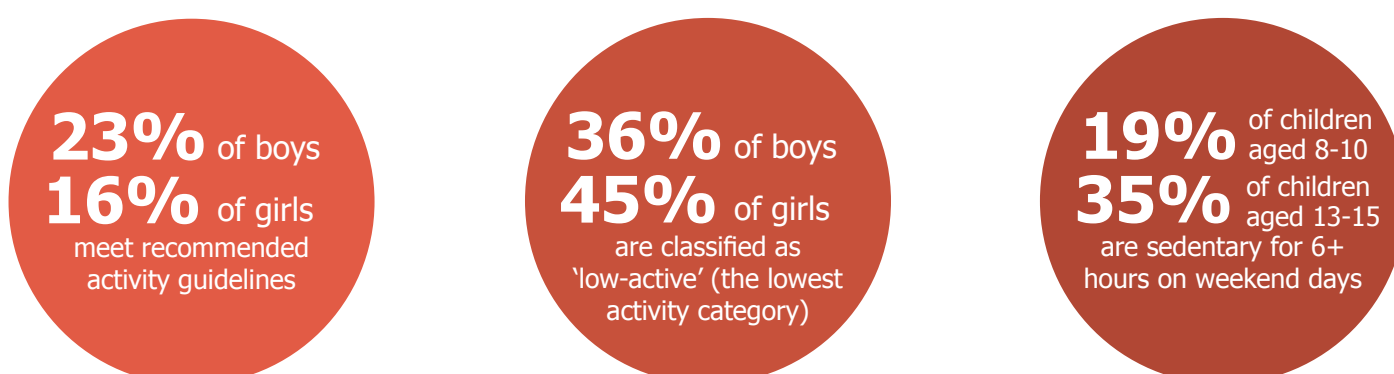
Early years (0-5 years)	What? Floor-based play and water-based activities in safe environments.	How much? At least 180 minutes spread throughout the day.
	Time spent being sedentary.	Minimise time (except time sleeping).



How active are we? ² Early years (2-4)



Children and young people (5-18 years)	What? Moderate to vigorous intensity physical activity.	How much? At least 60 minutes per day.
	Activities to strengthen muscle and bone.	At least 3 days each week.
	Time spent being sedentary.	Minimise time.

How active are we? ² Children and young people (5-15)



Adults (19-64 years)	What? Moderate to vigorous intensity physical activity.	How much? At least 150 minutes per week in bouts of 10 minutes or more.
	Activities to improve muscle and strength.	At least 2 days each week.
	Time spent being sedentary.	Minimise time.
Older adults (65+)	Moderate to vigorous intensity physical activity.	At least 150 minutes per week in bouts of 10 minutes or more.
	Activities to improve muscle and strength.	At least 2 days each week.
	Activities to improve balance and co-ordination.	At least 2 days each week.
	Time spent being sedentary.	Minimise time.

How active are we? Adults (16+)

64.5%
meet recommended
activity guidelines³

14.8%
are classified as
'fairly active'

20.7%
are classified as
'inactive'⁴

40% of men
35% of women
are sedentary for 6+
hours on weekend
days⁵

Did you know?

- **Moderate intensity** means you can talk during an activity but you can't sing!
- **Vigorous intensity** means you struggle to say more than a few words during an activity!
- **Sedentary behaviour** is not simply a lack of physical activity - it is spending too much time in positions that do not use energy – such as watching TV, playing computer games or sitting at a desk.

³ Self-reported data.

⁴ Data source - Active Lives Survey October 2017.

⁵ Data source - Health Survey for England 2016.

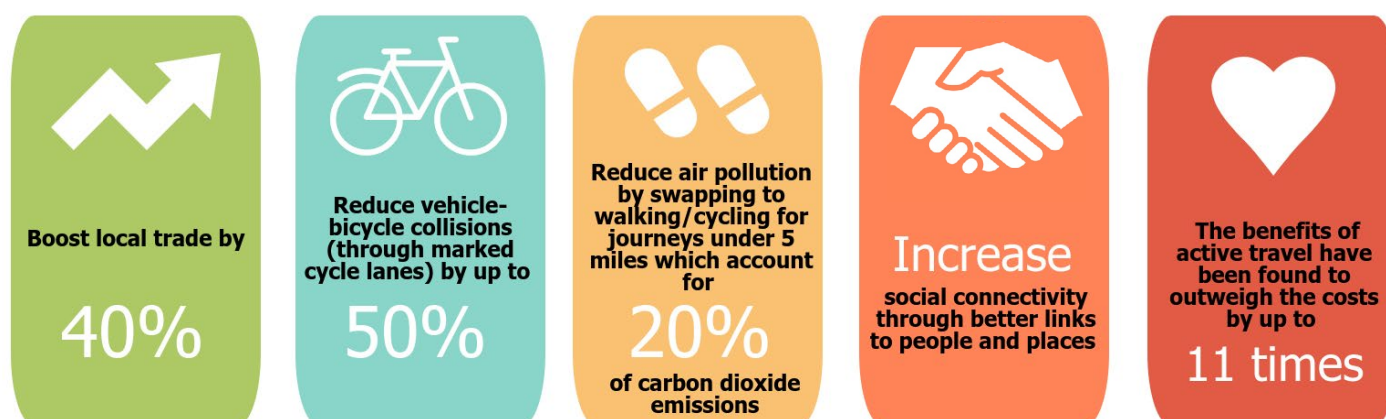
4. Achieving our aims through 4 principles

The following four principles are based on national policy, evidence and best practice. Each principle interlinks so that each Area for Action supports achieving other principles. For example, increasing active travel not only supports active environments but contributes towards active communities too.



4.1 Active Environments

The World Health Organisation defines a 'Healthy City' as one that supports health, recreation and wellbeing, safety, social interaction, easy mobility, a sense of pride and cultural identity and is accessible to the needs of all citizens. The same can be applied to towns and villages throughout Buckinghamshire. Living in an activity-friendly neighbourhood can provide up to 59% of weekly activity. There is strong evidence that improving environments to increase active travel can significantly increase levels of physical activity – as well as provide the following benefits:



Neighbourhood design, housing and transport can all support active lifestyles but it's crucial that pedestrians and cyclists are prioritised when developing or maintaining streets and roads.

Areas of Buckinghamshire will be undergoing significant growth over the coming years which presents opportunity to design activity into people's lives right from the planning stages.

The built environment is key to maintaining wellbeing, mobility and independence in older adults through factors such as including pedestrian infrastructure, safety, access to amenities and services, aesthetics and environmental conditions.

If all Buckinghamshire adults walked for 30 minutes a day, this would lead to a reduction in death rates by 14%, with 30 minutes of daily cycling leading to a reduction in death rates of 21%

As well as ensuring we have fit-for-purpose facilities such as leisure centres and places to be physically active, the National Institute for Health and Care Excellence (NICE) recommends that other spaces support active travel:



Hospitals and Universities
encourage pleasant and accessible walking and cycling options to and between sites.



Schools
need active playgrounds; safe routes to school and high-quality, safe bicycle parking.



Workplaces
can promote regular breaks/ walking meetings and provide shower facilities and bicycle parking.

Access to open and green space – parks, gardens, tree-lined streets, communal squares and allotments – is not only important to support increased physical activity, but important for quality of life and for the sustainability of towns and cities. Public green space needs to be maintained to a high standard, be safe, attractive and welcoming and be accessible on foot, bicycle and public transport.

Key Facts

- Those with access to good quality green space report: better self-rated health, lower body mass index, lower overweight and obesity levels.
- The creation or improvement of a park/open space leads to an increase in local peoples' activity levels by up to **48%**.
- Every 10% increase in green space is associated with a reduction in disease equivalent to a gain of **5 years of life**.
- **18%** of Buckinghamshire households live within 300m of a natural green space of at least 2 hectares, and only **58%** of households live within 2km of a natural green space of at least 20 hectares.
- **11.4%** drop since 2013/14 in the proportion of Buckinghamshire residents that use green space for exercise/health reasons.

Increasing the use of good quality green space for all social groups can improve health outcomes and reduce health inequalities. It can also bring other benefits such as greater community cohesion and reduced social isolation.

Although Buckinghamshire is renowned as a green and rural county, much of its green infrastructure is not directly accessible to residents. When applying the Accessible Natural Green Space Standard (ANGSt), a large proportion of households aren't near to large (20+ hectares) accessible areas of green space, affecting opportunities to be regularly active. Given that significant growth in Buckinghamshire is planned over the next 10+ years, prioritisation must be given in these areas to incorporating good quality, accessible green and open spaces.

Certain socio-demographic groups, including those with a long-term illness or disability, aged 65 and over, and of Black or Minority Ethnic origin, are consistently less likely to use the natural environment for physical activity.

A state of the environment report by the Buckinghamshire and Milton Keynes Natural Environment Partnership reinforces the need to better connect Bucks residents through physical activity and conservation to their local natural environment.

Active Environments - Areas for Action

1. **Ensure improved opportunities for walking and cycling, which includes embedding new areas of accessible green space into planning processes.**
2. **Implement evidence-based approaches to increase active travel – particularly to/from schools and workplaces and facilities such as hospitals, universities and colleges.**
3. **Improve the quality of, and access to, existing green spaces.**
4. **Increase the use of green space for all social groups - targeting those less likely to access it.**
5. **Ensure there is a range of fit-for-purpose, accessible leisure facilities and places to be physically active across Bucks.**

4.2 Active Communities

Creating social networks

People are more likely to be active if it is seen as 'the norm', and if their friends and peers are also active. The evidence shows that to change attitudes and behaviour at a local level, we must involve residents in designing solutions to increase activity levels. Achieving small shifts in behaviour across whole communities could give more significant public health benefits than just increasing activity among small, targeted groups.

- We know that physical activity, particularly when group-based, can bring people together to improve social networks and reduce isolation.
- Evidence suggests that the social element behind physical activity aids enjoyment and that social support encourages sustained behaviour change.



Individuals who are socially isolated are between 2-5 times more likely than those who have strong social ties to die prematurely.

Utilising assets

Understanding and utilising community assets (individuals, associations and organisations) can be an effective driver of increasing levels of physical activity.



In 2015, 56% of Buckinghamshire residents had volunteered within the past 12 months

- Asset-based working promotes well-being by building social capital - high levels of which are correlated with positive health outcomes, well-being and resilience.
- An asset-based approach also allows for any gaps in physical activity opportunities to be identified and addressed.

Opportunities to be active

Opportunities should take an evidence-based, resident-centred approach:

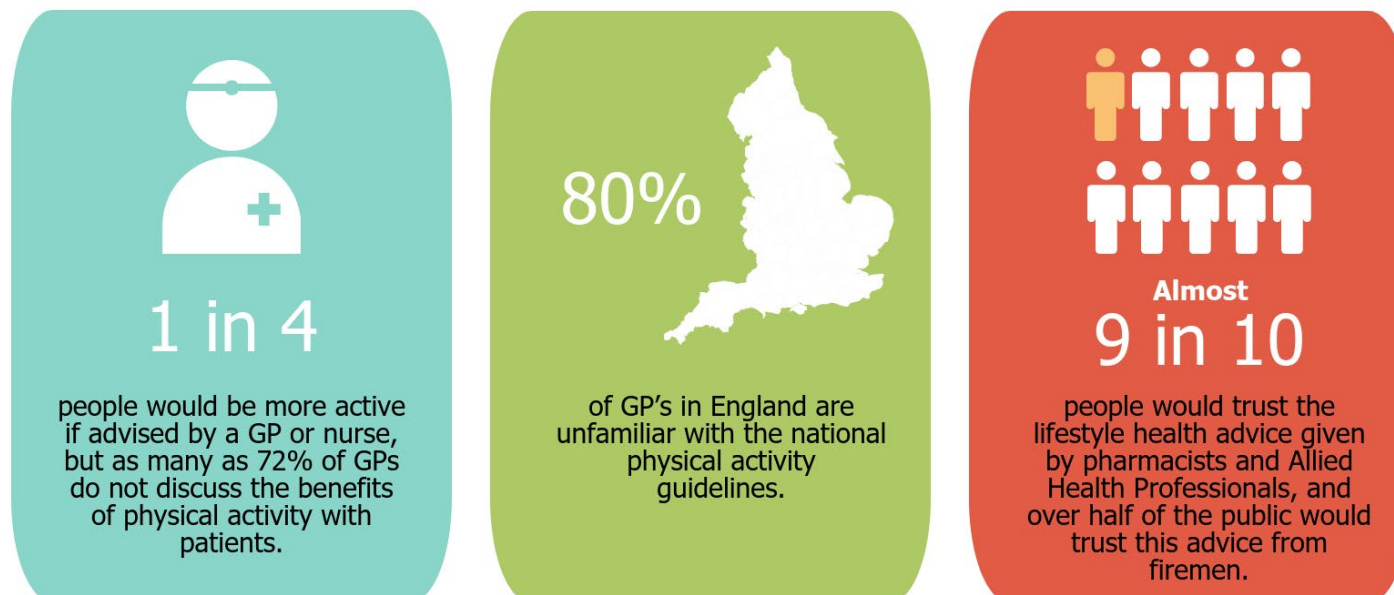
- utilising local data and audience insight
- mapping existing provision to avoid duplication and identify gaps
- understanding what works to recruit and retain your target audience
- ensuring accessibility for those with more complex needs
- focusing from the beginning on becoming self-sustaining
- be robustly and consistently monitored and evaluated to demonstrate impact.
- effective promotion of opportunities to be active to suit different audiences

Active Communities - Areas for Action

1. Understand and utilise local physical activity assets (individuals, associations and organisations).
2. Better understand our audience through strong insight, particularly those who are inactive/less-active.
3. Develop targeted, accessible, self-sustaining opportunities to be active based on evidence and best practice.
4. Develop comprehensive local physical activity profiles to inform and support local planning.
5. Develop robust and consistent monitoring and evaluation processes.

4.3 Skilled Workforce

We can help change behaviour by making every contact count – supporting staff across health, local authority and voluntary sectors, who have contact with residents every day. Sport England states we need to “improve a person’s experience of physical activity by providing guidance aligned to their individual needs and aspirations”. We must equip key members of the workforce and volunteers in Buckinghamshire with the knowledge, enthusiasm and skills to deliver effective physical activity brief advice to inactive/less-active residents.



Health and social care staff, as well as other professionals, are perfectly placed to support residents to increase their activity levels, by:

- including physical activity advice in face to face meetings/consultations
- delivering evidence-based support such as motivational interviewing
- ensuring physical activity is embedded into long-term condition care pathways
- embedding physical activity in personalised care and support planning
- signposting/referring to local activity pathways directly, such as Active Bucks and local Exercise Referral Schemes, or for further support through the Single Point of Access for Lifestyles and Long-term Conditions⁶.

Did you know?

As we get older, regular physical activity is key to maintaining independence and wellbeing, helping to prevent or delay the need for health and social care support for conditions such as dementia, disability and frailty.



For the existing physical activity workforce, the biggest challenge is often supporting people new to activity on a journey that supports their gradual introduction to a new behaviour. It is often the 'softer skills' that can have the biggest impact on sustained participation, including providing a welcoming environment, understanding the factors that can put off new attendees and developing supportive and social environments.

Our experiences of being active at an early age can shape lifelong activity habits. We know that children and young people who are aerobically fit have higher academic scores, and that physical activity has been linked to improved classroom behaviour across the whole school - including improved pro-social behaviour and peer relationships. We also know that girls, and those from lower socioeconomic families, are more likely to lead less active lifestyles. Worryingly, one in three children across the UK are leaving primary school with negative feelings about being physically active. Training and supporting all education staff, but particularly those in less affluent areas, can ensure that a positive experience for children translates into an active habit into adulthood. Opportunities include:

- Improving 'physical literacy' in the early years
- Improving the PE offer in primary schools through effective use of the Primary Sport Premium funding
- Creating more high-quality opportunities to be regularly active for inactive students at secondary school and in further/higher education



Research by the University of Buckingham of 400 primary teachers revealed that

28%

do not feel qualified to teach PE and more than

50%

want more professional development in the subject

Skilled Workforce - Areas for Action

1. Provide training to health and social care staff and the voluntary sector to deliver effective brief physical activity advice.
2. Embed physical activity in long-term condition and other relevant health pathways.
3. Provide the physical activity workforce with the 'softer' skills to engage inactive people.
4. Provide education staff with the knowledge, skills and tools to increase levels of physical activity amongst children and young people.

4.4 Working Collaboratively

Achieving a step-change in the activity levels of Buckinghamshire residents isn't the responsibility of any one organisation. Instead, success will only be possible by a network of organisations working together and using resources intelligently.

At a national scale, we know that cross-organisational collaboration can support achieving common goals – such as the Public Health England 'Active 10' and Sport England 'This Girl Can' campaigns.

This strategy needs to build on the great work already taking place to engage residents in regular activity. It will support countywide collaboration by making the best use of meetings and creating the local digital platforms in Buckinghamshire that allow us to better share, understand and scale-up best practice.

As part of this, an annual theme each year would enable organisations across Buckinghamshire to work together to increase participation through a particular area of work, enabling greater reach to communities and utilising local assets.

According to research, large, community-wide campaigns have been effective in increasing physical activity, but only when supported by local level community activities



Working Collaboratively - Areas for Action

1. Review and develop opportunities for key stakeholders to engage in physical activity development through relevant meetings and networking events.
2. Utilise a digital platform to share and plan work at the earliest possible stage, as well as understand best practice and lessons learned.
3. Explore developing a different physical activity theme that takes place in each year of the Strategy – enabling joint planning, promotion and delivery.