



A Review of the Implementation of Everybody Active, Every Day at National and Local Level

Final Report

29th March 2018

Submitted to: Public Health England

Dr Aisha Ahmad & Matt Rayment

ICF Consulting Services Ltd

Watling House, 33 Cannon Street, London EC4M 5SB

ICF makes big things possible

ICF is a global consulting and technology services provider with more than 5,000 professionals focused on making big things possible for our clients. We are policy specialists, social scientists, business analysts, technologists, researchers, digital strategists and creatives. Since 1969 government and commercial clients have worked with ICF to overcome their toughest challenges on issues that matter profoundly to their success. Our five core service areas are described below. Engage with us at icf.com.



Research + Analyse

Our teams delve deep into critical policy, industry and stakeholder issues, trends, and behaviour. By collecting and analysing data of all kinds, we help clients understand the current landscape clearly and plan their next steps wisely.



Assess + Advise

With equal parts experience and dedication, our experts get to the heart of the issue—asking all the right questions from the start. After examining the results and evaluating the impact of research findings, we counsel clients on how to best navigate societal, market, business, communications, and technology challenges.



Design + Manage

We design, develop and manage plans, frameworks, programmes, and tools that are key to each client's mission or business performance. These solutions often stem from our analytics and advice.



Identify + Implement

Our experts define and put into place the technology systems and business tools that make our clients' enterprises more effective and efficient. We deploy standard or customised methodologies based on the business context.



Engage

Realising the promise of the digital revolution requires foresight and heightened understanding. Both are baked into the solutions-focused engagement work that runs through all we do.

A Review of the Implementation of Everybody Active, Every Day at National and Local Level

Final Report

A report submitted by [ICF Consulting Services Limited](#)

Date: 29th March 2018

Job Number: 30301655

ICF Consulting Services Limited

Watling House
33 Cannon Street
London
EC4M 5SB

T +44 (0)20 3096 4800

F +44 (0)20 3368 6960

www.icf.com



Document Control

Document Title	A Review of the Implementation of Everybody Active, Every Day at National and Local Level
Job No.	30301655
Prepared by	Dr Aisha Ahmad, Matt Rayment, Priya Shah, Arthur Hannah and Kelly Singh
Checked by	Matt Rayment
Date	29th March 2018

This report is the copyright of Public Health England and has been prepared by ICF Consulting Services Ltd under contract to Public Health England. The contents of this report may not be reproduced in whole or in part, nor passed to any other organisation or person without the specific prior written permission of Public Health England.

ICF has used reasonable skill and care in checking the accuracy and completeness of information supplied by the client or third parties in the course of this project under which the report was produced. ICF is however unable to warrant either the accuracy or completeness of such information supplied by the client or third parties, nor that it is fit for any purpose. ICF does not accept responsibility for any legal, commercial or other consequences that may arise directly or indirectly as a result of the use by ICF of inaccurate or incomplete information supplied by the client or third parties in the course of this project or its inclusion in this project or its inclusion in this report.

Contents

- Executive summary 3
- 1 Introduction 8
 - 1.1 This report 8
 - 1.2 Methodology 8
- 2 Everybody Active Every Day framework10
 - 2.1 The Physical Activity Challenge10
 - 2.2 Development of the EAED framework.....11
 - 2.3 Stakeholder awareness and views of EAED11
- 3 Process of implementing the EAED framework to date15
- 4 Influence of the EAED framework on national and local policies and strategies18
- 5 Addressing inequalities in physical activity26
- 6 Creating an active society32
- 7 Creating active environments.....37
- 8 Measuring progress over time.....42
 - 8.1 Measuring change42
 - 8.2 Target outcomes.....44
 - 8.3 Stakeholder views on outcomes to date.....46
- 9 Conclusions and lessons learned.....48
 - 9.1 Overall progress to date.....48
 - 9.2 Key lessons learned49
 - 9.3 Future challenges50
- Part A: ANNEXES51
 - Annex 1 Local Health and Wellbeing Board strategy review52
 - Annex 2 National Strategy Review and Analysis.....64
 - Annex 3 EAED Stakeholder Survey72
 - Annex 4 National Stakeholder interviews76
 - Annex 5 Local area examples.....97
 - Annex 6 Engaging working groups146
 - Annex 7 Evaluation framework156

Executive summary

Everybody Active Every Day (EAED) is the national physical activity framework for England.

This report reviews the implementation of EAED since its publication in 2014, focusing particularly on progress in two of the framework's four domains – active society and active environments – and on progress in addressing inequalities in physical activity in England.

The EAED framework is seen by stakeholders as setting a clear agenda for action and based on strong evidence. It is viewed as having been influential on policy locally and nationally.

EAED was produced through an extensive process of consultation with a wide range of stakeholders and experts. Successful implementation of the EAED framework depends on its aims being shared by relevant national and local stakeholders, and integrated into national and local policy and delivery. Stakeholders are positive about the level of influence that the EAED framework has had at the national and local level. It has been influential on closely related national strategies, and local stakeholders consulted view the framework as having provided a focus.

Although awareness of EAED is mixed, the clear majority of survey respondents expressing an opinion about the framework believe that it sets a clear agenda for embedding physical activity into daily life, creating an active society and active environments, and tackling inequalities in physical activity.

Stakeholders interviewed expressed the need to shift the conversation away from 'sport' and towards 'physical activity', with many crediting EAED in encouraging this change in message.

Constraints on financial and human resources are a challenge in increasing physical activity and reducing inequalities. EAED is helping to target the allocation of resources in this context.

The EAED framework calls for action in increasing activity levels through thinking 'smarter' about better targeting and allocation of existing resources, rather than increasing investment. This review found that implementation is constrained within the landscape of austerity and diminishing resources. There is recognition among stakeholders that resources needed to be targeted more effectively but there is good evidence that physical activity interventions are cost effective overall. Those local areas making most progress are managing to find resources. This may be because they are able to take a cross sectoral approach and recognise that physical activity interventions can bring savings across the budget.

Good examples are emerging of cross sectoral partnership working that applies a wide-ranging approach to addressing the physical activity challenge.

The EAED framework emphasises that achieving change in physical activity levels requires joint working across all four domain areas (active society; active environments; moving professionals and moving at scale), where there needs to be a universal approach across national and local levels cascading throughout society. It

stresses the need for cross sector organisations to work together including communities and individuals, the voluntary and the private sector. This review found that there are examples of increasingly collaborative approaches to the delivery of physical activity, working across sectors. For example, Sheffield is leading the way in linking the health and physical activity sectors through its social prescribing project. Taking a system wide approach where the worlds of health and sport meet is particularly important in narrowing the gap in physical activity inequalities. While a system wide approach is beginning to take shape, many stakeholders described the need for more input from the NHS in physical activity interventions, and a better dialogue between NHS trusts and local authorities.

The EAED framework emphasises the need to focus on the inactive, evidencing inequalities relating to geography, age, disability, race, sex and sexual orientation.

This review found that, while many local health and wellbeing strategies emphasise the need to tackle health inequalities more broadly, only a few strategies explicitly mention inequalities in physical activity or initiatives to address them.

Stakeholders at both the national and local level describe how the message has increasingly turned to focus on inactivity, rather than focusing on increasing activity levels of those already active. Various national and local initiatives take a targeted approach to addressing inequalities. Sport England's Local Delivery Pilots delivery pilots are regarded as a significant investment in tackling inequalities and implementing the priorities set out in the EAED framework. Many stakeholders stress the importance of investing in voluntary and community organisations to reach the most inactive, though it is recognised that small, local and more targeted approaches will not increase activity levels at scale.

Stakeholders also expressed the view there appears to be a shortage of evidence about what works in addressing inequalities at population level.

Initiatives are being pursued nationally and locally to achieve an active society – in which physical activity is the social norm – but stakeholders emphasise the scale of the challenge ahead.

One fifth of all local health and wellbeing strategies refer to actions relevant to the EAED domain of 'Active Society'. Data show that there is a gradual move towards creating a more active society, though many stakeholders express doubts that progress is being made at sufficient scale to create a social movement where physical activity is the norm.

The use of social marketing to strengthen the national narrative around physical activity, including the introduction of initiatives and projects such as This Girl Can, parkrun and Change4Life, have gained widespread recognition and popularity. Building on the momentum of such national campaigns has supported local areas to begin to develop more active societies.

The use of popular devices for measuring physical activity and mobile apps, which often have a social, gaming or competitive element can encourage people to get outside and be more active. These 'gamification' and social trends have seen some success to date. Apps focused on physical activity more generally can drive behaviour change amongst people who are typically more inactive, such as stay at home mothers. An example of the gamification of exercise can be seen from Sheffield's 'Move More Month'.

Initiatives are being implemented nationally and locally to create more active environments, though this is challenging in many areas, especially for existing built environments.

The EAED framework emphasises the need to create the ‘right’ environments that support more active lives, for example creating or redesigning environments that make cycling and walking the ‘easy and enjoyable choice’.

The creating active environments domain of the EAED framework is reflected within the actions and priority areas of some local and national strategies. Several stakeholders interviewed expressed the view that the Cycling and Walking Investment Strategy and the launch of the Transforming Cities Fund offer a strong opportunity for investment in infrastructure that will support more active travel and everyday physical exercise in urban environments.

Creating active environments is by far the most referenced domain within health and wellbeing strategies, though the majority do not specifically mention the EAED framework. More than a third of strategies mention the need to increase access to open green spaces, active travel options and to improve local environments to ensure they promote active lifestyles.

Stakeholders at both the national and local level shared various examples of programmes and initiatives that are consistent with the active environments domain. Stakeholders emphasised the long timescales required to plan, design and deliver changes to the living environment. Much more remains to be done to change the views and approach of planners in order to integrate physical activity into urban design. Challenges remain in changing existing built environments, and in moving from promising local initiatives to the wide-scale changes required to deliver active environments for all. England can learn from the active environments in Denmark, Norway and the Netherlands that have been carefully planned and designed to support active living.

It is widely agreed that the changes being targeted by EAED will take many years to be seen.

The importance of measuring progress and outcomes is recognised nationally, and reflected in national data and indicators and many local strategies also include quantitative targets or indicators. Many stakeholders consider that good progress is already being made, though it is widely argued that a sustained effort and a greater political commitment will be needed to make a difference.

Overall, the EAED framework is recognised as setting a clear agenda and making a strong contribution to increasing physical activity. There are many examples of progress being made both locally and nationally in creating a more active society and more active environments, although it is often difficult to judge how much of this is directly attributable to the EAED document. The EAED framework has shifted the focus from sport to physical activity and from increasing physical activity (for those already active) to reducing physical inactivity for inactive groups. Attempts are also being made to reduce physical activity inequalities, though more work is required to narrow the inequalities gap and scale up physical activity levels for inactive groups.

Summary and lessons learned
















This evaluation shows that reducing physical activity inequalities is now on the agenda of national and local organisations. Some progress has been made in taking

a targeted approach to engage with inactive groups though narrowing the gap of inequalities in physical activity will take some time. Although it is difficult to assess the level of attribution to the EAED framework itself, this evaluation shows that national and local approaches are consistent with the objectives of the framework and it has contributed to shaping these approaches.

A number of lessons can be learned from progress in implementing EAED to date:

- Cross-sectoral collaboration is key to increasing activity levels and paramount to the success of EAED.
- Community engagement is of central importance to gain a deeper understanding about specific social, cultural and religious norms in local communities in order to better understand how to make change happen.
- Tackling inactivity cannot be solved solely through increased investment but requires making the most effective use of available capacity and resources - building capacity within communities offers opportunities for sustainable progress.
- Tackling inequalities and influencing behaviour change is difficult. A number of lessons have been learnt about the most effective tools to 'break habits of a lifetime', especially in deprived communities. These include increasing contact time; working one-to-one or in small networks; and having regular contact points.
- Clarity from PHE would be helpful on the strategic positioning of EAED. A number of stakeholders reflected that it would be beneficial to receive more support from regional Public Health England teams to aid with local implementation and navigating the different physical activity strategies and frameworks available. Some suggest that there is a need for a more coherent narrative around how the framework fits with other strategic drivers and initiatives.
- More evidence about what works is needed. EAED sets a clear agenda but there is still demand for more evidence about what works in practice. There is a clear need to continue to build evidence about what works, and to understand how to scale up local good practice; this is the "moving at scale" challenge.

Everybody Active Every Day (EAED) is the national physical activity framework for England. It aims to increase physical activity and to reduce the health problems associated with inequalities in physical activity. A recent review of EAED examined progress in implementing the framework since it was published in 2014, with a particular focus on inequalities in physical activity and the two domains of active society and active environments. While it will take many years to address the challenge of increasing physical activity, the framework provides a clear agenda for action and good progress is beginning to be made locally and nationally.

Active society: Making physical activity the social norm	Active environments: Making environments accessible for all	Reducing inequalities: Making physical activity inclusive for everyone
 <p>Initiatives are being pursued nationally and locally to achieve an active society, but stakeholders emphasise the scale of the challenge ahead.</p>	 <p>Initiatives are being implemented nationally and locally to create more active environments, though this is challenging in many areas, especially for existing built environments.</p>	 <p>Initiatives and policies are being implemented nationally and locally to tackle inequalities in physical activity.</p>
 <p>One fifth of all local health and wellbeing strategies refer to actions relevant to the EAED domain of 'Active Society'.</p>	 <p>More than a third of local health and wellbeing strategies mention the need to increase access to open green spaces, offer active travel options and improve local environments to ensure they promote active lifestyles.</p>	 <p>Local health and wellbeing strategies also emphasise the importance of tackling physical activity inequalities. Trafford's Health and Wellbeing Strategy identifies 'increasing physical activity' as one of eight central priorities, and makes specific references to tackling inequalities in physical activity.</p>
 <p>Social media marketing and national campaigns (e.g. This Girl Can, Change4Life and parkrun) have helped to strengthen the narrative around physical activity and support local areas to develop more active societies.</p>	 <p>The Cycling and Walking Investment Strategy and the launch of the Transforming Cities Fund offer a strong opportunity for investment in infrastructure that will support more active travel and everyday physical exercise in urban environments.</p>	 <p>£250 million of Sport England resources over the next four years will focus on inactive people (Sport England: Towards an Active Nation, 2016).</p>
 <p>Using local knowledge to address local needs can be more effective than a 'one size fits all' approach. Buckinghamshire designed its flagship physical activity programme "Active Bucks" by consulting 3500 residents to ensure they understood what would make residents more active, more often.</p>	 <p>Local areas are finding creative ways to promote activities in the natural or existing environment. The Dose of Nature Project in Cornwall is a 'nature-on-referral' intervention which enables patients with physical or mental health conditions to participate in tailored physical activities in the natural environment.</p>	 <p>Local areas are focussing on particular social groups. In celebration of Buckinghamshire as the birthplace of the Paralympics, local stakeholders are working together and with national partners to create a Disability Sport Action Plan, improve opportunities for participation and promote awareness of disability sport and physical activity.</p>
 <p>Stakeholders highlight the importance of utilising technology and the 'gamification' of exercise to create sustained behaviour change, especially amongst people who are typically more inactive.</p>	 <p>England can learn from active environments in Denmark, Norway and the Netherlands that have been carefully planned and designed to support active living.</p>	 <p>Local campaigns take a variety of approaches to tackling inequalities and re-engaging people back into sport and physical activity. Stockport's "I'd Wish I'd Tried" focuses on creating accessible sport and exercise sessions whilst Lancashire aims to use its local football clubs to promote physical activity.</p>

1 Introduction

1.1 This report

This is the final report for the review of the Everybody Active Every Day (EAED) framework, the national physical activity framework for England. ICF was commissioned by Public Health England (PHE) to undertake the review in November 2017.

The focus of this review is on the implementation of two specific domains of active society and active environments. Central to this review is the exploration of the implementation of the EAED framework in addressing inequalities in physical activity. This review builds on the two year review of EAED published in February 2017¹ and this final report triangulates the findings across data sources to examine the progress in implementation of EAED; the extent to which national and local policy are consistent with the Everybody Active Every Day (EAED) framework; and to identify any evidence that this national framework has been influential at the national and local level.

Section 2 of this report introduces the EAED framework and presents the views of stakeholders regarding its role as a national framework for physical activity in England.

Section 3 reviews the process of implementing the EAED framework at local and national level.

Section 4 explores the influence of the EAED framework on national and local policies and strategies.

Section 5 examines progress in relation to the EAED framework's domain of creating a more active society where physical activity is the norm.

Section 6 focuses on the domain of active environments and explores the progress that has been made.

Section 7 reviews the challenge of addressing inequalities in physical activity in England and the progress that has been made to address inequalities to date

Section 8 examines how the progress and impact of EAED may be measured over time.

Section 9 presents the overall conclusions from the review regarding the progress of the EAED framework to date and the lessons learned so far.

The details of the individual research tasks and their findings are presented in separate annexes.

1.2 Methodology

This review involved a variety of research tasks and brings together evidence from a range of local and national sources. The work included:

- **Review of Local Health and Wellbeing Board (HWB) strategies.** A comprehensive review was made of 159 HWB strategies across England, to

¹Everybody Active Every Day: Two years on – An update on the national physical activity framework, available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601298/Everybody_active_every_day_2_years_on.pdf

examine how they address physical activity and how they have been influenced by EAED. The results are summarised in Annex 1.

- **Review of national policy and strategy documents.** 22 national strategies and policy documents were reviewed. The findings are given in Annex 2.
- **Stakeholder survey.** An online survey of national and local stakeholders was completed between 11th January 2018 and 9th February 2018. This examined stakeholders' knowledge and views of EAED, and progress in implementation to date. The results are summarised in Annex 3.
- **National stakeholder interviews.** Telephone and face-to-face interviews were made with 21 national stakeholders. Annex 4 includes a list of these stakeholders, the interview topic guide and a table of findings.
- **Local area examples.** Research was undertaken in 7 local areas, each in a different region². This involved local visits and interviews with local stakeholders, to examine how action to enhance physical activity is being delivered locally, with a particular focus on inequalities and the two domains of active society and active environments. The findings are presented in Annex 5.
- **Working group engagement.** Focus group discussions were held with Natural England's National Outdoors for All Working Group, the London Physical Activity for Health Network and the UK Coaching Engaging the Inactive Working Group. The findings are summarised in Annex 6.

The work was guided by an **evaluation framework**, which comprises an intervention logic model (providing a theoretical reference point for evaluation), and a series of evaluation questions, with accompanying judgement criteria and indicators that can be used to assess progress and impact. This framework is set out in Annex 7.

² Regions included: Buckinghamshire; Cornwall; Greater Manchester; Lancashire; North Tyneside; Nottinghamshire; and Sheffield.

2 Everybody Active Every Day framework

Everybody Active Every Day is a national framework designed to increase physical activity across the population of England, and to reduce rising levels of inactivity. It was produced in 2014 through an extensive consultation and evidence gathering process. Stakeholders have welcomed the framework which is regarded as evidence based and providing a clear and shared agenda for action, though awareness of the framework and its content across stakeholders could be improved.

2.1 The Physical Activity Challenge

Physical inactivity is a major and growing problem for public health in England. It is estimated that around one in two women and a third of men are damaging their health through a lack of physical activity, and that it is the fourth largest cause of disease and disability, costing the UK £7.4 billion each year. Physical inactivity also contributes to health inequalities, with inactivity rates greatest among women, the disabled, ethnic minorities and lower socio-economic groups³.

However, experience from other European countries such as Finland, the Netherlands and Germany suggests that this situation can be changed, through interventions designed to enhance physical activity rates across the population. Public Health England has identified growth in physical activity specifically targeting inequalities in physical activity as an essential element in addressing a range of physical and mental health priorities.

EAED is the national physical activity framework for England, published in October 2014. It takes an evidence based approach to increasing physical activity across the population. It sets a vision for a nation in which everyone is active every day; physical activity is made easy, fun and affordable; and exercise and active recreation are available to all, in every community across England.

To deliver this vision, EAED calls for action at national and local level across four domains:

1. Active society: creating a social movement
2. Moving professionals: activating networks of expertise
3. Active environments: creating the right spaces
4. Moving at scale: scaling up interventions that make us active

The EAED framework is supported by the *Everybody active, every day - What works – the evidence*⁴ document and a resource document for MPs⁵.

³ Public Health England (2014), Everybody active, every day. An evidence-based approach to physical activity https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

⁴ Everybody active, every day: What works – the evidence, available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf

⁵ Everybody active, every day – the case for taking action now, A resource for MPs, available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366522/141022_EAED_MP_toolkit.pdf

2.2 Development of the EAED framework

The EAED framework was written by Public Health England, following an extensive consultation and engagement process involving more than 1,000 national and local stakeholders and experts across a range of sectors including health, local authorities, academia, education, charities, sport, transport and the environment.

The process of developing the framework, including the thorough gathering of evidence and the extensive and inclusive approach to stakeholder engagement and consultation, were welcomed by the stakeholders interviewed. While the engagement process was generally seen as thorough and inclusive, some interviewees commented that certain stakeholder groups could have been more closely involved, including the town planning, education and local NGO sectors. Overall, the process is seen as having delivered a strong, evidence based framework that is co-owned by relevant stakeholders nationally and locally.

Comments by national stakeholders included the following:

“I was impressed with the process, which worked well and involved a wide range of relevant stakeholders....The only limitation is that the need for the framework to be backed by robust evidence has limited its coverage in some areas, and possibly limited the inclusion of innovative approaches which have not been fully tested.”

“On a national level there was engagement but there wasn’t really a recognition that this would be a way of tackling health inequalities at the grassroots level, for 3rd sector NGOs. Having their voice around the table, it could have been stronger than it was ... there was certainly a thread of it but not as strong. It’s certainly got people around the table and gave it momentum for local discussion.”

“The right partners were involved but the challenge is around practical implementation. There’s lots of national organisations involved but then transferring whether this works at the local level is the challenge.”

2.3 Stakeholder awareness and views of EAED

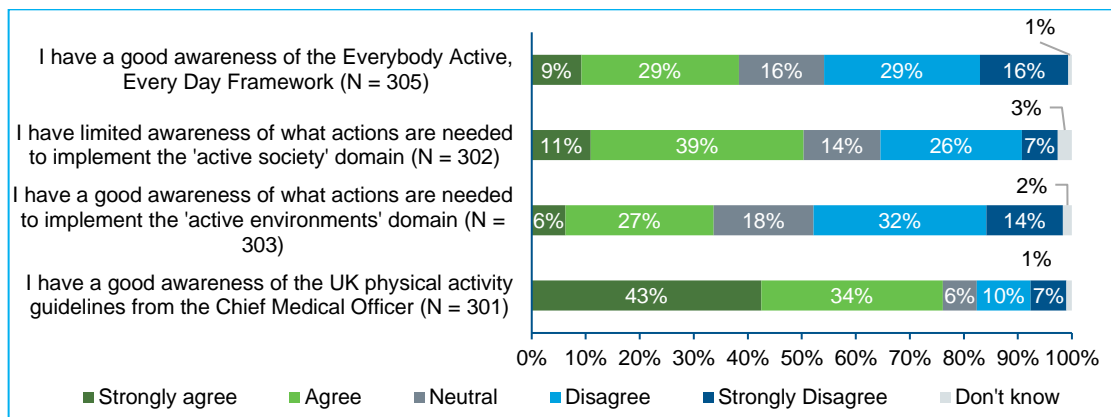
Successful implementation of the EAED framework depends on its aims being shared by relevant national and local stakeholders, and integrated into national and local policy and delivery.

The online survey targeted all professionals with an interest in physical activity (including commissioners, providers, academics, policy makers, healthcare professionals, politicians within the public, private and voluntary and community sectors). In total, 368 stakeholders began the survey and there were 177 complete responses. More respondents from local organisations (69%) than national organisations (31%) completed the survey. Respondents from various areas of England completed the survey who worked for a range of organisations including local authorities, charities and NHS Trusts. Survey respondents had a range of roles including healthcare professionals, providers, academics, policy makers and commissioners (see Annex 3 for more details).

The survey revealed that a minority of respondents nationally and locally feel that they have a good awareness of the EAED framework (Figure 2.1). Respondents in local organisations were more likely to strongly agree/agree (41% out of 211 respondents) that they had a good awareness of the EAED framework compared to respondents from national organisations (33% out of 94 respondents). A higher proportion of

respondents in local organisations also strongly disagreed/disagreed that they had a limited awareness of what actions are needed to implement the ‘active society’ domain (36% out of 210 respondents) compared to respondents from national organisations (25% out of 92 respondents).⁶ Similarly, 49% out of 210 local respondents compared to 41% out of 93 national respondents disagreed/strongly disagreed that they have good awareness of what actions are needed to implement the ‘active environments’ domain.⁷ By comparison, the majority (77%) of respondents believe they have good awareness of UK physical activity guidelines from the Chief Medical Officer, reflecting the substantial efforts that have been made to publicise the latter over the last four years.

Figure 2.1 Awareness of the Everybody Active, Every Day framework



Because of this uneven awareness of the framework, fewer than 70% of survey respondents were able to comment on its role in setting the agenda for enhancing physical activity in England, with 30% or more answering “don’t know” and 14-24% of respondents giving neutral answers in response to a range of statements on this topic (Figure 2.2). Nevertheless, the clear majority of those expressing an opinion believe that EAED has a clear rationale, is evidence based, and sets a clear agenda for embedding physical activity into daily life, creating an active society and active environments, and tackling inequalities in physical activity. Just under half of stakeholders (n=43) that provided qualitative responses in the survey to their awareness and views of EAED stated that they were unaware of the framework. Several stakeholders also described that reducing inequalities needs to be given more attention.

There was some variation between respondents from national and local organisations. Respondents from national organisations were more likely to strongly agree/agree that EAED has a clear rationale (54% out of 68 respondents) compared to respondents from local organisations (46% out of 158 respondents).⁸ Similarly, a smaller proportion of respondents from national organisations (9% out of 67) strongly agreed/agreed that EAED sets an *unclear* agenda to change the social 'norm' to make

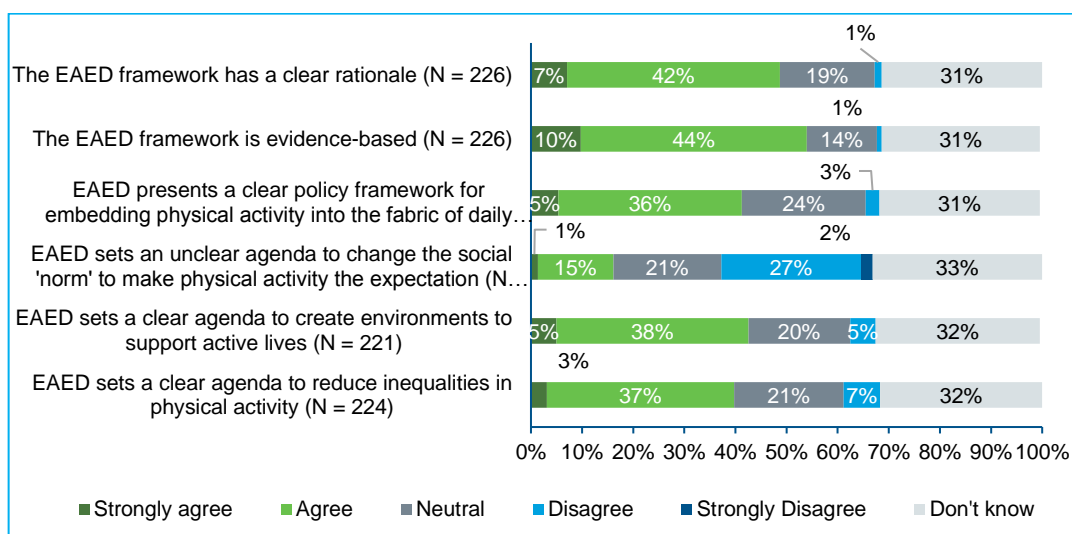
⁶ There was a statistically significant difference between the proportion of local and national organisations that responded disagree/strongly disagree at 95% significance level.

⁷ This difference was not statistically significant.

⁸ This difference was not statistically significant.

physical activity the expectation than respondents from local organisations (19% out of 156 respondents).⁹

Figure 2.2 Stakeholder views on the Everybody Active, Every Day framework



The stakeholder responses from the survey were reiterated by the stakeholders interviewed, who expressed a general belief that EAED provides a strong evidence base to guide physical activity interventions, and a clear agenda to guide action overall with respect to the domain areas. In comparison to the survey results illustrating that more local respondents than national have good awareness of the framework, the interviews show that national stakeholders are more aware of the EAED framework than those working at the local level. The main limitation highlighted by some stakeholders is that EAED is a generic framework that falls short of providing specific guidance on how to implement physical activity interventions. *“We are in a much more robust place now, thanks to the work that PHE did with EAED.”*

“It has a clear rationale but it is a bit too passive. The messaging and the campaigns around it are all quite good... but it doesn’t seem too actionable to me...It is based on good evidence – it is pretty strong but the challenge is getting this through to the public.”

“It’s a very useful framework and it is probably in people’s consciousness ... and people are broadly working towards the objectives it sets out ... EAED is quite high level but it is saying the right things and is evidence based. Sometimes the language could be more user friendly within the framework.”

“EAED is clear and well evidenced There was a lot of stuff progressing and moving in this PA space before EAED came out but it certainly helped to galvanise the work and draw all the evidence together and given a platform to take that work forward.”

“It’s good at providing an evidence base that people can refer back to and a nationally recognised document that all other government departments can use. It’s difficult to implement because of limited funding so the practicalities are harder.”

⁹ There was a statistically significant difference between the proportion of local and national organisations that responded agree/strongly agree at 95% significance level.

The strengths of EAED have attracted interest internationally, with PHE staff invited to a number of countries including Australia, Norway, Portugal and Switzerland to share England's experience. The four EAED domain areas were used to inform the current draft of the WHO's Global Action Plan for Physical Activity and Health; creating an active society and creating active environments form two of the four strategic objectives of this plan (Box 2.1).

Box 2.1 WHO Global Action Plan for Physical Activity for Health¹⁰

The plan sets out four strategic objectives designed to provide a population-based response to increasing physical activity and reducing sedentary behaviour:

CREATE AN ACTIVE SOCIETY: Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.

CREATE ACTIVE ENVIRONMENTS: Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.

CREATE ACTIVE PEOPLE: Create and promote access to opportunities and programmes, across multiple settings, to help people of all ages and abilities engage in regular physical activity as individuals, families and communities.

CREATE ACTIVE SYSTEMS: Create leadership, governance, multi-sectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource mobilization and implementation of coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour.

20 multidimensional policy actions are identified to deliver these objectives.

¹⁰ Source: WHO (2017) Physical activity for health More active people for a healthier world: draft global action plan on physical activity 2018–2030. WHO Discussion Paper (December 2017)

3 Process of implementing the EAED framework to date

Stakeholders believe that there is a real willingness and enthusiasm to improve physical activity levels across the country. National policies and strategies highlight that efforts are being made to respond to the challenge of increasing physical activity, at least in closely related policy areas. This has also translated into local physical activity strategies and frameworks for action. Local area examples show an increasingly collaborative approach to the delivery of physical activity.

The EAED framework stresses the need for a whole system approach to change, where society as a whole needs to work together. Implementation of the EAED framework means a move towards a society in which physical activity is the norm that supports stakeholders to mobilise action around physical activity at a greater scale and drive a whole system approach to inactivity.¹¹ Successful implementation of the EAED framework will result in a society in which it is 'expected' that people across every community and generation are active every day¹² and that this is reflected in policies, planning and commissioning. Local and national policies can take forward the priorities set out in the framework and respond to the challenge from within and across different sectors of society, at different levels. Cascading change from government departments to national and local organisations should result in it being translated into local policy and design to effect change across the country. Commitment and investment from government departments and national organisations are the catalysts for large scale change, implemented through national campaigns and local delivery.

This collaborative approach is reflected through the early design and development of the EAED framework which was co-produced in consultation with over 1,000 stakeholders; PHE has worked across sectors to engage with different groups and organisations to embed the framework.

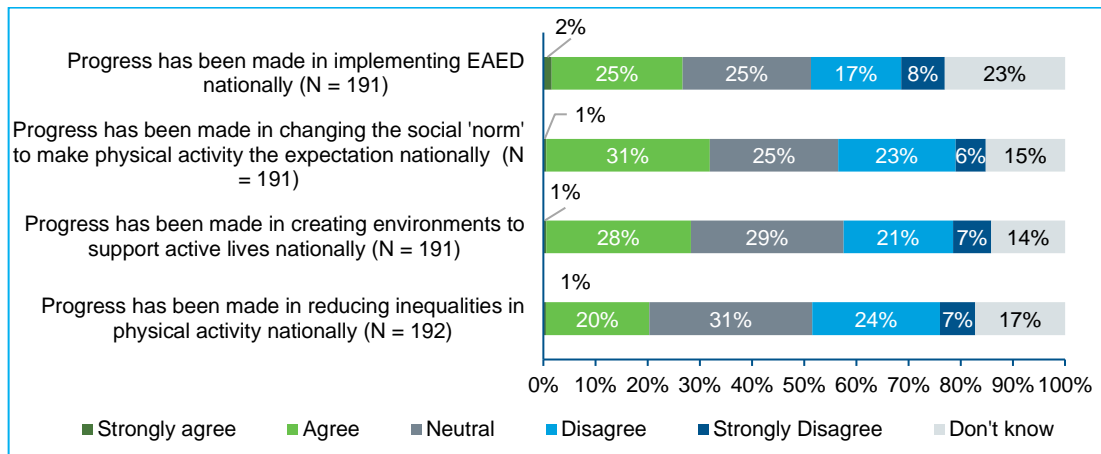
Figures 3.1 and 3.2 show stakeholder responses from the survey in relation to progress in implementing the EAED framework at the national and local level. These show that more respondents feel that there has been progress at the local level than the national level, especially with regard to creating active environments and tackling inequalities in physical activity.

Overall, there were mixed responses about progress that has been made in implementing EAED, in creating environments to support active lives, in changing the social 'norm' to make physical activity the expectation, and in reducing inequalities in physical activity. In the 'active environments' domain, 44% of respondents strongly agreed/agreed that progress has been made locally in this area, compared to 29% of respondents reporting on progress at the national level.

¹¹ Everybody Active Every Day: Two years on An update on the national physical activity framework, Public Health England, 2017.

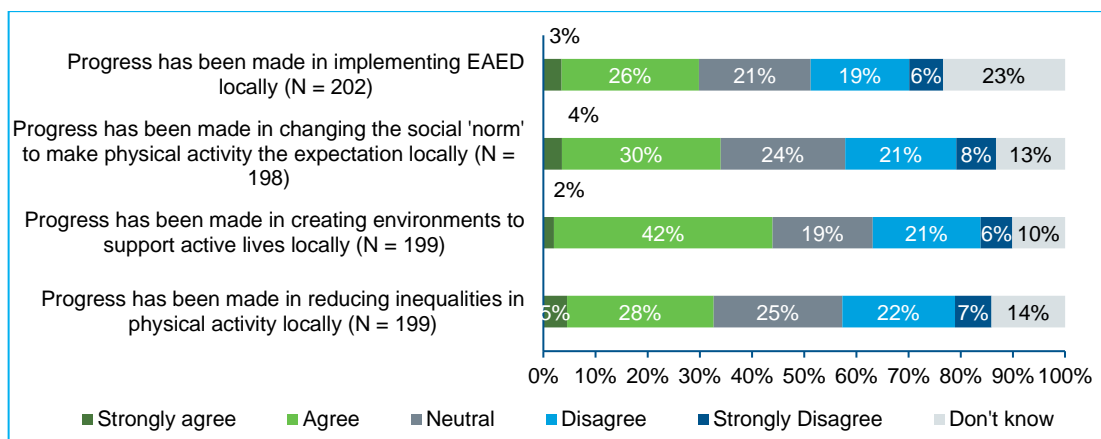
¹² Everybody Active Every Day: Two years on An update on the national physical activity framework, Public Health England, 2017.

Figure 3.1 National implementation of Everybody Active, Every Day



In terms of national implementation of the framework, survey respondents working in organisations with a national focus were generally slightly more positive about progress being made across the country than those working in local organisations. For instance, more than a third (36%) of national respondents strongly agreed/agreed that progress has been made in creating active environments (n=61), compared to a quarter (25%) of respondents from local organisations (n=130). These survey results are encouraging given that respondents working in national organisations are more likely to be well informed about implementation across the country.

Figure 3.2 Local implementation of Everybody Active, Every Day



By contrast, in terms of implementing EAED at the local level, respondents from local organisations were generally more positive about progress being made than those working nationally. A third of local organisation respondents strongly agreed/agreed that progress has been made in implementing EAED in their locality (n=139) whereas only 22% of national respondents said this (n=63). Respondents from local organisations were also notably more likely to strongly agree/agree that progress has specifically been made in creating active environments in their area (49% out of 136 respondents) compared to respondents in organisations with a national focus (33% out of 63 respondents). It could be argued that the level of insight of local stakeholders commenting on the national picture may be limited within their remit of work and vice versa. It is interesting to note that under half (43% for local level and 48% for national level) of respondents did not know/remained neutral as to whether progress had been

made at either the national or the local level. One local stakeholder interviewed suggested that the issue with implementation is the lack of emphasis on implementing the whole framework across all four domains as “*a single entity*”; suggesting that it is important to work across all domain areas in an integrated and collaborative way rather than in silos on different domain areas “*as it [EAED] is supposed to be a whole systems approach.*”

The following sections examine different aspects of implementation, assessing the influence that EAED has had on national and local policies and strategies, the role of partnership working in delivering physical activity action, and the resources available for physical activity interventions. We then consider progress in addressing inequalities in physical activity, and in the two domain areas of active society and active environments.

4 Influence of the EAED framework on national and local policies and strategies

Stakeholders are positive about the level of influence that the EAED framework has had at the national and local level. National strategies were found to be consistent with the EAED framework and local stakeholders consulted view the framework as having provided a focus. However, implementation is constrained by resources and stakeholders believe that the framework has had limited influence over the resources available, especially at national policy level.

EAED recognises the importance of integrating physical activity into a range of sectoral policies and strategies. To examine progress, the evaluation included a review of policies and strategies closely related to EAED and those most likely to be influenced by EAED in adjacent policy areas such as sport, transport and health (see Annex 2).

Of the 15 national documents reviewed for this evaluation that were published after 2014, eight strategies explicitly referenced the EAED framework, while seven did not. In particular, the Sporting Future and Planning healthy-weight environments documents are well aligned with the objectives set out in the EAED framework (Box 3.1 and 3.2). Over half of the national strategies mention the role that Public Health England plays in helping to influence or guide activities. For example, The Cycling and Walking Infrastructure Strategy (2017) specifically mentions the role that Public Health England and the EAED framework have had in influencing and guiding activities.

Box 4.1 Sporting Future: A New Strategy for an Active Nation (HM Government, 2015)

Overview:

This strategy for sport and physical activity considers what people achieve from participating in sport/physical activity and what more can be done to make a physically active life more transformative. The strategy aims to redefine what success looks like in sport and focusses on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

Reference to the objectives of EAED:

This strategy has a focus on the inequalities in physical activity and specifically sets out to focus on: disabled people, older people, females and those from lower socio-economic groups. In doing so the strategy recognises the poor health outcomes associated with these underrepresented groups, e.g. disabled people are twice as likely to be inactive than non-disabled people.

The EAED framework is referenced in this strategy document as having formed clear guidance for the promotion of physical activity for public sector bodies.

Box 4.2 Planning healthy-weight environments – a TCPA reuniting health with planning project (TCPA, PHE, 2014)

Overview:

This document acts as a practical resource for practitioners within the English planning system working towards the enablement of health-weight environments. It emphasises the key role that local authority planners can play in ensuring environments are conducive to an active lifestyle through collaboration with: public health practitioners, built and natural environment professionals and elected members and communities.

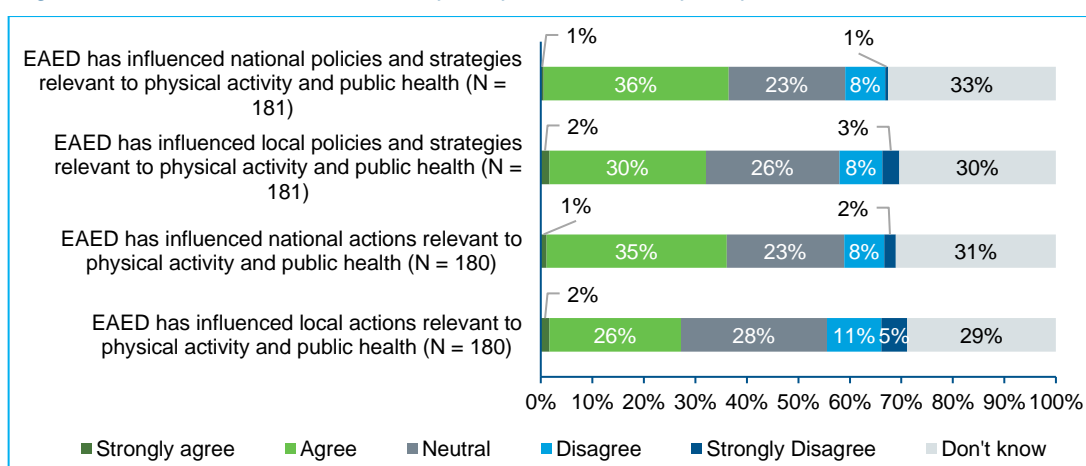
Reference to the objectives of EAED:

This document reflects the active environment domain of the EAED framework and the inequalities in physical activity specifically in relation to those living in deprived areas. The document emphasises the need for equality in access to green space, highlighting that those living in deprived areas are (ten times) less likely to live in the greenest areas and more likely to feel unsafe within their neighbourhoods. The EAED framework is referenced in support of this document and the need to make environments more accessible for all to lead a physically active life thus to ensure “sustainable transport and active travel is built into everyone’s daily life” and to ensure it is an attractive option.

Although fewer than half of the national policies (post 2014) reviewed referenced EAED directly, the survey results indicate that stakeholders believe it has been influential. From those respondents that felt able to respond (46%), 37% strongly agreed/agreed that the EAED framework has influenced national policies and only 9% strongly disagreed/disagreed with this statement. A slightly larger proportion of national respondents strongly agreed/agreed that the EAED framework has influenced national policies and strategies relevant to physical activity and public health compared to local organisation respondents (40% compared to 35%).

By contrast, a higher proportion of respondents from local organisations (36%) strongly agreed/agreed that EAED had influenced local policies and strategies relevant to physical activity and public health (n=124) than respondents from national organisations (23%, n=57). Similarly, a higher share of respondents working at the local level (30%) strongly agreed/agreed that EAED has influenced local actions relevant to physical activity and public health (n=123) compared to national respondents (21%, n=57).

Figure 4.2 Influence of the Everybody Active, Every Day framework



It is important to note that the survey was based on a self-selecting sample and over 50% of respondents did not feel able to comment about the influence of the framework

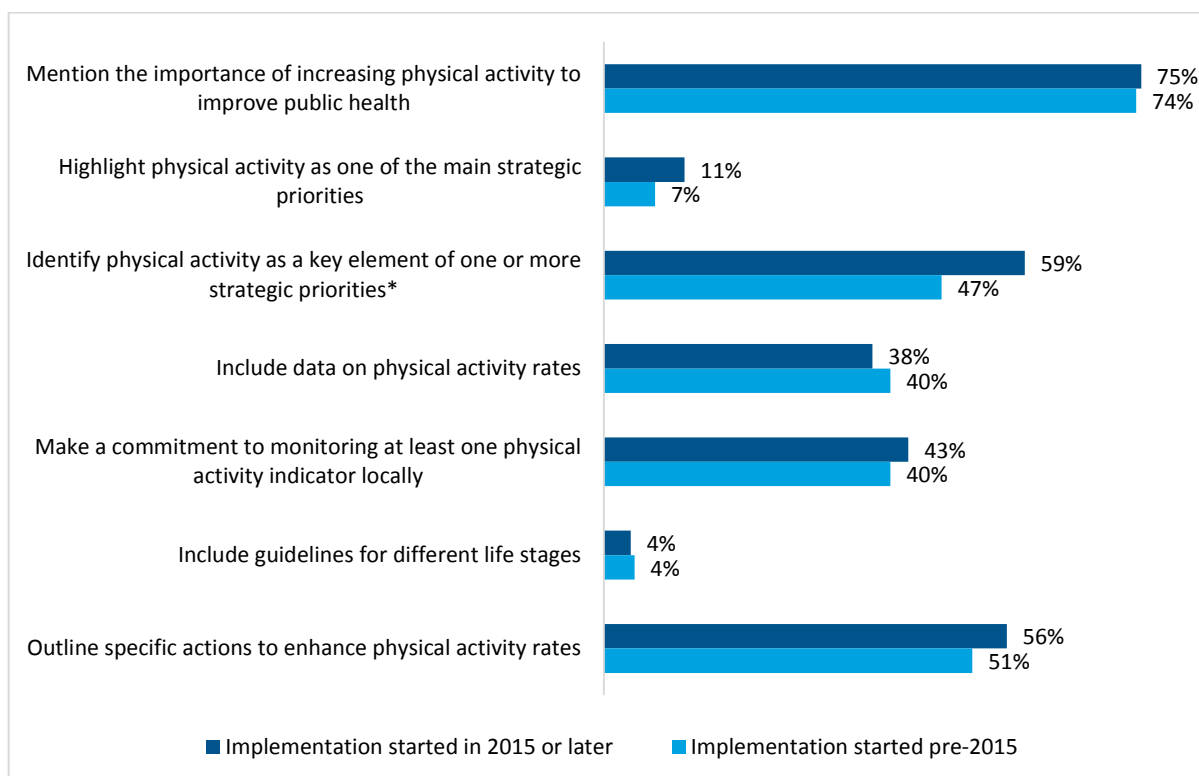
on policies/strategies or actions relevant to physical activity at the national/local level. Therefore a key indicator of progress at the local level could be the degree to which Local Health and Wellbeing strategies address the challenge of increasing physical activity. A comprehensive review of strategies was undertaken to inform the study, while more detailed local area research was conducted in seven locations. Both these data sources enhance the survey results showing that physical activity features high on the agenda. Figure 4.3 below shows the importance of physical activity within HWB strategies across England¹³. For some local areas this further translated into physical activity strategies and frameworks and in all seven of the local areas examined in more detail in this review, there are local authority wide physical activity strategies or frameworks for implementation. These include: Active North Tyneside; Cornwall's physical activity strategy; the Move More plan in Sheffield; Active Bucks – Move more, feel great!; #GM Moving (Manchester); Active Lives, Healthy Weight (Lancashire); and 'Getting Active Together' (Nottinghamshire).

Boxes 4.3 and 4.4 below provide examples of the 'Active Bucks' framework and Cornwall's physical activity strategy that set the local strategic direction taken to facilitate increased levels of physical activity. Cornwall's strategy is a clear reflection of the EAED framework, and sets out three specific priorities adopted from the EAED framework for the local implementation of the strategy including: active society; active environments; and active professionals¹⁴. The specific areas of focus and evidence points for the active society and active environments domains are illustrated in this Box. Within Nottinghamshire the EAED framework has been used as a reference point when producing both the 'Active Notts Physical Activity and Sport Strategy' and the 'Physical Activity priority report'. Both documents used the framework, alongside other strategies, to tailor and focus their priorities and action plans locally.

¹³ However, based on the results of a t-test with a p-value of 0.05 these differences are not statistically significant.

¹⁴ The moving at scale domain of the EAED framework is reflected within Cornwall's ambition to get 50,000 people active through a life course/systems approach.

Figure 4.3 Proportion of Health and Wellbeing Strategies that...



Box 4.3 Active Bucks – Move more, feel great!

Active Bucks is a whole-system approach to creating an active society. All tiers of local government liaise with the third sector, schools, leisure and sport providers, employers and businesses, health and social care colleagues to provide a consistent sports offer across the county. The programme was initially commissioned by the Buckinghamshire Public Health Team in 2014 in order to support the delivery of the 2014-2017 physical activity strategy.

Between May – September 2015, approximately 3,500 residents were engaged across the county’s 19 Local Area Forum areas to establish what would help to make residents (and in particular inactive residents) more active, more often. 70% of the residents engaged were not achieving the Chief Medical Officer guidelines for physical activity.

The feedback from residents (alongside information collected from asset mapping and health needs assessments) was used to help develop local profiles for the 19 local areas, and create a menu of traditional and ‘stealth’¹⁵ physical activities that were decided on by local councillors. Around 170 activities were specifically commissioned by Active Bucks and made free (or heavily subsidised) for residents. A number of activities make use of the local green environment.

Over 2500 activities are promoted on the Active Bucks website, with the option of downloading a voucher for a free first session. Providers, local councillors and specially recruited Community Champions also help to promote the activities, tailoring the approach for different target audiences. Several referral or support programmes e.g. Community Links and Live Well, Stay Well also signpost residents and specific target groups to the Active Bucks activities.

Active Bucks is currently being evaluated by UK Active to provide an independent assessment of the programme. Findings to date suggest that 60% of the activities funded have been sustained to date, and the programme has helped partners work collaboratively and innovatively across sectors.

“Active Bucks has brought everyone together as a county, and has got people interested [in physical activity] again”

¹⁵ Activities not traditionally perceived as physical activity/sport e.g. dog walking

Box 4.4 Cornwall's Physical Activity Strategy - Active society and active environments

Active society:

- **Start well (early years):** All children have an active start to life leading to an increase in the number who are healthy, happy and ready to start school;
- **Start well (children and young people):** the number of children and young people who are physically literate, active and meeting CMO guidelines is increased;
- **Live well (adults):** The number of adults who are physically active and meeting the CMO guidelines is increased;
- **Age well (retirement and active ageing):** Physical activity is a regular part of individual lives leading to greater opportunities for independent living and improved healthy/disability free life expectancy.

Active environments:

- **Outdoor and public spaces:** the utilisation of outdoor space for physical activity is increased;
- **Urban Planning and Design:** environments that promote and encouraged physical activity are planned and designed;
- **Transport:** Walking and cycling increase as a mode of transport;
- **Facilities:** Facilities to support the delivery of physical activity outcomes are provided and maintained.

The interview data is also consistent with this. Several stakeholders raised the point that the prevention agenda set within the EAED framework is still in the early stages, but that the framework has helped to put it more firmly on the health agenda, as described here by one local stakeholder:

“The EAED strategy has helped because, alongside media coverage about why physical activity is important, public health locally has been nudged to see they are an organisation that needs to invest in programmes. The strategy wasn't the sole reason why there has been investment by public health in programmes in the last 2-3 years, but it has helped... by having that national strategy developed by PHE and signed off by government... on its own the [EAED] strategy is not sole reason [for investment], but as part of a collective bank of evidence and nudge in the direction of investment, it has played a key role.”

Having the framework as a national reference point was thought to have helped begin to address 'buy in' because *“the framework helps give people permission to do something about [physical activity] – most things these days you have to be able to relate it back to some kind of strategic objective”* (local stakeholder).

Other stakeholders described how the message of a 'whole-system approach' was really well positioned through the EAED framework:

“It [EAED] marked a shift in thinking about physical activity to a whole-system approach. It is a useful tool and helps position things.”

(Local stakeholder in Greater Manchester)

“The profile of physical activity has certainly increased nationally and in Greater Manchester as a result [of the EAED framework] ... Traditionally, these kind of strategic approaches tend to come from a sport background ... It's really the first time I'm aware of that health have really engaged at a

senior strategic level. I think [the framework] has been a major driver behind that, so I think it's done its job in that respect.”

(Local stakeholder in Greater Manchester)

4.1.2 Partnership working

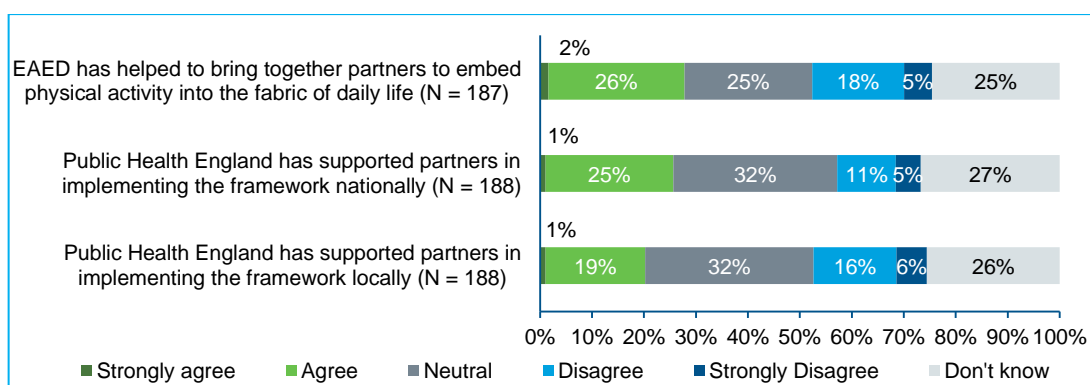
There are examples of good partnership working across sectors, though a systematic approach needs to be developed in order to instigate behaviour change at the macro level; the NHS is integral to this.

The EAED framework emphasises that achieving change in physical activity levels requires joint working across all four domain areas, where there needs to be a universal approach across national and local levels cascading throughout society. It stresses the need for cross sector organisations to work together including communities and individuals, the voluntary and the private sector. Society as a whole needs to come together to deliver this change.

The importance of partnership working particularly between the world of sport/leisure and health is evident in the Sporting Future (2015) strategy. Sport England make a commitment to work closely with PHE to increase physical activity “given PHE’s existing links with and statutory duty to support the local public health system and Health and Wellbeing Boards”. Taking a system wide approach where the worlds of health and sport meet is particularly important in narrowing the gap in physical inequalities.

Figure 3.5 shows the results from the survey responses relating to partnership working. A large proportion of respondents were neutral or did not feel able to comment on statements about working together. A quarter of respondents were neutral about whether the EAED has helped to bring together partners to embed physical activity into the fabric of daily life, and the same proportion (32%) were neutral about whether PHE has supported partners implementing the framework locally and in supporting implementation nationally. There was no notable variation in respondents agreeing or disagreeing with these statements.

Figure 4.4 Working together



Though survey respondents from local organisations were more likely to strongly agree/agree that Public Health England has supported partners in implementing the framework locally (25% out of 128 respondents) than respondents from national organisations (10% out of 60 respondents).

These results were explained by some stakeholders that provided qualitative responses to the survey. They described that more needs to be done to address the lack of partnership working, particularly with the health sector and for more input from

local public health teams to drive the physical activity agenda forward. This is also supported by the stakeholder interviews that described the need for more input from the NHS because there is still a *“missing conversation between NHS trusts and local authorities”*. There is often a sense that the NHS only scrutinises the work of local authorities in this area, instead of contributing to the work. The main challenge in making progress cited by the majority of stakeholders is in relation to engaging more effectively with health and social care. Interviewees reflected that financial and workload pressures mean that it could be difficult to encourage health and social care partners to focus on physical activity as a priority area. Engaging with local GPs was thought to be most challenging, stakeholders reflected that GPs have the potential to play a key role in encouraging physical activity locally as *“they are often the hub of a local community”*. Despite these challenges, several stakeholders in Nottinghamshire described that the Everybody Active Every Day framework has supported local efforts to improve engagement with GPs: *“it’s provided an evidence base and some backing, it’s encouraged better relationships with GPs and better partnership working.”*

Several stakeholders at the local and national level were positive about the pioneering role of peer led physical activity clinical champions in driving change at scale. The health sector advocating physical activity is viewed by stakeholders as a positive step forward. While clinical champions form a key element in the “Moving Professionals” domain, their work is clearly important in helping to create a more active society, emphasising the close links between the EAED domain areas.

Closely linked to partnership working is the need to shift the conversation away from ‘sport’ and towards ‘physical activity’. Many stakeholders described that the EAED framework has encouraged a strong move away from the ‘sport’ message and towards a ‘physical activity’ one. A number of stakeholders reflected that the framework aligns with the way local public health teams consider physical activity, in particular the way that physical activity is defined, widening out from a focus on traditional sports.

This was also reflected in the partnerships for driving up activity levels, for example one local stakeholder stated that: *“We’re working to broaden out our partnerships from those people who have traditionally worked in sport”*. Stakeholders in Nottinghamshire described the importance of working with less traditional partners across multiple sectors to tackle inequalities in physical activity that will help explore new ways to engage the least active in ways that appeal to them.

4.1.3 Resources

Stakeholders feel that the EAED framework has had limited influence on resources for physical activity, though there is some recognition that resources needed to be targeted more effectively. Local stakeholders emphasised how the cuts in public health budgets have constrained the resources available to promote physical activity.

The landscape of austerity and cuts to public sector spending nationally and locally has seen the closure of leisure centres and other public facilities across the country. There is increasing pressure on public services at a time of diminishing resources. Within this context the EAED framework calls for action in increasing activity levels through thinking ‘smarter’ about better targeting and allocation of existing resources, rather than increasing investment: *Much of this is not about new investment; it’s about maximising the potential of the many assets we already have in common land, woodland, streets, parks, leisure facilities, community halls, and workspaces, and thinking differently about how we commission and plan public services (EAED, p18).*

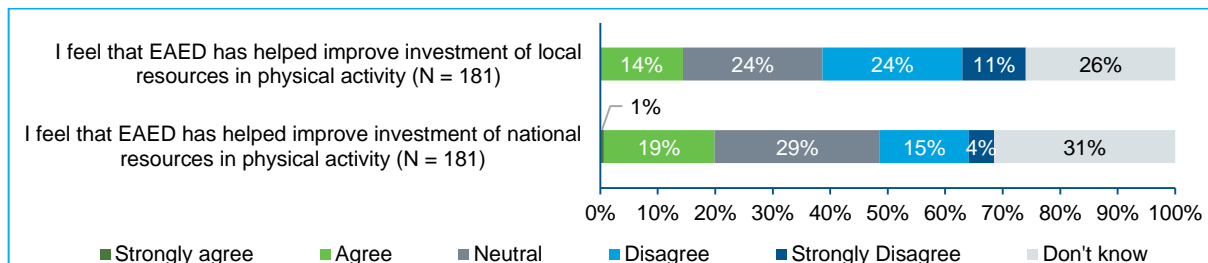
Even in this context, some dedicated resources are being targeted to physical activity interventions. For example £250 million of Sport England resources over the next four years will focus on inactive people (Sport England: Towards an Active Nation, 2016). Six (of the 20) national strategies reviewed for this evaluation focused on the 'human' resources required for delivering physical activity frameworks, with a specific focus on working in collaboration and in partnerships.

The general shortage of resources for physical activity action is reflected in stakeholder views about the influence that EAED has had in this area. Figure 3.6 shows the survey responses illustrating that 35% of respondents strongly disagreed/disagreed that the EAED framework has improved investment of local resources in physical activity (n = 181), and only 14% agreed (no respondents strongly agreed with this statement). Exactly half of all respondents were neutral (24%) or said that they did not know (26%). Open ended responses from the survey show that stakeholders feel the need for additional resources to support the EAED framework. One stakeholder expressed the view that the EAED framework provides a valuable tool in unlocking resources for projects which help improve physical activity levels. Nevertheless, there have been some successes in targeting resources at local level. For instance, the Nottinghamshire local area example shows that the EAED framework has been influential in the targeting of resources and was used at a district council level to support the targeting of commissioning work going forward. As described by one stakeholder:

“The solution isn’t just about getting more resource, it’s about working with what we’ve got and changing how the system works, how we think and behave.”

(Local stakeholder in Nottinghamshire)

Figure 4.5 Influence on resources for physical activity



5 Addressing inequalities in physical activity

There are various national and local examples of initiatives taking a targeted approach to addressing inequalities. These largely focus on targeting those from lower socio-economic backgrounds, women, older people and disabled people. Many stakeholders stress the importance of investing in voluntary and community organisations that address local needs to effectively address inequalities. However, it is recognised that small, local and more targeted approaches will not increase activity levels at scale.

The EAED framework emphasises the need to focus on the inactive and highlights the importance of targeting inequalities in physical activity taking a cross-sector approach. The framework sets out an evidence-based approach to targeting inequalities and evidences inequalities relating to geography, age, disability, race, sex and sexual orientation. The EAED framework and the Sport England strategy were described by stakeholders as really having embedded a focus on inequalities into their frameworks and carving the way for this shift in direction. As illustrated in figure 2.2 above (Section 2), 40% of survey respondents agreed that the EAED framework sets a clear agenda to reduce inequalities in physical activity.

This is supported by stakeholder interview data at both the national and local level. Stakeholders described how the message has increasingly turned to focus on inactivity rather than focusing on increasing activity levels of those already active, as was previously the case, described here by one stakeholder:

“The conversation has become more about the dangers of inactivity. Previously there was a focus on people who were already active (and increasing their activity levels). There is now an increased focus on inequalities.”

(Local stakeholder)

Stakeholders interviewed at both the national and local level referenced national campaigns targeting inequalities, in particular Sport England’s This Girl Can campaign was referenced as an exemplary successful brand that has filtered down to all local levels (see Box 3.5 for a local example).

Box 5.1 This Girl Can Mansfield

Building on the success of the national ‘This Girl Can’ campaign, This Girl Can Mansfield has been a local hit, aiming to get women and girls moving, regardless of shape, size and ability. The campaign has been co-ordinated by Active Notts, Mansfield District Council and Mansfield District Leisure Trust and offers local women a range of activities to get more active, including Boxercise, Petanque, Roller Derby and Boogie Bounce classes. The campaign is locally owned with a Facebook page (This Girl Can Mansfield) used to generate energy, connect with others and promote activities.

Overall, stakeholders at national and local level noted the importance of engaging the third sector more effectively in efforts to address inequalities and reach the most inactive and sedentary people:

“Leisure centres are always going to be in places for people that are more affluent – they are never going to get to people that work shifts or are on low incomes. We have to take physical activity to them. The way to do that is to invest in voluntary and community organisations who are closer to the real communities we want to get to, much much closer than I ever will be. And enable them to run appropriate forms of activity.”

(Local stakeholder)

Sport England's 12 Local Delivery Pilots are regarded as a significant investment in tackling inequalities and implementing the priorities set out in the EAED framework. Central to these pilots is the need to create innovative partnerships and to identify better ways to address long standing inequalities and breaking down the barriers that stop people getting active (such as poor transport, safety, cost and confidence). Greater Manchester was successful in its bid to become a local delivery site and stakeholders interviewed described the importance of this work in tackling inequalities in physical activity (described in Box 3.6).

Box 5.2 Greater Manchester Sport England Local Delivery Pilot

Greater Manchester was chosen in December 2017 as one of twelve pilot areas for a new approach to create active and healthy communities funded by Sport England¹⁶. £100 million of National Lottery funding is to be invested across these pilots over the next four years to help create innovative partnerships and identify better ways to address stubborn inequalities and break down the barriers that stop people getting active, such as poor transport, safety, cost and confidence.

From transport links and street lights to the quality of parks and open spaces – the pilot initiative hopes to change the way the public views and engages in fitness and activity. The pilot scheme will work closely with other organisations beyond the sporting sector such as faith organisations, social enterprises and parenting groups. Greater Manchester has identified three populations as their audiences for this pilot¹⁷:

- Children and Young People aged 5–18 in out-of-school settings;
- People out of work or at risk of becoming workless;
- People aged 40-60 with, or at risk of, cancer, cardiovascular disease and respiratory diseases.

These populations were identified to reflect where sport and physical activity could make the best contribution and impact through this pilot, both to individuals and communities, and to the whole system in Greater Manchester. Cross-cutting themes for these populations have been selected covering mental health and wellbeing, inactive people and addressing inequalities.

The outcomes Greater Manchester wants to achieve through the pilot are linked closely to the GM Outcomes Framework supporting the Greater Manchester Strategy which will be finalised by the new Mayor and District Leaders.

At a local level, tackling health inequalities more broadly is often part of the overall strategic vision of many HWB strategies. However, only a few strategies explicitly acknowledge the importance of tackling inequalities specifically in reference to physical activity, or mention planned or existing activities designed to address such inequalities. One notable example is Trafford's strategy which includes increasing physical activity as one of its central priorities and makes specific reference to inequalities in physical activity (Box 3.7).

¹⁶ <https://www.sportengland.org/localpilots/>

¹⁷ https://www.gmcvo.org.uk/system/files/briefing_note_for_partners_re_eoi_3.4.17.pdf

Box 5.3 Trafford Joint Health and Wellbeing Strategy ¹⁸

Trafford's Health and Wellbeing Board identifies 'increasing physical activity' as one of eight central priorities in its local health and wellbeing strategy, as well as making reference to a separate *Trafford Sport and Physical Activity Strategy*.

Across all the documents reviewed, Trafford's local strategy includes some of the most detailed commitments for action, and specific references to tackling inequalities in physical activity, including:

- Identifying gaps in provision and targeting interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 – 24;
- Continuing to target excluded groups to break down barriers to participation in physical activity;
- Continuing to extend and promote the Active Trafford scheme to communities most at need;
- Developing the physical activity referral scheme to increase participation levels and increase health;
- Specifically working with people who have mental health, learning and physical disabilities.

A variety of interventions and initiatives now target groups that are traditionally less active. These include *Miles Without Stiles*, which outlines a network of accessible walking routes across the Lake District National Park suitable for people with limited mobility, including wheelchair users, families with pushchairs and the visually impaired. Research carried out by Sports England's '*Getting Active Outdoors*' involved a deep dive into the motivation, participation and provision of outdoor sport/recreation for people with disabilities. It serves as a useful tool within this space, for example in understanding barriers such as shelter and resting points, route finding and physical access to sites.

Engaging disabled people in sport and physical activity was particularly emphasised by interviewees in Buckinghamshire, where there are aims to build on the historic work of the county in becoming the birthplace of the Paralympic movement and showcasing this to catalyse change (see Box 3.8 for more information).

Box 5.4 Engaging disabled people in Buckinghamshire

Part of the wide remit of the Buckinghamshire Culture and Leisure Team is a focus on improving the participation of disabled people in sport and physical activity, and celebrating Buckinghamshire as the birthplace of the Paralympic movement. Working together with local and national partners, the team aims to:

- **Create a Disability Sport Action Plan:** A task group, formed of key figures from LAs and disability groups, was set up in September 2017 with the aim of identifying the key priorities for the action plan. This resulted in five key objectives, including increasing activity levels and increasing the numbers of disabled people engaged in sport and physical activities. The task group also focused on aligning the action plan with the refreshed Physical Activity Strategy.

¹⁸ Trafford Joint Health and Wellbeing Strategy, 2014. Available at: <http://www.traffordpartnership.org/thematic-partnerships/Docs/HealthandWellbeingStrategy-Full2014.pdf>

- **Improve opportunities for participation:** A paper was created based on research conducted by Buckinghamshire New University, into the challenges and barriers to participation in disability sport and discussions with four different organisations who represent different disability groups. Following this, the public health team have commissioned a new project (which was awarded at the start of January 2018) to help increase participation in disability sports by hosting free open days in the county where sport clubs and coaches can engage with people with disabilities. The project will also enable participants to have six weeks with a club, by removing barriers identified in the research (e.g. transportation). Disability Rights UK are likely to be involved with the project, and it will also be linked more widely with social care and economic development (from a facilities and tourism point of view).
- **Promote awareness of disability sport and physical activity:** The Stoke Mandeville flame-lighting event occurs every two-years as part of the countdown to the start of the Summer and Winter Paralympic Games. The Culture and Leisure team aims to work with Stoke Mandeville to focus more attention on this event and the relationships with the British Paralympic Association and the International Olympic Committee. In addition, the second Bucks and MK Disability Summit organised by LEAP will be held on the same day as the festival; this is aimed at disability organisations and deliverers of physical activity and sport to raise awareness of service users being regularly active and how users can be supported to be active.

A particularly innovative scheme, 'time credits' has been introduced in Lancashire to keep volunteers engaged. This scheme compensates the hours that volunteers give to local services/community organisations (including helping to deliver physical activities) by providing an equal number of time credits that can be spent on a range of activities in leisure centres and other businesses in the local area. 'Time credits' such as these are one way that accessibility could be improved.

Stakeholders also referenced a range of interventions targeted at middle aged and older adults. For example '*I Wish I'd Tried*', in Stockport (created by Life Leisure) provides a variety of accessible sport and exercise sessions aimed at re-engaging middle-aged people back into sport, encouraging them to try new sports and socialise whilst participating in one or more 30 minute sport activities each week. Nottinghamshire (Box 3.9) and North Tyneside have targeted older people through physical activity programmes aligned with falls prevention pathways; and Lancashire's 'Challenge through Sport Initiative' targets adults in drug and alcohol recovery (Box 3.10).

Box 5.5 Nottinghamshire's older people programme

Nottinghamshire Public Health and Adult Social Care teams are leading the development of a Physical Activity programme aimed at physically inactive older people. This is to be aligned with Falls Prevention Pathways and will involve partnership working with Local Authorities, Clinical Commissioning Groups and local providers.

Box 5.6 Challenge through Sport Initiative

An innovative, partnership project which aims to encourage better, more active and healthier lifestyles for adults in drug and alcohol recovery is the Challenge through Sport Initiative. This operates as a mentoring system, with support offered to adults in recovery to become involved in regular sport and physical activity (as well as to improve their confidence and self-esteem).

The programme currently runs in Lancaster; Morecambe; Blackpool; Fleetwood; Hyndburn; Burnley; Chorley; Blackburn; Leyland; and Preston. It is the only project directly delivered

by the County Sport Partnership as they can provide expertise and support to housing associations who may not be as familiar with accessing local provision.

Following a pilot, the programme received £500,000 in National Lottery funding from Sport England, as well as match funding more locally (including from the Police and Crime Commissioner and Public Health Lancashire) to host regular sport activities for those in recovery, as well as to improve their confidence and self-esteem.

There are approximately 20-30 'live' mentors from the recovery community who provide peer-to-peer support and deliver 'on the ground' in terms of informal activities e.g. walking and running groups, and connecting local provision such as boxing clubs.

"The Challenge through Sport Initiative is not just about seeing the health benefits through physical activity, but also seeing a renewed connection to community, so it's about seeing the benefits physical activity in a more holistic sense as well".

"The amount of people who have moved from participant to volunteer to mentor to working in full-time employment within other circles... it's been brilliant, we have seen dozens of people come through in the last few years".

Stakeholders gave a few examples of small projects engaging BME groups in physical activity. In North Tyneside there is a fairly small ethnic minority population and stakeholders suggested that efforts have focused on targeted activities. For example, a project was designed to offer Bangladeshi women the opportunity to learn/continue to swim, though participation was particularly low. This was deemed to be in part because of 'cultural influences' and because the sessions coincided with fathers often playing five a side football at the same time. Stakeholders stated that more work needs to be done in this area in engaging with different groups and target audiences to understand their motivations and barriers. In Sheffield, the Zest organisation takes a bottom up approach in shifting the decision making power to the community and is successfully engaging with BME groups through targeting areas of inequalities. Zest offers a range of activities to attract people and gain their confidence and trust. In particular Zest uses a targeted approach to engage with the large Yemini population, which has included: employing a development worker from a BME background; physical activity sessions open to all age groups (e.g. walking groups); and specific women only physical activity groups.

Several stakeholders spoke about some of the challenges in addressing inequalities. Geographical inequalities are perceived to be insufficiently addressed. For example, people living in more rural areas are particularly neglected because of the nature of dispersed populations and there needs to be greater recognition that it is more resource intensive to drive up activity in rural areas. One stakeholder thought that people tend to have an idealistic attitude to the countryside and that there appears to be more momentum around physical activity in cities. The challenges within rural areas included people often needing to drive to places because of the dispersed landscape; people more likely to be isolated walking or running in the country; and fewer group exercise opportunities.

The national stakeholders interviewed generally welcomed the lead that EAED has taken in setting the agenda relating to inequalities in physical activity. At the same time, they stressed the scale of the challenge that partners face in addressing the issue, particularly when evidence suggests that gaps in activity rates continue to increase. Examples of the national stakeholder views expressed included:

“I think a strength of the document is that it does take a strong line on recognising different abilities and inequalities and the impacts of inequalities on health and how it’s unequally distributed across the population. I think they did a very good job on that.”

“People are a lot clearer about where the inequalities are and are more open to taking different more innovative approaches. There’s still a lot of work that needs to be done with addressing this.”

“People are talking about it a lot more – there’s more awareness of the PA inequalities. Sport England take this much more seriously now, and the sport sector is getting better at this and there is focus on underrepresented groups generally but there are still massive gaps.”

While there are local examples of good practice, stakeholders also expressed the view there appears to be a shortage of evidence about what works in addressing inequalities at population level:

“We have seen good results from interventions but we are less clear about changes across the population as a whole.”

“There needs to be more in EAED about what works and how it works. EAED doesn’t respond to dealing with inequalities – it is quite broad¹⁹.”

¹⁹ PHE has no plan to update the EAED framework.

6 Creating an active society

Data show that there is a gradual move towards creating a more active society, though stakeholders express mixed views around the extent to which progress at scale is being achieved. In view of the scale of the challenge, many stakeholders are sceptical about progress in creating a social movement where physical activity is the norm.

Developing an active society means creating a social movement in which physical activity is ‘the norm’ - a routine part of daily life²⁰. This involves changing attitudes across society, emphasising that physical activity “*is not just fulfilling and fun but can also be an easy choice*” (Everybody Active, Every Day framework, page 13). In order to achieve this change in culture, this message needs to run through every level of society and requires partnership working across all sectors including central and local government, education, transport, sport, employers, charities and health and social care.

Achieving an active society is important for supporting behavioural change at the population level, particularly in communities where there are considerable health inequalities. Creating national and local narratives around physical activity supports this, encouraging people to make physical activity a routine part of their lives, rather than something for others or done in silos. As one stakeholder noted:

“There are lots of opportunities for people to be physically active but the work now needs to be done around the message of being physically active in general life rather than just doing it in isolation. That is where efforts need to be focused.”

At a national level, progress has been made in a number of ways. These include:

- An observable shift in policy and strategies related to inactivity and inequality that interlink and support the development of a more coherent narrative around the benefits of physical activity. These include the draft Cycling and Walking Investment Strategy and the Childhood Obesity: a plan for action (both 2016). The impact of this shift is reflected in the review of national policies/strategies undertaken as part of the evaluation.
- Support from health and social care, including a commitment to prevention and encouraging behaviour change, detailed in the Five Year Forward View and the provision of information around the benefits of physical activity made available for patients through NHS Choices. The implementation of Making Every Contact Count gives further impetus to this, with health care workers increasingly supporting people to begin to make positive lifestyle changes, including increasing physical activity levels.
- The use of social marketing to strengthen the national narrative around physical activity, including the introduction of initiatives and projects such as This Girl Can, parkrun and Change4Life, which have gained widespread recognition and popularity.
- Engagement from third sector partners developing physical activity campaigns as well as supporting the spread of the messaging around its importance²¹.

²⁰ Everybody Active Every Day: An evidence-based approach to physical activity, Public Health England, 2014

²¹ Everybody Active Every Day: Two years on An update on the national physical activity framework, Public Health England, 2017

There were mixed views from stakeholders around the extent to which progress towards a more active society has been achieved; a number of stakeholders felt that there has been a gradual shift towards making physical activity the social norm while others considered that culture change takes time and so would take longer to become evident compared to progress in other domains.

This difference in views was also reflected in the online stakeholder survey; 32% of respondents agreed or strongly agreed that progress has been made nationally in changing the social norm to make physical activity the expectation while 29% disagreed or strongly disagreed (Figure 3.1). Similarly, 34% of respondents agreed or strongly agreed that progress has been made locally in changing the social norm to make physical activity the expectation while 29% disagreed or strongly disagreed (Figure 3.2). Furthermore, 50% of respondents agreed or strongly agreed they had limited awareness of what actions are needed to implement the 'active society' domain while 33% of respondents disagreed or strongly disagreed (Figure 2.1). In addition, open ended responses from the survey show that whilst small pockets of progress are visible, achieving a cultural shift in people's attitudes to physical activity is challenging. Others expressed the view that, although consistent with the EAED framework, progress in achieving an active society pre-dates the framework.

A similar range of views were expressed by the national stakeholders interviewed, with many citing the positive results attained by national campaigns such as Change 4 Life, Active 10, One You and This Girl Can. There were mixed views regarding the extent to which EAED has made a difference. For example, as one national stakeholder put it:

"I'm definitely seeing people shifting their thinking and realising that PA is an important proposition. There's a lot of people out there facilitating the shift in thinking but the extent to which EAED has been instrumental to this is questionable."

At a local level, the HWB strategy review revealed that changing the social 'norm' to make physical activity the expectation is the second most referenced domain with almost one fifth (25) of all HWB strategies reviewed referring to actions relevant to the EAED domain of 'Active Society'. A number of key ways of making progress in this domain were highlighted through local stakeholder interviews.

Using local knowledge: several stakeholders noted that challenges faced in relation to achieving an active society differ in many ways and as such they considered that there is not a 'one-size fits all approach' to driving behaviour change or shifting social norms in relation to physical activity. Stakeholders were in agreement that to ensure local physical activity offers are aligned with what people want and will engage with, consultation and co-design are key. Part of this involves reaching key stakeholders and organisations in communities and supporting them to become agents of change.

This view was reflected in the different approaches that localities have taken to develop cultural change around inactivity. For example, in Lancashire an innovative attempt to engage the local population in physical activity is currently being designed in partnership with a number of local football clubs, including several top-flight teams. This builds on work already being undertaken by Burnley Football Club, alongside a number of other providers. It is hoped that the engagement of football clubs will help to create a local brand and network to engage and encourage fans and others to do physical activity. The reach of this work is likely to be greater than that of local NHS or local authority partners.

In Nottinghamshire, there are multiple examples of work being undertaken in schools and clubs to engage children and young people in physical activity early on and give

them the tools to participate, helping to drive a change in culture. Stakeholders noted that embedding behaviour changes in relation to physical activity at a young age should help this develop into a habit.

“[if you help children to participate early on], they engage in the activity and then that helps it become a habit, which is more sustainable. It brings about that behaviour change and change in culture, it’s then a normal thing to do.”

Utilising technology: many stakeholders described ways in which technology can be used to drive changes in culture and social norms around physical activity. Examples include: the use of popular devices for measuring steps and mobile apps, which often have a social, gaming or competitive element e.g. ‘Pokemon Go’ or ‘Dragon Finder’ that can encourage people to get outside and more active through stealth. Apps focused on physical activity more generally can drive behaviour change amongst people who are typically more inactive e.g. stay at home mothers. In Lancashire, Lancaster University and the University of Central Lancashire are working in partnership to develop a tailored tool for nudging behaviour, and getting people to be active. There was general agreement that bringing a sense of ‘gamification’ and virtual social aspects to physical activity is an increasing trend, which has seen some success to date. For example in Cornwall ‘Get Active Cornwall’ is the main online resource for residents to get access to online information about ways to keep active (Box 3.11); and an example of the gamification of exercise can be seen from Sheffield’s ‘Move More Month’ (Box 3.12).

Box 6.1 Get Active Cornwall²²

Get Active Cornwall is the main resource for residents across Cornwall to get access to online information about how they can get active. It has been developed with funding from Department of Health, and coordinated by the Cornwall Sports Partnership (in partnership with local and national bodies including Cornwall Council). Users can create a profile and monitor their own engagement with activities, as well as take part in the Get Active Challenge.

The website is also a way to promote national campaigns, walking and cycling routes, events and also for organisations to promote themselves to the wider community. The website also contains information about healthy eating, and equalities and inclusion.

Box 6.2 ‘Move More Month’

Move More Month brings together people across Sheffield to get active and to record their physical activity during June. This gamification of exercise aims to see how many combined minutes the city can clock up. Movements are logged using a free smartphone app which has been developed by academics from the National Centre of Sport and Exercise Medicine. The app automatically tracks and records minutes of activity. People are able to see their progress on the app itself or via the Move More website, which also displays the city’s total minutes of movement.

The **Move More ‘Go for Gold’ Workplace Challenge** also takes place during the Move More Month and allows teams to compete within their organisations as well as challenging colleagues from across the city. Employees either use the app or pedometers and other devices to monitor their movement in and around the workplace.

²² Get Active Cornwall, available: <http://www.getactivecornwall.co.uk/>

It is designed to encourage a fun sense of competition and support workplace cohesion. Results are displayed on a website, through which teams can compare their efforts in a Move More league table.

Last year, organisations from across the city took part in the challenge during the Move More Month in Sheffield. In total, 374 teams with approximately 3,000 participants generated a total of 4.4 million Move More Minutes.

Some survey respondents also highlighted specific campaigns and initiatives they were aware of which are helping to create a more active society. One respondent mentioned #walk1000miles, a business-led initiative to create a more active society outlined in the box below.

Box 6.3 #Walk1000miles

The #walk1000miles initiative is an example of a commercial business encouraging everyone to become more active. It is a challenge to walk an average of 2.74 miles a day for a year created by the magazine Country Walking. There is a 'challenge community' centred on walk1000miles.co.uk and a Facebook group which serve as a source for motivation, ideas and help such as sharing walking routes or arranging active meet-ups.

Furthermore, the Country Walking magazine nudges behaviour change through various incentives. For instance, subscribers to the magazine receive a £50 activity tracker and a year's free access to Ordnance Survey's mapping for the whole of the country available on both mobile and desktop computers as part of the #walk1000miles challenge. In addition, readers receive an activity tracker poster which they are encouraged to fill in, and uploading photos showing their progress on the tracker enters them in competitions to win physical activity related gear from partners of the magazine throughout the year.

Building on national campaigns: as highlighted earlier on in this section, the introduction of national initiatives and campaigns such as This Girl Can and One You, promoted through social media, has driven a degree of change in culture more widely. At a local level, stakeholders described using these campaigns to generate change locally, building on the strong narrative generated by the national initiatives. For example, a number of local initiatives have grown out of 'One You Hounslow,' building on the national campaign. Family activities related to physical activity and free health walks, for example, have been organised as part of this and have helped encourage all age groups to become more active.

An important reflection linked to this, raised by multiple stakeholders, was that national campaigns often benefit from increased resources and visibility, whereas at a local level there is often the challenge of achieving change on the same scale or change that will be sustained. Building on the momentum of national campaigns has supported local areas to begin to develop more active societies.

The perceived success of national efforts is perhaps a factor in efforts being disproportionately focused on large-scale projects and achieving change at scale rather than driving behaviour and culture change more locally through tailored communications, marketing and grassroots engagement.

The example below (Box 3.14) shows how community engagement at the local level can work well.

Box 6.4 Social prescribing: Drawing the link with clinicians and leisure

One of the six areas of the Move More plan focuses on physical activity as an embedded treatment option for NHS patients. In the past, exercise referral has been solely from primary care, which has not been particularly effective.

Taking a new approach, three National Centres for Sport and Exercise Medicine facilities across Sheffield (Graves, Thorncliffe and Concord) co-locate sport and exercise medicine specialists, health practitioners, researchers, clinicians and patients in innovative hubs, right in the heart of communities that need them.

As an example, the project at Concord transformed an unused changing block into a centre that promotes physical activity as a treatment in the NHS. It houses seven clinical consulting rooms, education and training facilities, as well as a connection to the existing sports centre to fluidly connect health with physical activity.

This disproportionate focus of efforts is likely tied to one of the challenges frequently cited by stakeholders - limited resource available locally to drive up physical activity efforts. Diminishing resources have also increased the importance of starting to think and work differently, as one stakeholder described:

“How to do things without there being money there, like it was... it creates a scenario where you need to maintain the same level and keep up the quality of the delivery with a [reduced] budget... so it is about being innovative and working with different organisations and people that you perhaps wouldn't have before... it's forced collaboration.”

7 Creating active environments

The creating active environments domain of the EAED framework is reflected within the actions and priority areas of some local and national strategies. This domain area is by far the most referenced domain within health and wellbeing strategies, though the majority do not specifically mention the EAED framework. Stakeholders at both the national and local level shared various examples of programmes and initiatives that are consistent with the active environments domain, though challenges remain in changing existing built environments, and in moving from promising local initiatives to the wide-scale changes required to deliver active environments for all.

The neighbourhoods and local environments in which people live have an impact on their lifestyles and health. Research shows that people who have access to green space live longer than those who do not, and studies have shown that those who have access to parks are more likely to have higher levels of physical activity²³. The EAED framework emphasises the need to create the 'right' environments that support more active lives, for example creating or redesigning environments that make cycling and walking the 'easy and enjoyable choice'. Linking health policy with other policy areas including transport, planning and housing is central to this. The two year review of the EAED framework²⁴ acknowledges the need for more interconnected leadership around infrastructure and built environments and suggests the need for a more coherent approach to research that demonstrates the impact of capital investment at scale.

Half of the national strategies reviewed for this evaluation mention the active environments domain (see Annex 2 for more information). The Cycling and Walking Infrastructure Strategy (2017²⁵, pg. 29-30) lists the 'achievements' that have been made within this field, for example:

- Investing £677 million through the Local Sustainable Transport Fund between 2011 and 2016, to support sustainable transport projects and Bikeability training;
- Providing £17 million to support cycling in four National Parks to unlock a range of cross-cutting economic and social benefits that enable growth in rural areas;
- Published guidance on the preparation of Local Cycling and Walking Infrastructure Plans and provided a package of technical support to local bodies to help local bodies develop strategic plans, including Local Cycling and Walking Infrastructure Plans.

The Strategy specifically mentions the role that Public Health England and the EAED framework have had in influencing and guiding activities. The strategy states that:

"In October 2014, Public Health England published an evidence-based framework, Everybody Active, Every Day, highlighting that walking and cycling are often the easiest ways to build activity into daily life, and are good for our physical and mental health. Public Health England is continuing to

²³ Public Health England (2014) Everybody active, every day. An evidence-based approach to physical activity https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

²⁴ Everybody Active Every Day: Two years on – An update on the national physical activity framework, available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601298/Everybody_active_every_day_2_years_on.pdf

²⁵ Since publication of the draft Cycling Delivery Plan in October 2014, and since publication of the draft Cycling and Walking Investment Strategy in March 2016.

support the public health system and transport planners on prioritising and taking action on active travel."

Several stakeholders interviewed expressed the view that the Cycling and Walking Investment Strategy and the launch of the Transforming Cities Fund offer a strong opportunity for investment in infrastructure that will support more active travel and everyday physical exercise in urban environments.

The survey results show that a third of respondents strongly agreed/agreed that they have a good awareness of actions to implement the active environments domain (see Figure 2.1 above). This is further supported by the analysis of HWB strategies, where at the local level, , creating active environments is by far the most referenced domain, though not specifically in reference to the EAED framework (see Annex 1). More than a third of strategies mention the need to increase access to open green spaces, active travel options and to improve local environments to ensure they promote active lifestyles; and more than 2 in 5 documents mention one or more specific actions relating to improving local environments to support active lifestyles. The analysis of HWB strategies found that newer strategies are more likely to mention improving active environments to improve health and wellbeing locally. For example, a higher proportion of local strategies with an implementation period from 2015 onwards mention an action relevant to the EAED domain of active environments/creating the right spaces (46%) than those produced before 2015 (39%) (though these differences are not statistically significant²⁶). Sutton's local strategy is one example that has a particularly strong focus on developing active environments (Box 3.15).

Box 7.1 Sutton's strong focus on developing active environments

Two of the nine key actions identified in Sutton's local strategy relate to developing active environments, and the detailed discussion of these two actions draws explicitly on a robust and extensive set of evidence. The key interventions Sutton's strategy highlights (below) are accompanied by a clear assessment of Sutton's current profile and a subset of further actions to be taken.

Active and safe travel:

- Promote active travel, ensuring walking and cycling are accessible and cost-effective ways of incorporating physical activity into everyday life;
- Create safe, attractive green and enjoyable local environments with roads that prioritise perceptions of safety, and reported quality of life;
- Introduce 20mph speed zones where appropriate.

Active environments:

- Open space should be taken into account in planning for new development and considering proposals that may affect existing open space;
- Actively engage community groups and volunteers;
- Proactively plan the use of leisure facilities to maximise local residents' health.

²⁶ Based on the results of a t-test with a p-value of 0.05.

These findings are also reinforced by interviews with stakeholders at the national and local levels who cited a range of programmes aimed at increasing physical activity through the environment. These have included the creation of new housing developments and areas in Wokingham and Cambridgeshire which are designed to promote active living; developing and expanding the Milton Keynes Redways; development of cycle superhighways in London; development of newer airports where spaces have been designed which encourage walking; and work being undertaken in Waltham Forest to create a living map which outlines existing cycle and walking trails.

There was also discussion about the investment made in London boroughs as part of the Mini Holland scheme (part of a wider Healthy Streets approach). The Mini Holland initiative was highlighted as a way to replicate Dutch-style active travel infrastructure (e.g. through redesigning junctions to make them safer for cyclists and pedestrians) and to find new ways to encourage more people to cycle more safely and more often. Some stakeholders argued that London is positioned uniquely for active travel, with less of a car-based culture and better public transport than many other areas of the UK.

The local area examples provide further detail on the implementation of such campaigns/programmes, not only through showing that progress in this domain area is developing, but that much of the work precedes the EAED framework. Current initiatives in this domain area include Lancashire's development of a new Cycling and Walking strategy with representatives from across the county. This is aligned with other work in the county, such as the ongoing renegotiation of a three-year partnership with British Cycling. New 'Run, Cycle, Walk' routes are also being developed in Ashfield (Box 3.16).

Box 7.2 Ashfield's 'Run, Cycle, Walk' routes

In Ashfield, they are currently developing 'Run, Cycle, Walk' routes across the district. There is good infrastructure in place but connectivity between routes could be improved so this is being developed to enable people to better utilise and navigate the current trails.

The Marazion Cycle Scheme in Cornwall is another example of embedding cycling routes to increase access. This takes a more targeted approach to address physical inactivity within an area of deprivation (see Box 3.17).

Box 7.3 The Marazion Cycle Scheme

A scheme in Penzance, specifically in an area of deprivation, was delivered to extend the national cycle network and create a 'bay to bay' route. This scheme incorporated a public hire scheme for bikes, to enable everyone (including non-bike owners) to make use of the opportunity to get from the north and south coast without using the national cycle network (which is largely on a carriageway). By creating an off-road, coastal route, more groups of people can safely cycle around Penzance.

In Nottinghamshire a 'planning for health checklist' has been operational for a few years, which ensures that any new planning development requests and applications are measured against a checklist which covers impacts on health, active travel, connectivity and green spaces. Over £2 million in local growth funding was invested in Nottinghamshire to deliver strategic cycle routes in four areas so that people can

make journeys by bicycle. This has been boosted by access funding from central government to deliver behaviour change programmes targeting these routes. Further examples of good practice in Preston, Greater Manchester and Cornwall can also be seen in Boxes 3.18, 3.19 and 3.20.

Box 7.4 The Preston Guild Wheel

The Preston Guild Wheel is a 21-mile walking and cycling route that connects the city to the countryside. It was built by Lancashire County Council in partnership with Preston City Council as a lasting legacy for the 2012 Preston Guild, and aims to make the most of the natural and green landscapes that encircle the city.

The route is mainly off-road and therefore provides a scenic, safe and traffic-free route for cyclists and walkers. The route also passes through or near several schools and employment areas to encourage daily active travel.

Promotional literature which provides information about attractions on the route, advice for cyclists and walkers, and a map of the route has been made publically available – and the wheel has therefore proved popular with tourists and locals alike.

An ongoing piece of work is being undertaken to continue to improve this route.

Box 7.5 Made to Move

Creating the space for walking and cycling in Greater Manchester has recently become a clear priority with the appointment of British Olympic cyclist Chris Boardman as Greater Manchester's first Cycling and Walking Commissioner. His report – *Made to Move*²⁷ - on how to deliver a step change in the numbers of people walking and cycling in the city region was published in December 2017.

The shared vision set out in the report is to create world class streets for walking and build one of the world's best cycle networks to create a genuine culture of cycling and walking in the area. Fifteen steps have been agreed to achieve this goal, and highlights include:

- Publishing a detailed, Greater Manchester-wide walking and cycling infrastructure plan in collaboration with districts in 2018;
- Establishing a ring-fenced, 10 year, £1.5 billion infrastructure fund, starting with a short term GM Mayor's Active Streets Fund to kick-start delivery for walking and cycling;
- Ensuring all upcoming public realm and infrastructure investments, alongside all related policy programmes, have walking and cycling integrated at the development stage;
- Launching a 'Summer Streets' festival, creating low car town and city centres to trial street closures on the network.

With a well-known Walking and Cycling Commissioner and clear Mayoral backing from Andy Burnham, there is real potential to transform participation in active travel in the Greater Manchester area. The delivery of 'Made to Move' relies upon substantial partnership working and will incorporate insight and expertise from across the GMCA, TfGM, Greater Manchester Health and Social Care Partnership (GMHSCP), Sport England and Greater Manchester sport and physical activity charity Greater Sport.

²⁷ file:///C:/Users/39643/Downloads/Made_to_Move.pdf

Box 7.6 The Dose of Nature project (2014-2016)

Eight nature-on-referral pilot projects looking specifically at the ways in which nature can be used to help people manage their long term conditions were run between 2014 and 2016. These concentrated on getting primary care health professionals to use social prescribing that promotes walking for (physical and mental) health.

The Dose of Nature project built on a number of projects already socially prescribing patients to using outdoor services and natural assets. One example is the 'Eden on Prescription' pilot which was run in 2016 and enabled GPs to use social prescribing to refer patients with a number of needs to accessing the Eden biodome. In particular, walking groups were run for people with COPD and diabetes to help create health and physical benefits to help manage these long term conditions better.

Self-reported data showed a 69% increase in wellbeing among participants and following on from its success, Cornwall Council have proposed mainstreaming the service. This scheme speaks to the aims of Cornwall's physical activity strategy in creating active built and natural environments, but also ties in with promoting an 'active society' by creating new and innovative opportunities for people to think about physical activity.

International best practice was cited across interviewees and within the Natural England working group, specifically in relation to the active environments domain. Stakeholders described the need to learn from the active environments in Denmark, Norway and the Netherlands. One stakeholder stated that environments in these countries that are conducive to walking/cycling "*didn't happen by accident*" but that they have been carefully planned and designed to support active living.

Stakeholders emphasised that new build developments are now typically designed with physical activity in mind, while there is a greater challenge in adapting existing environments and buildings. Some stakeholders reflected that often new developments are not 'affordable' and typically attract more affluent people who have higher levels of physical activity, thus potentially perpetuating inequalities in physical activity.

Other stakeholders emphasised the challenge in changing existing ways of thinking, including in relation to the dominance of car-based infrastructure in shaping people's way of life. As one national stakeholder put it:

"We all know we sit too much in our cars and the majority of journeys are less than a mile which are eminently walkable or cycle-able but we do it because our environments are not built where this is the default.... The DfT's mind-set is still very much that 'car is king because it's the most efficient way of moving people around ... therefore the funding gets weighted away from active travel infrastructure and towards building more roads.... We spend more money on refurbishing 10 miles of the M62 than the whole of the national cycling budget for the whole of the country so are we surprised there's more people in cars?"

While many positive examples are emerging at the local level, stakeholders also emphasised the size of the challenge in making the scale of the changes required. Interviewees emphasised the long timescales required to plan, design and deliver changes to the living environment, and some consultees argued that much more remains to be done to change the views and approach of planners in order to integrate physical activity into urban design.

Stakeholders also emphasised the challenges of addressing inequalities in access to active environments, with some stressing that it is often more deprived communities that lack access to safe and healthy green spaces and facilities.

8 Measuring progress over time

It is widely agreed that the changes being targeted by EAED will take many years to be seen. The importance of measuring progress and outcomes is recognised nationally, and reflected in national data and indicators. A growing number of local strategies also include quantitative targets and indicators. Many stakeholders consider that good progress is already being made, though it is widely argued that a sustained effort and a greater political commitment will be needed to make a difference.

8.1 Measuring change

“The vision of making everybody active every day will not be delivered in five or even ten years. This document is a framework for action, supported by resources that we will update and adapt to keep pace with change” (Everybody Active Every Day, page 20).

This report reviews progress to date in implementing the EAED framework. This is evidenced by the influence that EAED is having on national and local strategies, partnerships and actions. EAED itself recognises that the challenge of increasing physical activity nationally will only be achieved through sustained action over the long term.

EAED calls for collaborative actions by local and national partners across the four domains of Active Society, Moving Professionals, Active Environments and Moving at Scale. The results of these activities can be measured in terms of:

- Outputs – the direct product of interventions - such as participation in campaigns events and campaigns and production and dissemination of guidance;
- Domain level outcomes – the results obtained in each of the four domain areas - such as changing attitudes and skills, improved provision of infrastructure and access to green spaces;
- Framework outcomes – the overall results in enhancing physical activity rates and reducing inequalities in physical activity; and
- Impacts – the ultimate effect of these changes in enhancing the health of the population and in reducing inequalities in public health.

This chain of effects is illustrated in the intervention logic model for EAED, developed to guide this evaluation, and presented in Figure 4.1.

In assessing the effectiveness of EAED, it is clear that:

- The overall outcomes of EAED will take many years to realise, and at this stage, progress is mainly observable through outputs (campaigns, initiatives, publications, strategies) and intermediate outcomes (enhanced knowledge and awareness, environmental improvements);
- The interventions required to deliver the framework are complex and involve different stakeholders and sectors to work together. The four domain areas are closely inter-related and the pathways to change are complex and often not easy to map; and

Figure 4.1: Intervention Logic Model for EAED



- The added effect of EAED as a framework is difficult to observe. In defining the agenda for action, EAED brings together a number of existing activities and approaches as well as providing new ways of thinking. Dedicated resources are limited, and enhancing physical activity depends on working collaboratively and influencing a range of actors and actions. Therefore it is easier to examine whether the right things are beginning to happen than it is to assess the added value of the framework.

“If we continue on this trajectory then I would feel fairly confident that the overarching high level ambitions could be met, but the caveat would be that we couldn’t claim all the glory because there are so many other fantastic supportive initiatives that have been working on it for years.”

(PHE Stakeholder)

“We are getting there slowly and EAED is a base to have these conversations – it’s not something that will turn the tide within 5 years, its small steps at the moment. It will take 15-20 years to see any change but we need to keep using the evidence that we have to influence key decision makers and it’s about changing the mind-set. EAED could achieve this but messages need to be repeated so people don’t lose sight of it.”

(National stakeholder)

8.2 Target outcomes

Over time, the outcomes of EAED will be observed through measurable:

- Growth in the proportion of the population of England that is physically active; and
- Reductions in differences between the rates of physical activity between different social groups (according to gender, ethnic origin, disability, age and socio-economic grouping).

Indicator 2.13 of the Public Health Outcomes Framework²⁸ records the proportion of the population that is physically active and physically inactive. It is based on the proportion of adults achieving at least 150 minutes of physical activity per week in accordance with the UK Chief Medical Officer’s recommended guidelines on physical activity.

The indicator is based on Sport England’s Active Lives Survey²⁹, which measures the number of people aged 16 and over who take part in sport and physical activity by demographic group, where people live and activity type.

The latest Active Lives Survey report was published in October 2017³⁰ and presents data on rates of physical activity in adults, overall and by socio-economic group, gender, disability, age and region. The wider dataset also includes breakdowns of physical activity rates according to sexual orientation, ethnicity, religion, working status and education. Future updates will enable changes in inequalities in physical activity rates to be examined over time.

Other indicators are helpful in assessing progress in the Active Environments domain:

- Indicator 1.16 in the Public Health Outcomes Framework measures Utilisation of outdoor space for exercise/ reasons. It is based on data from Natural England’s Monitor of Engagement with the Natural Environment (MENE)

²⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf

²⁹ <https://www.sportengland.org/research/active-lives-survey/from-active-people-to-active-lives/>

³⁰ Sport England (2017) Active Lives Adult Survey, May 2016/17 Report
<https://www.sportengland.org/media/12458/active-lives-adult-may-16-17-report.pdf>

- The Department for Transport presents data on rates of, and attitudes to, walking and cycling³¹, based on the National Travel Survey, Active Lives Survey, Walking and Cycling Survey, British Social Attitudes Survey and other sources;
- PHE's Physical Activity tool includes an indicator on people's access to woodland³² within 500 metres of their home
- PHE has also been involved in the work on Greenspace mapping by Ordnance Survey³³. This provides detailed maps of parks, play areas and sport facilities. PHE have also added this information to its Shape tool.

Measuring change in promoting physical activity is important at the local level as well as nationally. The review of Local HWB strategies suggests that some progress is being made in this area, but that a minority of strategies currently present quantitative statistics or indicators. Approximately 2 in every 5 strategy documents currently cite data on local physical activity or inactivity rates, and a similar proportion identify at least one indicator for measuring change.

Some local areas are embedding an evidence based approach to local implementation to improve data collection that can demonstrate impact. One local stakeholder mentioned that:

"If we are looking at evidence-based, tried-and-tested interventions, we need to show good process evaluations are in place, ensuring fidelity to the model. If there is something innovative and untested, then it needs more outcome evaluation."

Box 4.1 shows a number of examples of measuring outcomes taken from the local area examples.

Box 8.1 Box: Measuring outcomes: Local area examples

In **Buckinghamshire** a 'Standard Evaluation Framework' is being applied with a view to measuring long-term impact. It is recognised that new projects are accompanied by plans to monitor impact and return on investment, in order to sustain and improve the programme in the future.

In **Lancashire** the Public Health Outcomes framework, which has indicators covering the Chief Medical Officer's guidelines and the proportion of residents who are inactive, is used to measure progress and to benchmark against other areas.

"We're not just about sports for sports sake anymore, we are looking at the wider impact so we're looking at sports and physical activity being a piece of a much wider pie in most of our projects now, and how we can make an impact on people's lives and communities etc.,... now it is more about the fact that sports can be part of other things."

(Local stakeholder)

Some local stakeholders reflected that it may be difficult to measure the impact of projects that reach people in a targeted way in local settings: *"[you] recognise it needs to be done but sometimes it's more difficult to justify how we're spending money on that [offering physical activities to specific target groups] until you see the outcomes."*

The Active **Notts** Physical Activity and Sport Strategy features a target of achieving 50,000 More Active Lives by 2021, which is currently under review. One local stakeholder suggested that *"the target is big but what we want to do is break it down so it is focused on those parts of the community that are most underrepresented in physical activity terms. It's about getting to that target, not through just getting more well people who just need a bit of a push, to become more active, it's about getting the disadvantaged to become active."*

³¹ <https://www.gov.uk/government/collections/walking-and-cycling-statistics>

³² <https://fingertips.phe.org.uk/profile/physical-activity/data#page/6/gid/1938132899/pat/6/par/E12000004/ati/102/are/E06000015/iid/92814/age/1/sex/4>

³³ <https://www.ordnancesurvey.co.uk/getoutside/greenspaces/>

Nottinghamshire's approach also involves:

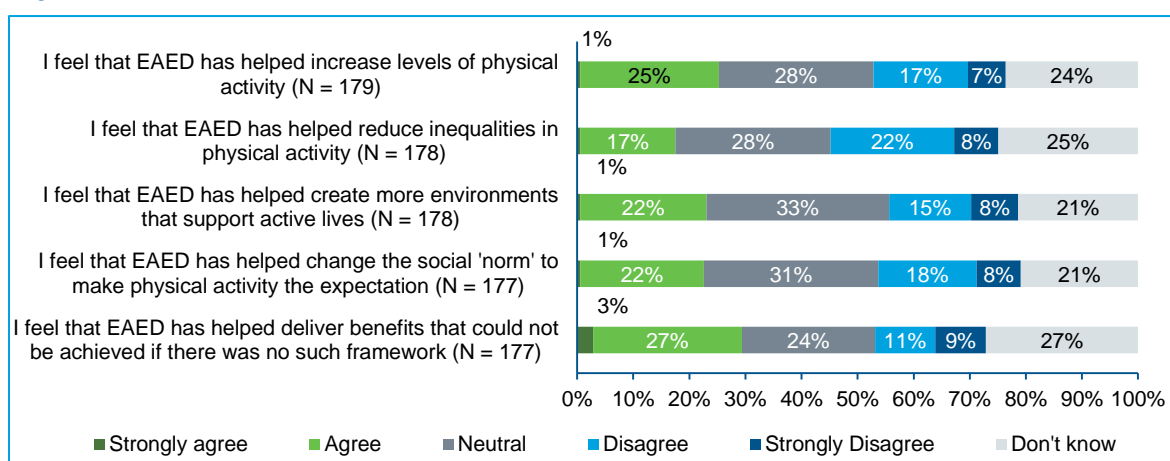
- The need to set baseline and future targets for engagement in physical activity and sport
- Regular evaluation of interventions and projects to measure progress
- Analysing local data from the national Active Lives survey
- Use of indicators including:
 - Increase in percentage of the population taking part in sport and physical activity at least twice in the last month;
 - Decrease in percentage of people physically inactive; and
 - Increase in the number of people volunteering in sport at least twice in the last year.

While the challenge of making the nation more physically active is expected to take decades to achieve, PHE's two year update on EAED was able to report a statistically significant 1% increase between 2013 and 2015 in the proportion of the population across local areas achieving the recommended 150 minutes of moderate intensity physical activity each week. This represents over half a million more people whose health and wellbeing is benefiting from being active every day. Increases have been seen in all nine regions of England and at local authority level around 60% of authorities have seen improvement.

8.3 Stakeholder views on outcomes to date

The online survey asked stakeholders on their views regarding outcomes of EAED in promoting physical activity to date (Figure 4.1). Unsurprisingly at this stage, a minority of respondents expressed the view that EAED had helped to increase physical activity, reduce inequalities, create more active environments or change the social norm. However, a significant minority of respondents expressed positive views about the progress that has been achieved in these areas. Also positive is that 30% of respondents agreed or strongly agreed with the statement that EAED has helped to deliver benefits that could not be achieved in the absence of the framework. There were no large differences in the responses given by those working in national and local organisations.

Figure 8.1 Outcomes



The stakeholder interviews offer a more encouraging picture recognising that there has been a clear shift in recent years towards more sustainable and active travel infrastructure and that access to green spaces is improving, but overall they thought that progress in some areas has been slow because it takes a long time to influence planning processes.

Political boldness is required to drive progress. Several stakeholders thought that in order to instigate a real step-change, more political bravery and backing is needed at regional and local levels.

“In order to genuinely create a step change in activity levels, and [get] people wanting to be active ... That takes a long period of time and I think that this is not necessarily reflected, as far as I am concerned, by the framework. It lays out the right stuff... but we need to create the messages, the scale to be able to deliver this, and that is the one thing missing in the framework, knowing it takes a while.”

(Local stakeholder)

9 Conclusions and lessons learned

9.1 Overall progress to date

Progress has been made in achieving the EAED framework's objective of contributing to a step change in physical activity in England, within the two domain areas of active society and active environments. This evaluation shows that reducing physical activity inequalities is now on the agenda of national and local organisations. Some progress has been made in taking a targeted approach to engage with inactive groups though narrowing the gap of inequalities in physical activity will take some time to be seen. Although it is difficult to assess the level of attribution to the EAED framework itself, this evaluation shows that national and local approaches are consistent with the objectives of the framework and it has contributed to shaping these approaches.

Everybody Active Every day sets a clear framework for action on physical activity across England. It is welcomed by stakeholders as being evidence based, including the right priorities, and setting a shared agenda for joint action.

The evidence gathered in this review indicates that good progress is being made locally and nationally in beginning to implement the EAED framework. The need to increase rates of physical activity across England is seen by all stakeholders as a major and long term challenge, particularly among those groups with the lowest physical activity rates at present. However, there are many promising examples of initiatives being taken at local and national level to address this challenge.

Physical activity is now firmly on the agenda of many organisations across different sectors, including health, sport and leisure, transport and planning. However, while there are clear leaders at local and organisational level, there is still progress to be made in ensuring that all relevant organisations and professionals take account of physical activity in their work.

There are many good examples of progress across the three focus areas of this report:

- Efforts are being made to create an active society, through development of local physical activity strategies and programmes, campaigns, information and cross-sectoral advocacy at national and local levels. For example, Sheffield is leading the way in linking the health and physical activity sectors through its social prescribing project. National campaigns and social media marketing have helped strengthen local implementation through building on campaigns such as Change4Life and the Park Run. Stakeholders express mixed views about the progress being achieved, particularly in view of the scale of the challenge, with some scepticism at the prospect of creating a social movement where physical activity is the norm.
- There are many good initiatives to create active environments, including through national strategies such as the Cycling and Walking Investment Strategy, and local activities such as the development of accessible walking and cycling routes in Cornwall and the Preston Guild Wheel's 21 mile walking and cycling route connecting the city to the countryside. The importance of creating active environments is widely recognised at local level, including through Local Health and Wellbeing Strategies. However, significant challenges have been encountered in changing existing built environments, and in moving from promising local initiatives to the wide-scale changes required to deliver active environments for all.
- EAED has also been influential in highlighting the challenge of addressing inequalities in physical activity across society, and much is now being done locally and nationally to target inactive groups. Many stakeholders stress the importance of investing in voluntary and community organisations to effectively address inequalities, with more insight needed into the local barriers and challenges for BME

groups. Though it is recognised that small, local and targeted approaches may not be sufficient to increase activity levels at scale.

There are mixed views regarding the influence and added value of the EAED framework; it has clearly inspired some actors and influenced some national and local agendas; others have less awareness of the framework or argue that progress was taking place before the framework and cannot be attributed to it. As a result of this, it is easier to identify progress against EAED's priorities and objectives than it is to assess the degree of influence that the framework itself has had.

9.2 Key lessons learned

A number of lessons can be learned from progress in implementing EAED to date:

- **Cross-sectoral collaboration is key to increasing activity levels and paramount to the success of EAED.** It is important to further develop integration and links between the NHS, government and local authorities in increasing physical activity levels and implementing the framework. Partnership working is essential and requires ensuring early buy-in from key stakeholders. The current climate of cuts and limited resources has helped create an appetite of collaborative working – not just within the sector, but also across other sectors that are less traditional routes to physical activity such as social care.
- **Community engagement is of central importance.** A deeper understanding is needed about specific social, cultural and religious norms in local communities in order to better understand how to make change happen and raise physical activity within communities, taking a targeted approach. There is greater need to recognise that the reason people often stay active is because of the social networks they build - this should be maximised in the design and marketing of certain activities e.g. group-based activities or stealth activities. Local areas are best placed to achieve this, but there is also a demand for evidence nationally about what works and can be scaled-up.
- **Building capacity within communities offers opportunities for sustainable progress.** Tackling inactivity cannot be solved solely through increased investment but requires making the most effective use of available capacity and resources. A number of stakeholders emphasised the importance of building capacity within communities to develop skills across districts that can address physical inactivity - these will be more sustainable than top-down initiatives.
- **Tackling inequalities and influencing behaviour change is difficult.** A number of lessons have been learnt about the most effective tools to 'break habits of a lifetime', especially in deprived communities. These include increasing contact time; working one-to-one or in small networks; and having regular contact points.
- **The physical activity message needs to be reframed so it is not linked to losing weight.** A number of stakeholders stressed that there is a need to reframe the message so it is focused on enjoyment, fitness and not losing weight. Physical activity needs to be embedded as part of a holistic approach that includes education and activities around nutrition and diet. This will also help to achieve an active society and sustained behaviour change in the long run.
- **Technology offers opportunities to deliver the physical activity message, and to make physical activity accessible and fun for many people.** Many stakeholders emphasised the need to embed long-term behaviour change through new technologies. "Digital is the future" and making use of this will help to sustain behaviour change.

- **Resources are a challenge but there is good evidence that physical activity interventions are cost effective overall.** Those local areas making most progress are managing to find resources. This may be because they are able to take a cross sectoral approach and recognise that physical activity interventions can bring savings across the budget.
- **Clarity from PHE would be helpful on the strategic positioning of EAED.** A number of stakeholders reflected that it would be beneficial to receive more support from regional Public Health England teams to aid with local implementation and navigating the different physical activity strategies and frameworks available. Some suggest that there is a need for a more coherent narrative around how the framework fits with other strategic drivers and initiatives.
- **More evidence about what works is needed.** EAED sets a clear agenda but there is still demand for more evidence about what works in practice. There is a clear need to continue to build evidence about what works, and to understand how to scale up local good practice; this is the “moving at scale” challenge.

9.3 Future challenges

While many promising initiatives have been identified, it is expected to take many years of sustained effort to achieve significant increases in physical activity across the population, and to reduce inequalities in physical activity rates. Specific challenges include:

- **Tackling inequalities** – in spite of increasing awareness of the challenge and good initiatives to address it locally and nationally, there is so far little evidence that progress is being made in addressing the inequalities gap at population level. One of the difficulties is that engaging hard-to-reach groups in physical activity often requires targeted local approaches, informed by knowledge of local needs, barriers and opportunities. This makes promising local action difficult to scale-up across the population. It suggests a need over time to develop transferable lessons and approaches that are capable of taking account of the needs and characteristics of specific local groups;
- **Creating an active society** – experience to date suggests that, perhaps unsurprisingly, there has been greater progress in influencing adjacent policy areas in the sport/leisure, health, transport and planning sectors than in embedding physical activity considerations across society as a whole. For example, the government’s Cycling and Walking Investment Strategy has been significantly influenced by EAED, but there is less evidence of physical activity thinking influencing transport policy and practice overall. This suggests a need for continuing campaigns, awareness raising and advocacy work that gradually embeds physical activity into the mainstream;
- **Creating active environments** – despite progress through various infrastructure and cycling/walking projects highlighted in this evaluation, there is still more work to do in embedding physical activity among planning professionals, and in finding ways of making existing settlements more conducive to physical activity.

Part A: ANNEXES

Annex 1 Local Health and Wellbeing Board strategy review

Summary of Key Findings

- **EAED Framework:** The Everybody Active Every Day Framework and partnerships with Public Health England are very rarely mentioned in the Health and Wellbeing Strategies;
- **Increasing physical activity:** The majority of strategies recognise the need for action to increase physical activity levels locally, and over half identify physical activity as a key factor contributing to the top strategic priorities for health and wellbeing in their area;
- **Data and measuring impact:** Monitoring local physical activity rates and measuring impact are not the established norm across the Health and Wellbeing Strategies. Approximately 2 of every 5 documents cite data on local physical activity or inactivity rates, and the same proportion identify at least one indicator for measuring change;
- **Inequalities in physical activity:** Few strategies explicitly acknowledge the importance of tackling inequalities in physical activity or mention planned or existing activities designed to address such inequalities, although tackling health inequalities more broadly is often part of their overall strategic vision;
- **Domain actions:** More than 2 in 5 documents mentioned an action relating to improving local environments to support active lifestyles;
- **Opportunity areas:** More than a third of the health and wellbeing strategies mention creating safe and attractive environments to support physical activity;
- **Relevant campaigns:** 'Making Every Contact Count' is the campaign most frequently mentioned with regard to physical activity. Other campaigns and initiatives relating to physical activity that are mentioned are often specific to the local level.

A1.1 Introduction

An initial list of 159 Health and Wellbeing Boards was taken from the King's Fund Health and Wellbeing Board Directory to search for Health and Wellbeing Strategies (H&WB). During the data extraction phase, some local Boards within this list were found to share a single Health and Wellbeing Strategy; as a result 150 strategies were identified for analysis³⁴.

The latest publicly available strategies were reviewed from each Health and Wellbeing Board website. For some strategies, the stated timeframe did not extend to 2017³⁵. Other

³⁴ The Boards sharing strategies are: West Kent, South Kent Coast, Ashford, Canterbury & Coastal, Dartford, Gravesham & Swanley, Swale and Thanet (all covered by Kent's Joint Health and Wellbeing Strategy); St Albans (covered by Hertfordshire's Health and Wellbeing Strategy); and Bracknell and Ascot (covered by Windsor and Maidenhead's Joint Health and Wellbeing Strategy).

³⁵ These outdated strategies were: Bedford, Bolton, Brighton and Hove, Bromley, Central Bedfordshire, Cornwall, Darlington, Dudley, Gateshead, Isle of Wight, Newcastle, North East Lincolnshire, Oldham, Rochdale, South Gloucestershire, Southend-on-Sea, St Helens, Tameside, Trafford, Wakefield, Walsall and Wigan.

strategies were only publicly available in draft form³⁶. A few strategies did not state their publication date or intended implementation period, and in these instances the publication date was estimated based on other dates and information referenced in the text³⁷. One strategy reviewed was a locality plan which included a health and wellbeing strategy³⁸.

This analysis is based on a review of 150 H&WB strategies produced by Health and Wellbeing Boards across England. The 'Everybody Active Every Day' framework was published in October 2014, so any consideration of the framework during Health and Wellbeing Boards' strategic planning process is only likely to have taken place for documents published from 2015 onwards. Taking this into account, the implementation period for 70 of these strategies started before 2015, whilst 80 of these strategies began implementation in 2015 or later.

A1.2 References to the Everybody Active Every Day Framework

Explicit reference to the **Everybody Active Every Day (EAED) Framework** was minimal; just 2 strategy documents mention the framework. Neither of these strategies make an explicit commitment to implement the framework. Durham's strategy states that the EAED framework influenced the strategy, and contains a small section on the framework including the four domains. Sutton's strategy cites evidence from the EAED publication in passing but does not discuss the framework itself.

Furthermore, only 3 strategies cited **Public Health England's** (PHE's) involvement as a partner. Wokingham's strategy lists PHE as delivering four actions in its Appendix as part of the strategy's implementation, whilst Hounslow's strategy mentions engaging with PHE to deliver its vision, and Kensington and Chelsea's strategy mentions working with partners such as Public Health England to access funding streams.

A1.3 References to Increasing Physical Activity

- **More than half of the strategies highlight physical activity as a key factor contributing to the top strategic priorities for health and wellbeing locally.**
Strategies typically defined a small number of top priorities or overarching themes such as 'living well', 'developing well' or 'tackling obesity'. Only 14 documents mentioned ensuring local residents are more physically active in some form within these headline strategic priorities or overarching themes, but the majority mentioned physical activity in the second tier of priorities. Overall, 80 documents highlighted physical activity as a key element supporting one or more of these top priorities. Furthermore, at least 15 H&WB strategies mentioned a separate local strategy relating to physical activity³⁹.
- **Health and wellbeing strategies largely recognise the need for action on physical activity, but only half commit to delivering specific actions locally:**
Three quarters of the local strategies reviewed (112 documents) mentioned increasing physical activity to improve public health in some form, whilst just over half identified

³⁶ These draft strategies were: Birmingham, the City of London and Torbay. Furthermore, a complete strategy document was not available online for Norfolk, and a summary version was reviewed in its place.

³⁷ The implementation period was not explicitly stated for Bexley, Bristol, Newham, Northumberland, Plymouth or Sunderland.

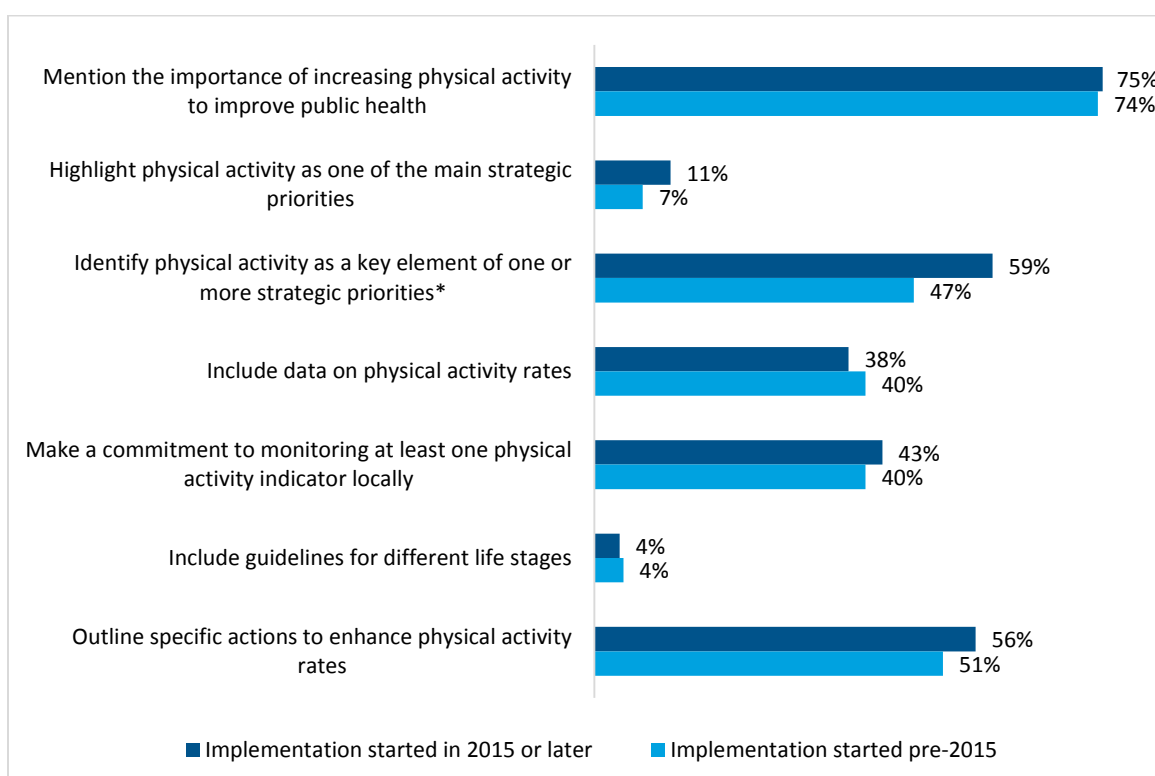
³⁸ This was the case for Salford. The previous Health and Wellbeing Strategy 2013-16 was reviewed in 2015 but subsequently superseded by the locality plan reviewed here.

³⁹ These additional local strategies covered themes including physical activity, sport, cycling, walking, active ageing and active recreation. Such additional strategies were referenced in Health and Wellbeing Strategies produced by Barking and Dagenham, Bolton, Dorset, Durham, Kingston, Northamptonshire, Richmond, Solihull, South Gloucestershire, Southwark, Staffordshire, Suffolk, Swindon, Torbay, Wiltshire

specific actions to enhance physical activity rates (81 documents). This gap largely exists because some strategies were considerably shorter than others and did not outline specific detailed actions for any strategic priorities, rather than a specific neglect of outlining actions promoting physical activity. The local area analyses will examine actions being taken at local level, and provide more evidence of how local actions are documented.

- **Monitoring local physical activity rates and measuring impact is not the established norm across English Health and Wellbeing Strategies:** Approximately 2 of every 5 documents cited data or evidence of local physical activity or inactivity rates (58 in total), and the same proportion outlined a commitment to monitoring physical activity levels or an approach to measuring impact (57 documents).
- **Guidelines on physical activity for different life stages are rarely discussed in local strategies.** Only 6 documents made reference to distinct guidelines for different age groups.
- **Newer strategies are more likely to identify physical activity as a driver of better health and wellbeing outcomes:** A higher proportion of local strategies with an implementation period from 2015 onwards identify physical activity as a key element of one or more strategic priorities (59%) than those produced before 2015 (47%), as shown in Figure A1.1. However, these differences are not statistically significant⁴⁰. Overall, the review suggests that physical activity is embedded in most but not all local strategies, and there is some evidence of progress since 2015.

Figure A1.1 Proportion of Health and Wellbeing Strategies that...



Source: ICF analysis of 150 H&WB strategy documents (70 pre-2015 implementation start, 80 post-2015 implementation start).

⁴⁰ Based on the results of a t-test with a p-value of 0.05

A more detailed analysis of mentions of physical activity in the local H&WB strategies can be found in Table A1.1.

Table A1.1 Strategies mentioning physical activity

Strategies that...	No. of strategies (%)	Further information
Mention the importance of increasing physical activity to improve public health	112 (75%)	The majority of strategies mentioned increasing physical activity in some form, largely either as a key element of a strategic priority and/or citing data on physical activity rates in the local area.
Highlight physical activity as one of the main strategic priorities ⁴¹	14 (9%)	Strategic priorities largely mentioned physical activity alongside good nutrition in the context of weight management and to prevent a range of poor health outcomes, rather than as a strategic priority in its own right. However, physical activity was itself a leading priority for a few strategies. For example, one strategy had a priority focusing on 'exercise and sport' whilst another focused on 'active and safe travel'.
Identify physical activity as a key element of one or more strategic priorities	80 (53%)	A large number of strategies mentioned physical activity as a key element of the broader priority of 'Living Well' and helping people to live longer, healthier and happier lives. A smaller proportion of strategies mentioned exercise as a key element of the priority 'Developing Well'. Physical activity was also frequently referenced in relation to a broader priority relating to tackling obesity (particularly in childhood), maintaining a healthy weight or preventing long term conditions. Increasing physical exercise was also identified as a key element of creating healthy communities.
Include data on physical activity rates	58 (39%)	These strategies often mentioned local data on adult physical activity and/or inactivity rates benchmarked against the national average or a comparable local authority, and sometimes explicitly cited results from the <i>Active People Survey</i> . A few strategies mentioned differing rates for different age groups, including 16-24 year olds and the percentage of children participating in 3 hours of sport a week. Several documents also mentioned data on the utilisation of outdoor space for exercise or health reasons.
Make a commitment to monitoring at least one physical activity indicator locally	57 (38%)	A large group of these strategies clearly identified the proportion of physically active adults or the proportion of physically inactive adults locally as a key indicator for measuring change, and committed to monitoring these rates annually. Some other indicators mentioned included the percentage of children participating in 3 hours of sport a week, and increased utilisation of outdoor space for exercise or health reasons. Other measures of success included an increased proportion of older people accessing health walks and other activities through leisure centres, an increased proportion of people using active travel, and the number of employers with schemes to help people stay fit. Indicator sources cited included the <i>Active People Survey</i> and the <i>School Health Survey</i> , although often no source was mentioned.

⁴¹ These local strategies were for Bradford & Airedale, Halton, Havering, Isles of Scilly, Leeds, Lincolnshire, Manchester, Oldham, Southend on Sea, Stockport, Sutton, Trafford, Waltham Forest and Worcestershire.

Strategies that...	No. of strategies (%)	Further information
Include guidelines for different life stages	6 (4%)	Details were very scarce on guidelines for different life stages, and as a default strategies typically mentioned physical activity in the context of working age adults. However, a small minority of strategies mentioned embedding physical activity across the life course, and some documents referenced separate local physical activity-related strategies which provide more detail for targeting different age groups. Salford's strategy made reference to an 'Active Salford' framework being developed to help residents become more active across the life course. Cornwall's strategy pledged to develop a Physical Activity Plan across the life stages recognising the contribution of schools, workplaces, leisure and sports facilities and clubs.
Specific actions to enhance physical activity rates	81 (54%)	Many of these strategies mentioned promoting active lifestyles (e.g. by training frontline health and social care staff to promote the benefits of active travel), using planning powers to design environments that increase physical activity levels and improving access to opportunities to be physically active by removing cost barriers for disadvantaged groups. Some of these documents mentioned engaging partners to deliver specific actions, whilst a few intended to develop specific local plans such as a physical activity strategy or an obesity plan.

Source: ICF analysis of 150 H&WB strategy documents.

A1.4 References to Reducing Inequalities in Physical Activity

- **Few strategies explicitly acknowledge the importance of tackling inequalities in physical activity:** Just 12 documents mentioned the importance of tackling inequalities in physical activity. However, whilst not explicitly mentioned, many other strategies made reference to increasing physical activity levels for *all* children and adults, and addressing inequalities in public health more broadly was an overarching vision shared by a range of strategies.
- **Few H&WB strategies mentioned planned or existing activities locally to address inequalities in physical activity:** Just 12 documents identified specific actions designed to tackle these inequalities locally. These activities were largely focused on ensuring equal access to opportunities to undertake physical activity such as active travel, and ensuring that participation is affordable for all residents.
- **Very few documents include data on inequalities in physical activity or commit to measuring impact** with regard to inequalities in physical activity (6 and 3 strategies respectively).

Box 9.1 Trafford's strong focus on tackling inequalities in physical activity

Trafford Joint Health and Wellbeing Strategy⁴²

Trafford's Health and Wellbeing Board identifies 'increasing physical activity' as one of eight central priorities for their local health and wellbeing strategy,

⁴² Trafford Joint Health and Wellbeing Strategy, 2014. Available at: <http://www.traffordpartnership.org/thematic-partnerships/Docs/HealthandWellbeingStrategy-Full2014.pdf>

as well as making reference to a separate *Trafford Sport and Physical Activity Strategy*.

Across all the documents reviewed, Trafford's local strategy includes some of the most detailed commitments to action and specific references to tackling inequalities in physical activity, including:

- Identifying gaps in provision and targeting interventions where they are most needed, e.g. women and girls', ethnic minority communities and young people between the ages of 14 – 24;
- Continuing to target excluded groups to break down barriers to participation in physical activity;
- Continuing to extend and promote the Active Trafford scheme to communities most at need;
- Developing the physical activity referral scheme to increase participation levels and increase health;
- Specifically working with people who have mental health, learning and physical disabilities.

Table A1.2 Strategies mentioning inequalities in physical activity

Strategies that...	No. of strategies (%)	Further information
Mention the importance of tackling inequalities in physical activity and public health	12 (8%)	A range of target groups were mentioned to break down the barriers to participation for excluded groups, including residents with low incomes, certain ethnic minority communities, those with mental health conditions, those with learning or physical disabilities and women and girls. Tackling inequalities in public health more broadly featured prominently in a much larger number of strategies and was frequently part of the overarching vision of the strategies.
Include data/evidence on inequalities in physical activity	6 (4%)	Several strategies mentioned the link between areas with higher levels of deprivation and lower levels of general physical activity. One document mentioned statistics on variations in physical activity levels according to ethnicity, whilst another cited the lower proportion of women participating in physical activity at least once per week (30.2% compared to 46.1% for men). One strategy noted that cycling proficiency is also linked to where people live, with those in more deprived neighbourhoods less likely to report being able to cycle.
Commit to measuring impact with regard to inequalities in physical activity	3 (2%)	The primary success measure was increased participation in sports and physical activity for target groups. One document specified an increase of those with impairments visiting local sports centres and using outdoor gyms.
Include specific actions designed to tackle inequalities in physical activity	12 (8%)	Commitments to action largely focused on ensuring affordable participation in local physical activity and sport for underrepresented groups who may experience a cost barrier. One strategy specifically mentioned ensuring all residents have access to at least one method of active travel and have the opportunity to access more, whilst another document mentioned ensuring equal access to open green spaces. Another strategy mentioned ensuring that all dementia services include physical

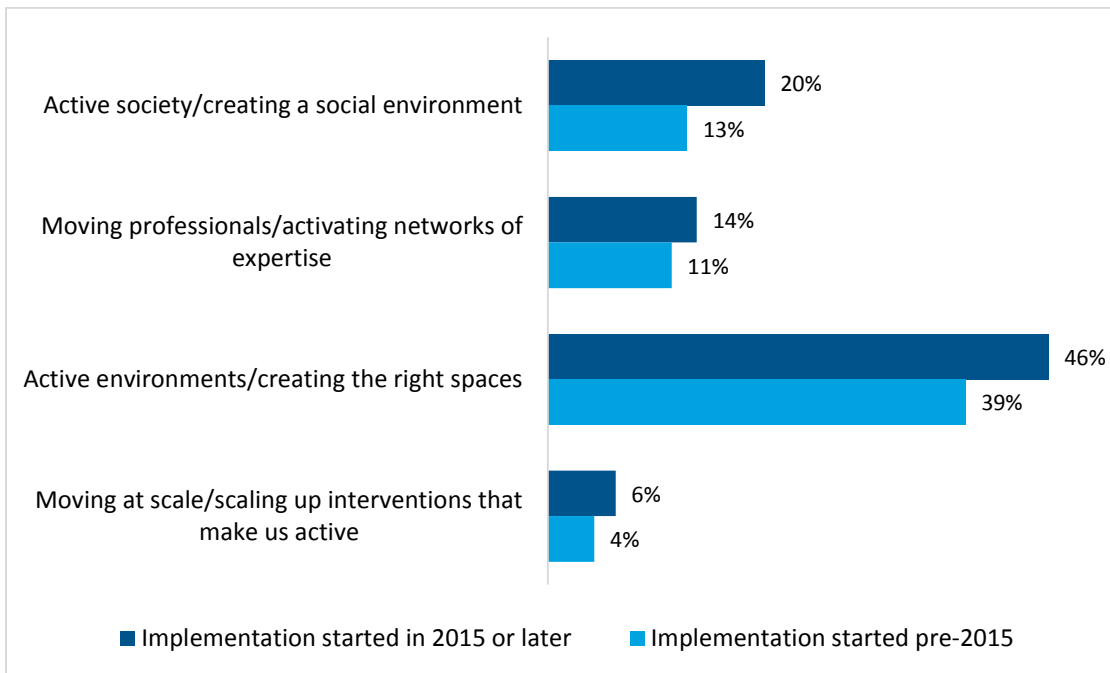
Strategies that...	No. of strategies (%)	Further information
		activity in their care plans, whilst another committed to working with partners to target those communities who are known to be less physically active and create Community Activation schemes. Another document mentioned developing a network of Community Health Champions to encourage greater participation amongst specific groups.

Source: ICF analysis of 150 H&WB strategy documents.

A1.5 References to Domain Actions

- Ensuring public environments support active lives is the main local focus of the four EAED domains across health and wellbeing strategies.** More than 2 in 5 documents mentioned an action relating to improving local environments so that they promote active lifestyles (64 in total). Many of these strategies mention ensuring equal access to open green spaces and active travel options.
- Changing the social ‘norm’ to make physical activity the expectation is the second most referenced domain:** Almost one in five documents mentioned an action relevant to the EAED domain of ‘Active Society’ (25 strategies in total).
- Newer strategies are more likely to mention improving active environments to improve health and wellbeing locally:** A higher proportion of local strategies with an implementation period from 2015 onwards mention an action relevant to the EAED domain of active environments/creating the right spaces (46%) than those produced before 2015 (39%), as shown in Figure A1.2. However, these differences are not statistically significant⁴³.

Figure A1.2 Proportion of Health and Wellbeing Strategies mentioning an action relevant to the four Everybody Active Every Day Framework domains



⁴³ Based on the results of a t-test with a p-value of 0.05.

Source: ICF analysis of 150 H&WB strategy documents (70 pre-2015 implementation start, 80 post-2015 implementation start).

Box 9.2 Sutton’s strong focus on developing active environments

Sutton Health and Wellbeing Strategy⁴⁴

Two of the nine key actions identified in Sutton’s local strategy relate to developing active environments, and the detailed discussion of these two actions draws explicitly on a robust and extensive set of evidence. The key interventions Sutton’s strategy highlights (below) are accompanied by a clear assessment of Sutton’s current profile and a subset of further actions to be taken.

Active and safe travel:

- Promote active travel, ensuring walking and cycling are accessible and cost-effective ways of incorporating physical activity into everyday life;
- Create safe, attractive green and enjoyable local environments with roads that prioritise perceptions of safety, and reported quality of life;
- Introduce 20mph speed zones where appropriate.

Active environments:

- Open space should be taken into account in planning for new development and considering proposals that may affect existing open space;
- Actively engage community groups and volunteers;
- Proactively plan the use of leisure facilities to maximise local residents’ health.

A more detailed analysis of mentions of actions relating to the four EAED domains can be found in Table A1.3.

Table A1.3 Strategies mentioning actions relevant to the four EAED domains

Actions mentioned in relation to...	No. of strategies (%)	Further information
Active society / creating a social environment	25 (17%)	Several documents mentioned promoting and supporting behaviour change and normalising active lifestyles within communities. Initiatives included free swimming lessons, exercise-on-referral schemes, and promoting voluntary and community activities involving exercise. Several strategies particularly mentioned engaging older people more in community activities to both avoid social isolation and increase exercise levels. One strategy

⁴⁴ Sutton Health and Wellbeing Strategy, 2016. Available at: <https://moderngov.sutton.gov.uk/documents/s46667/Sutton%20Joint%20Health%20and%20Wellbeing%20Strategy%20-%20Appendix%20A.pdf>

Actions mentioned in relation to...	No. of strategies (%)	Further information
		mentioned investing in information provision and marketing of what is available, while another specifically mentioned ensuring community centres are fit for purpose and promoting physical and social activity. A further strategy planned to promote and develop volunteering and coaching in sport and physical activity.
Moving professionals / activating networks of expertise	19 (13%)	Several strategies mentioned joining up services better, facilitating partnerships or developing networks of volunteers and professionals to support an increase in physical activity amongst residents. One document made reference to a shared ownership and responsibility of the need to increase the activity levels. Another stressed the importance of ensuring GPs can give clear information to patients about activities available in their local areas that might support exercise. Several documents mentioned the Make Every Contact Count within this context and coordinating pathways between medical and non-medical sources of support.
Active environments / creating the right spaces	64 (43%)	Many of these strategies mentioned ensuring equal access to and promoting open green spaces and active travel options. One document pledged that all new developments, both residential and trade, will use planning and enforcement regulations to maximise potential outdoor spaces for the benefit of physical activity, whilst another mentioned a joint approach between the healthy lifestyles team, the active travel team, road safety and the teams working in parks, leisure and green outdoor spaces. Another document specifically mentioned designing high streets to encourage a more active lifestyle.
Moving at scale / scaling up interventions that make us active	8 (5%)	A few documents outlined an intention to develop and scale up existing local initiatives that had been successful in promoting active lifestyles. For instance, one document mentioned the assessment and roll out of a successful pilot intervention focused on Health, Exercise and Nutrition for the Really Young, whilst another mentioned building on and supporting the work of a Schools Sport Partnership to increase participation in sport and physical activity.

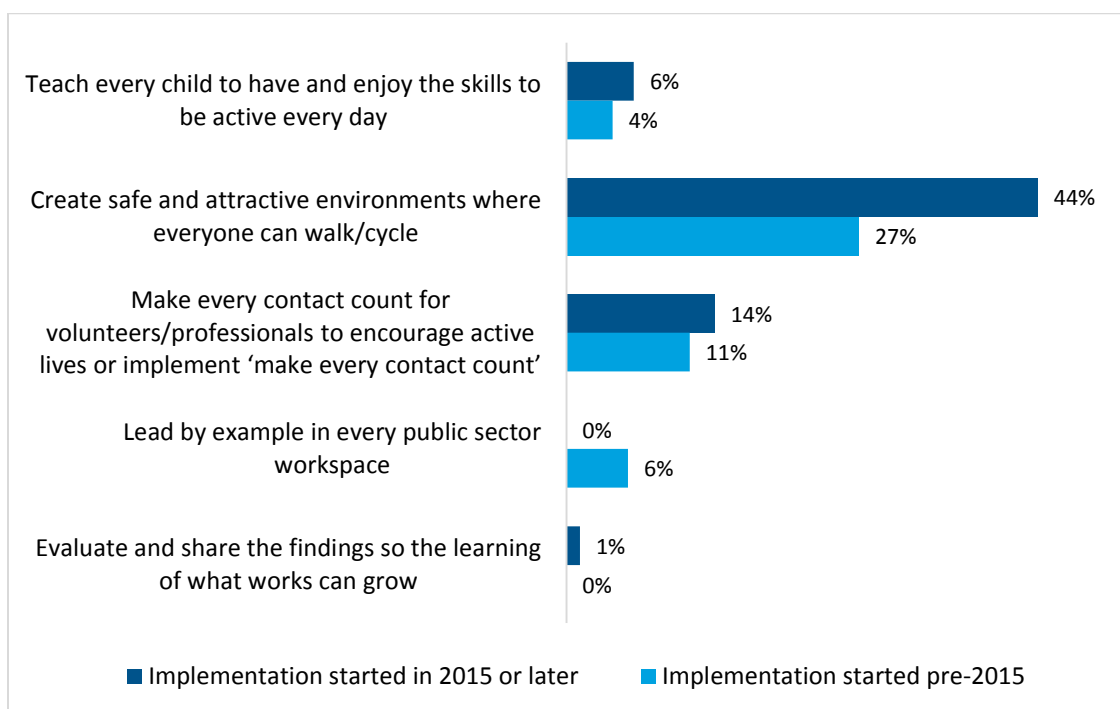
Source: ICF analysis of 150 H&WB strategy documents.

A1.6 References to Opportunity Areas

- **More than a third of the H&WB strategies mention creating safe and attractive environments to support physical activity** (54 documents), but often did not extend their ambition into a set of concrete actions, often because these documents did not list detailed actions more generally. Relatively few strategies mentioned the other opportunity areas.
- **Newer strategies are more likely to mention the opportunity area of creating safe and attractive environments:** A higher proportion of local strategies with an implementation period starting in 2015 or later mention creating safe environments where everyone can walk or cycle (44%) than those produced before 2015 (27%), as shown in Figure A1.3. However, these differences are not statistically significant⁴⁵.

⁴⁵ Based on the results of a t-test with a p-value of 0.05.

Figure A1.3 Proportion of Health and Wellbeing Strategies mentioning an opportunity area with respect to physical activity



Source: ICF analysis of 150 H&WB strategy documents (70 pre-2015 implementation start, 80 post-2015 implementation start).

A more detailed analysis of mentions of opportunity areas with respect to physical activity can be found in Table A1.4.

Table A1.4 Strategies mentioning an Opportunity Area with respect to physical activity

Opportunity area	No. of strategies (%)	Further information
Teach every child to have and enjoy the skills to be active every day	8 (5%)	Some of these documents merely contained generic ambitions to encourage and enable children to lead active lives. One document hoped to ensure that children are provided with the best possible education and help them engage with active travel in a safe, easy and fun way, whilst another stressed the importance of encouraging outside play. Two further strategies identified the priority action of local schools incorporating more physical activity and embedding active lifestyle promotion into the curriculum.
Create safe and attractive environments where everyone can walk/cycle	54 (36%)	A large number of these documents made some reference to ensuring environments are safe, accessible and promote active travel options such as cycling and walking. One strategy highlighted the role of employers in promoting and improving the health of their workforce through schemes designed to increase active travel. Initiatives included running bike skills and maintenance sessions in community settings. One strategy highlighted the importance of small upgrades to public spaces, such as the addition of benches which can enable people with mobility problems to take a break part way through a walk.
Make every contact count for volunteers/professionals to encourage	19 (13%)	Although these strategies mentioned implementing 'Make Every Contact Count', most did not provide further details. Some mentioned it in the context of joining up services better and partnership working to persuade people to adopt a more active

Opportunity area	No. of strategies (%)	Further information
active lives or implement 'make every contact count'		lifestyle and including physical activity as part of treatments. One document stressed that all opportunities need to be taken to ensure that physical activity is promoted by every service.
Lead by example in every public sector workspace	4 (3%)	Few documents mentioned leading by example in the public sector. Central Bedfordshire stated this ambition most explicitly: 'the Health and Wellbeing Board [...] wants to lead by example and provide healthy workplaces where staff are encouraged to be healthy and physically active during their working day'.
Evaluate and share the findings so the learning of what works can grow	1 (1%)	One strategy mentioned the need to share learning and review opportunities across their monitoring system across all priorities, but did not specifically mention this in relation to physical activity.

Source: ICF analysis of 150 H&WB strategy documents.

A1.7 References to Relevant Campaigns

We initially identified seven campaigns to search for in our review of the H&WB strategies, as shown in Table A1.5. *Making Every Contact Count* was the most frequently mentioned relevant campaign. This was followed by *Change4Life* and *One You*. Other campaigns mentioned included *This Girl Can*, *School Games* and *The Daily Mile*.

Table A1.5 Health and Wellbeing Strategies mentioning key campaigns

Campaign mentioned	No. of strategies (%)
Change4Life ⁴⁶	6 (4%)
One You	5 (3%)
This Girl Can ⁴⁷	1 (1%)
School Games	2 (1%)
Workplace Physical Activity Challenge	0 (0%)
Making Every Contact Count	19 (13%)
The Daily Mile	1 (1%)

Source: ICF analysis of 150 H&WB strategy documents.

Other relevant campaigns and initiatives identified during the local strategy review included:

- **'Get Wiltshire Walking'**: a project which aims to ensure every community within the county has access to a free weekly led walk;
- **'Leicester Gets Active4Life'**: A campaign to increase the levels of physical activity in those aged 14 years and over;
- **'Primary School Neighbourhood Pathfinders'**: a campaign to engage parents and communities in shaping local services and identifying new opportunities for their children to be more active and eat healthily;

⁴⁶ Two further strategy mentioned the Fit4Life campaign which has been subsumed under Change4Life.

⁴⁷ Whilst the exact phrase was not mentioned in any of the documents, Solihull's strategy mentioned the campaign 'Solihull Girls Can' which focuses on increasing opportunities for uptake of physical activity amongst children.

- **'Get Berkshire Active'**: A campaign focused on tackling Inactivity in Berkshire Workplaces;
- **'Healthy Workplace programme'**: which includes a focus on physical activity;
- **'London Healthy Workplace Charter'**: a charter providing clear and easy steps for employers to make their workplaces healthier and happier;
- **'Back to Sport'**: an initiative to encourage adults to participate in playing sport again or for the first time in an informal and fun way;
- **'Ready Steady Move'**: A programme encouraging schools to engage with parents to increase and maintain a healthy lifestyle, offering three terms of physical activity to adults at the school facility;
- **'On Your Marks'**: A programme where a variety of sessions including swimming and multi sports are delivered for people with disabilities;
- **'Healthy Mile'**: A scheme in schools ensuring that pupils run or walk for a mile a day;
- **'Move More'**: An initiative to encourage people to be more physically active as part of their daily lives.

Annex 2 National Strategy Review and Analysis

Main Findings

- National strategies largely recognise the need for action on physical activity, and often highlighted the challenges facing particular social groups or those living in deprived areas.
- Less than half of the national strategies reviewed mentioned the Everybody Active Every Day Framework, however strategies mentioned a number of activities which could relate to the Active Society and Active Environment domains of the Everybody Active, Everyday Framework.
- In over half of the strategies, there was some mention of the resources required to deliver physical activity interventions, though not specifically actions through the Framework.
- The majority of national strategies wanted to target inequalities in physical activity, though not all strategies had stated the specific activities it would implement to achieve this aim.
- Over half of the strategies mention the role that Public Health England plays in helping to influence or guide activities.
- Only our strategies indicate progress (or the way progress will be monitored) specifically in reference to the Framework or Public Health England, and only nine discuss outputs of interventions designed to address inequalities and create an active society or active environment.

An initial list of 22 national strategies listed in Table A2.1 were identified for analysis. From these, one strategy was not relevant to this review because of its overall focus on 'inclusivity in building design' and lack of link to reducing inequalities in physical activity rates specifically. The strategy outlined ways to continue to improve inclusive design knowledge, skills and capabilities in the built environment sector⁴⁸, and related specifically to progress of the Built Environment Professional Education project (BEPE), which aims to ensure inclusivity.

In general, most of the national strategies were published or covered the last four years (2014 – 2017 inclusive), though the Active Travel Strategy, produced by the Department for Transport⁴⁹ – was published in 2010. As the EAED framework was only published in October 2014, the framework will not have been considered during the strategic planning process – however, a number of activities and strategies were in line with the thematic focus of the Framework.

As illustrated in Table A2.1, a range of different criteria were considered during the strategy review (policy context; EAED framework; resources; activities; delivery process; and outputs). These were set against the research questions of this review. Sections A2.2 - A2.6 provide an overview of how each strategy related to the different criteria.

⁴⁸ Following the success of the most accessible Paralympic games in London 2012

⁴⁹ On collaboration with the Department of Health and Building Britain's Future

Table A2.1 Overview of national strategies reviewed

Strategy	Policy Context	EAED Framework	Resources	Activities	Delivery Process	Outputs
Sporting Future: A New Strategy for an Active Nation (HM Government, 2015)	✓	✓	✓	✓	✓	✓
Sport England: Towards an Active Nation (Sport England, 2016-2021)	✓		✓	✓		
Blueprints: Active Workplaces (UK Active, 2015)	✓	✓	✓	✓		
Blueprints: Active Britain (UK Active, 2015)	✓		✓	✓		
Blueprints: Active Environments (UK Active, 2015)	✓	✓	✓	✓		
Blueprints: Active Travel (UK Active, 2015)	✓	✓		✓		
UNTAPPED POTENTIAL: Bringing the voluntary sector's strengths to health and care transformation (Richmond Group, 2016)				✓		
Transforming the delivery of sport and physical activity in local communities (LGA, 2017)	✓		✓	✓		✓
Cycling and Walking Survey (LGA, 2015)	✓		✓	✓		
Five Year Forward View (NHS, 2014)	✓			✓		
Built Environment Professional Education Project (Office for Disability Issues, 2016)						
Inspired by 2012: the legacy from the Olympic and Paralympic Games (HM Government, 2016)	✓	✓		✓	✓	
Moving More, Living More The Physical Activity Olympic and Paralympic Legacy for the Nation (HM Government, 2014)	✓		✓	✓		✓
Creating a sporting habit for life - A new youth sport strategy (DCMS, 2012)	✓		✓	✓		✓
Active Travel Strategy (DfT, DH, Building Britain's Future, 2010)	✓		✓	✓		✓
Building the foundations: Tackling obesity through planning and development (TCPA, LGA, PHE, 2016)	✓	✓		✓		
Planning healthy weight environments – a TCPA reuniting health with planning project (TCPA, PHE, 2014)	✓	✓		✓		
8-Point Plan for England's National Parks (Natural England, National Parks England, Environment Agency, Department for Environment Food and Rural Affairs, 2016)	✓			✓		
The childhood obesity: a Plan for Action (HM Government, 2016)	✓		✓	✓		
Cycling and Walking Infrastructure Strategy (Department for Transport, 2017)	✓	✓	✓	✓	✓	✓
Tackling Physical Inactivity — A Coordinated Approach (All-Party Commission on Physical Activity, 2014)	✓		✓	✓	✓	✓
Turning the tide of inactivity (UK Active, 2014)	✓		✓	✓	✓	✓

Source: ICF analysis of 22 national strategy documents.

A2.2 Policy Context and the Everybody Active Every Day Framework

Table 1.2 provides an overview of the number of mentions to the policy context of the EAED and the Framework itself.

Table A2.2 Strategies mentioning the policy context or the Framework

Strategy mentions...	No. of strategies (%)
The problem that Everybody Active Every Day Framework is seeking to address (with or without specific reference to the Framework)	16 (73%)
Trends in physical activity and public health (especially in relation to inequalities)	14 (64%)
The Everybody Active Every Day Framework	8 (36%)

Source: ICF analysis of 22 national strategy documents.

The majority of strategies were found to largely recognise the need for action on physical activity, with a particular focus on improving public health outcomes.

- 16 documents outlined that there is a poor uptake of physical activity in the UK. For example, the Five Year Forward View (2014) states that a third of men and half of women don't get enough exercise with consequences for public health as a whole, whilst another strategy emphasises that "physical activity offers massive opportunities for individuals and society at large ... yet a large proportion of the UK population remains inactive and the situation is not improving" (Moving More, Living More, 2014).
- Most strategies mentioned the importance of physical activity to improve public health outcomes including reducing obesity and sedentary behaviour. For example, in at least one strategy inactivity was recognised as an independent risk factor for poor health (Blueprints: Active Workplaces, 2015). Three strategies also mention other opportunities created by physical activity, such as the creation of social and economic benefits (Blueprints: Active Workplaces, 2015; Moving More, Living More, 2014; Tackling Physical Activity – A Coordinated Approach, 2014).

Statistics, trends or references to other policy documents were used in the strategies to highlight the extent of the challenge faced by particular social groups or those living in deprived areas.

- 14 documents make reference to inequalities in physical activity⁵⁰. Specific issues were mentioned in relation to physical inactivity and health inequalities for certain social groups such as those with a disability, mental health issue, the very young or old, women and girls and those living in areas of high deprivation. Strategies tended to focus on inclusivity and reducing under-representation, for example:

⁵⁰ Sporting Future: A New Strategy for an Active Nation (2015); Sport England: Towards an Active Nation (2016); Blueprints: Active Britain (2015); Blueprints: Active Environments (2015); Transforming the delivery of sport and physical activity in local communities (2017); Inspired by 2012: the legacy from the Olympic and Paralympic Games (2016); Moving More, Living More (2014); Creating a sporting habit for life - A new youth sport strategy (2012); Active Travel Strategy (2010); Planning healthy weight environments – a TCPA reuniting health with planning project (2014); 8-Point Plan for England's National Parks (2016); The childhood obesity: a Plan for Action (2016); and Cycling and Walking Infrastructure Strategy (2017)

- Statistics in one strategy document cited that disabled people are twice as likely to be inactive than those that are not disabled (Sporting Future: A New Strategy for an Active Nation, 2015);
- Another document suggested that those living in deprived areas are less likely to live in green areas and are more likely to feel unsafe in their neighbourhood, which often means a reluctance to take exercise, resulting in poorer health outcomes (Planning healthy-weight environments – a TCPA reuniting health with planning project, 2014).
- The Mental Health Strategy, ‘No Health without Mental Health’ links physical activity and mental health within their strategy. The strategy states that participation in physical activity is one of the ‘Five ways to wellbeing’, and suggests that exercise is ‘moderately more effective’ for reducing symptoms of depression than is therapy (8-Point Plan for England’s National Parks, 2016).
- One strategy highlighted the importance of enabling everyone to be physically active irrespective of their age, background or ability (Sport England: Towards an Active Nation, 2016).
- Finally, one publication also noted that areas of high socio-economic deprivation are more likely to have higher levels of inactivity; the most deprived areas have adult inactivity levels that are on average 32% higher compared to least deprived areas. In addition, 13 of the 15 most inactive local authorities all sit in the “most deprived” or “more deprived” socio-economic quintile (Turning the Tide of Inactivity, 2014).

Less than half of the national strategies mentioned the Everybody Active Every Day Framework.

- From those documents published after 2014, eight strategies explicitly referenced the EAED framework. The majority of strategies outline the aims of the framework by explaining at least one of the four areas of thematic focus, whilst four of these strategies (also) make specific reference of ways to build on the recommendations of the framework (e.g. the promotion of walking and cycling).
- Three of these eight strategies focused on the ‘active environment’ domain. For example, one strategy noted “Everybody Active, Every Day highlighted the need for innovative thinking and new networks of expertise to design and build active environments” (Blueprints: Active Environments, 2015), whilst another emphasised the framework’s statement that “a healthy-weight environment promotes physical activity” (Planning healthy-weight environments – a TCPA reuniting health with planning project, 2014).

A2.3 Resources

Table 1.3 provides an overview of the number of mentions to resources being utilised for delivering the EAED or other physical activity interventions.

Table A2.3 Strategies mentioning resources required for the delivery of physical activity interventions

Strategy mentions...	No. of strategies (%)
Financial and human resources devoted nationally and locally to the delivery of the EAED (and other) physical activity interventions	13 (59%)

Strategy mentions...	No. of strategies (%)
The influence of the EAED Framework on the allocation of resources	None

Source: ICF analysis of 22 national strategy documents.

In over half of the strategies, there was some mention of the resources required to deliver physical activity interventions, though not specifically in relation to the delivery of the EAED framework.

- Six strategies mentioned the costs involved with implementing physical activity interventions, whilst eight strategies mentioned the financial resources already available to help deliver specific actions. The following are a few examples of funding resources within some of these strategies:
 - Investment from Sports England (i.e. 25% of resources over the next four years, so over £250 million) focused on inactive people (Sport England: Towards an Active Nation, 2016);
 - Funding from local authorities (Cycling and Walking Survey, 2015);
 - Money from the soft drinks industry levy (Childhood Obesity: a Plan for Action, 2016); and,
 - Financial resources from Central Government marked in the Spending Review from 2015 (Cycling and Walking Infrastructure Strategy, 2014).
- Eight strategies focused on the ‘human’ resource required for delivering physical activity frameworks, with a specific focus on working in collaboration and in partnerships. For example, in the Sporting Future (2015) strategy, Sport England make a commitment to work closely with PHE to increase physical activity “given PHE’s existing links with and statutory duty to support the local public health system and Health and Wellbeing Boards”. Similarly, Tackling Physical Inactivity – A Coordinated Approach (2014) stated the need for “cross-sector agreement to construct and implement a framework for the measurement and increase of physical activity across the board, ensuring a collaborative approach to funding, commissioning, delivering investments, policies and interventions”.
- Whilst strategies mentioned the influence of certain bodies on the level and allocation of resources for physical activity interventions (e.g. central government), there was no mention of resourcing to specifically implement the EAED framework.

A2.4 Activities

An overview of the strategies mentioning specific activities can be found in Table A1.34.

Table A2.4 Strategies mentioning physical activity strategies

Strategy mentions...	No. of strategies (%)
Activities in relation to addressing inequalities in physical activity	16 (73%)
Activities targeted at creating an active society or active environments	21 (95%)
Activities linked to the EAED framework or Public Health England	13 (59%)

Source: ICF analysis of 22 national strategy documents.

The majority of national strategies have activities which target inequalities in physical activity.

- Only six strategies did not mention activities to address inequalities in physical activity. From the strategies that did mention the delivery of local or national activities targeting physical activity inequalities, ten had specific activities, for example:
 - The **distribution of resources and/or funding** to specific groups of people “who tend not to take part in sport, including women and girls, disabled people, those in lower socio-economic groups and older people” (Sporting Future, 2015; Sport England: Towards an Active Nation, 2016). The funding would be used to test new ways of working with under-represented groups (e.g. community development; tailored, inclusive approaches; initiatives for culture change); and increasing access or opportunities for (better-quality) sport and physical activity.
 - **National campaigns and projects** such as This Girl Can, Doorsteps Clubs, Change4Life and School Games⁵¹ which aim to tackle the barriers to taking part in physical activity, such as accessibility. This Girl Can aims to inspire women to breakthrough ‘emotional barriers’ of taking part in physical activity, whilst the Doorsteps project has used ring-marked Sport England investment to create youth sports clubs for disadvantaged young people to take part in physical activity.
- The remaining six strategies only mentioned general activities in relation to inequalities, such as, a statement of intent to focus on specific social groups or areas.

Strategies mentioned a number of activities relating to the Active Society and Active Environment domains of the Everybody Active, Every Day Framework.

- Nearly all (21) strategies mentioned activities relating to the creation of an active society and an active environment, however, only the Sporting Future strategy⁵² related this to the EAED Framework; specifically in reference to improving the wider built and natural environments to make taking part in physical activity safer and easier.
- General activities that were designed to change social ‘norms’ around physical activity related to: improving the uptake of physical activity (through marketing, campaigns and tailored support); cross-sectoral working (for example, activities mentioned by UK Active on connecting physical activity with active travel or active workplaces); sharing learning and practice; and building on existing projects or actions.
- Activities focused on creating or improving environments to support active lives more generally were linked to encouraging people to: enjoy the natural environment (for example, the 8-Point Plan for England’s Natural Parks, 2016); rebuilding environments to make them more suitable and accessible for activities such as walking and cycling; and initiatives to encourage outdoor play (e.g. street play and the Doorsteps Clubs are mentioned as part of Moving More, Living More, 2014).

Over half of the strategies mention the role that Public Health England plays in helping to influence or guide activities.

- The Cycling and Walking Infrastructure Strategy (2017) specifically mentions the role that Public Health England/the EAED framework has had in influencing and guiding activities. The strategy states that:

"In October 2014, Public Health England published an evidence-based framework, Everybody Active, Every Day, highlighting that walking and cycling are often the easiest ways to build activity into daily life, and are good for our

⁵¹ Sporting Future, 2015; Moving More, Living More, 2014; Creating a Sporting Habit for Life – A New Youth Sport Strategy, 2012.

⁵² A New Strategy for an Active Nation (2015)

physical and mental health. Public Health England is continuing to support the public health system and transport planners on prioritising and taking action on active travel".

- National strategies also outline the role that Public Health England plays in supporting other bodies to plan or deliver activities⁵³ and in developing other national frameworks e.g. the Workplace Wellbeing Charter (Moving More, Living More, 2014).

A2.5 Delivery Process

Only four strategies indicate progress (or the way progress will be monitored) specifically in reference to the EAED framework or Public Health England. This refers to the progress that has been made in implementing interventions and the EAED framework; collaboration of stakeholders and support from PHE; and any gaps or challenges that require further attention. An overview of the way these three strategies mention the 'delivery process' is available in Table 1.5.

Table A2.5 Strategies mentioning the delivery process

Strategy mentions...	No. of strategies (%)
Progress implementing the EAED framework	1 (5%)
Collaboration of different stakeholders and support offered by PHE to its partners	3 (14%)
Gaps in delivery	None

Source: ICF analysis of 22 national strategy documents.

- Sporting Future: A New Strategy for an Active Nation (2015) is the only strategy that mentions progress in the implementation of the EAED framework, but only in reference to PHE annually reporting on the progress in implementing EAED, by showcasing examples of good practice.
- Inspired by 2012: the legacy from the Olympic and Paralympic Games (2012), Tackling Physical Inactivity – A Coordinated Approach (2014), and Cycling and Walking Infrastructure Strategy (Department for Transport, 2017) mention the support/collaborative work being supported or undertaken by PHE to help deliver activities. For example, the Cycling and Walking Infrastructure Strategy states:

"Public Health England has worked closely with a number of other organisations including Sport England, the Town and Country Planning Association, RoSPA, and the Local Government Association amongst others, to produce a range of design guides, evidence-informed briefings and toolkits to support local authorities in their efforts to increase active travel - such as the planning healthy-weights environment project".

A2.6 Outputs

An overview of specific outputs mentioned within the national strategies is available in Table A1.36.

⁵³ Inspired by 2012: the legacy from the Olympic and Paralympic Games, 2016; Building the foundations: tackling obesity through planning and development, 2016;

Table A2.6 Strategies mentioning specific outputs

Strategy mentions...	No. of strategies (%)
Outputs of interventions designed to address inequalities or in the Active Society or Active Environment domains	9 (41%)
The difference the EAED framework has made to the delivery of outputs nationally and locally	None

Source: ICF analysis of 22 national strategy documents.

Nine strategies discuss outputs of interventions designed to address inequalities and create an active society or active environment.

- Examples or case studies of outputs of specific interventions are provided in three strategies. A list of ‘achievements’ are also discussed in the Cycling and Walking Infrastructure Strategy (2017⁵⁴, pg. 29-30). For example:
 - Investing £677 million through the Local Sustainable Transport Fund between 2011 and 2016, to support sustainable transport projects and Bikeability training;
 - Providing £17 million to support cycling in four National Parks to unlock a range of cross-cutting economic and social benefits that enable growth in rural areas;
 - Published guidance on the preparation of Local Cycling and Walking Infrastructure Plans and provided a package of technical support to local bodies to help local bodies develop strategic plans, including Local Cycling and Walking Infrastructure Plans.
- In contrast, Sporting Future: A New Strategy for an Active Nation (2015) discusses the hypothetical outputs of its intervention, namely that "a positive experience of sport and physical activity at a young age can contribute to a lifetime of participation".
- None of the national strategies state whether the EAED framework has made a difference to the delivery of outputs nationally/locally.

⁵⁴ Since publication of the draft Cycling Delivery Plan in October 2014, and since publication of the draft Cycling and Walking Investment Strategy in March 2016.

Annex 3 EAED Stakeholder Survey

A3.1 Introduction

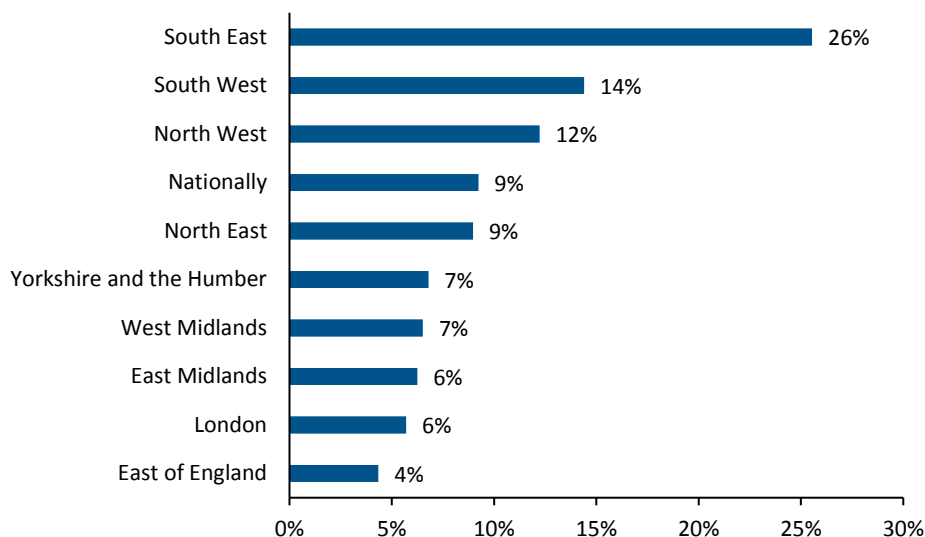
An online consultation was hosted on the Public Health England website, targeted at all professionals with an interest in physical activity (including commissioners, providers, academics, policy makers, HCPs, politicians within the public, private and VCS sectors).

In total, **368 stakeholders began the survey** and there were **177 complete responses**.

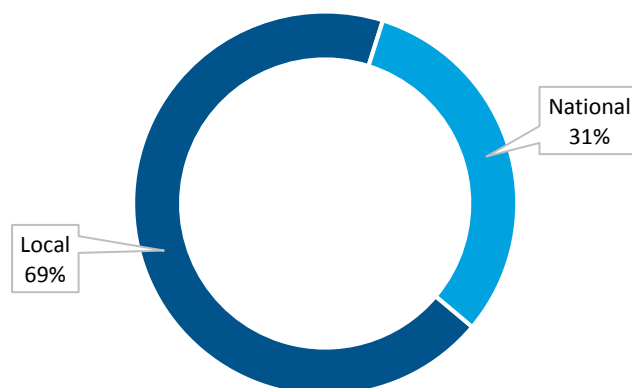
The results from the survey are summarised in the figures below.

A3.2 Background of respondents

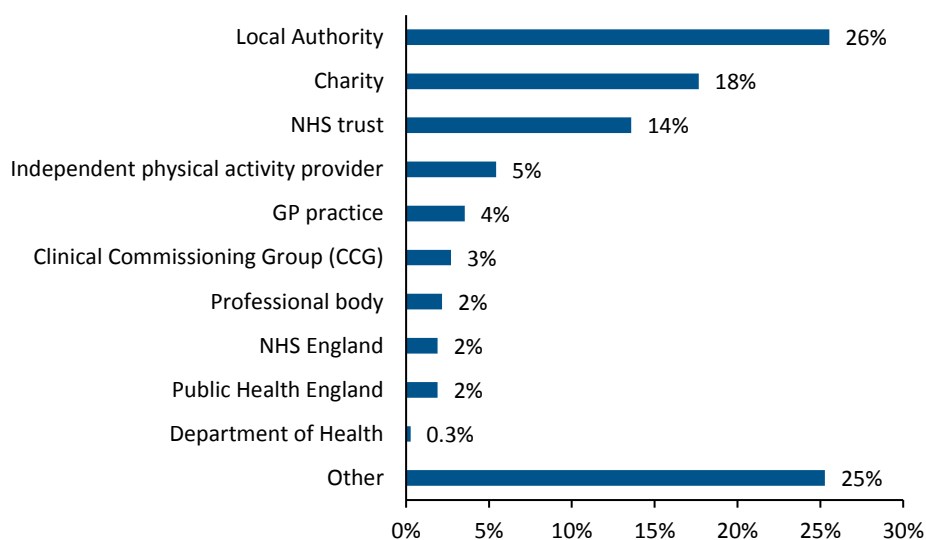
A3.2.1 Which area of England do you primarily work in? (N = 368)



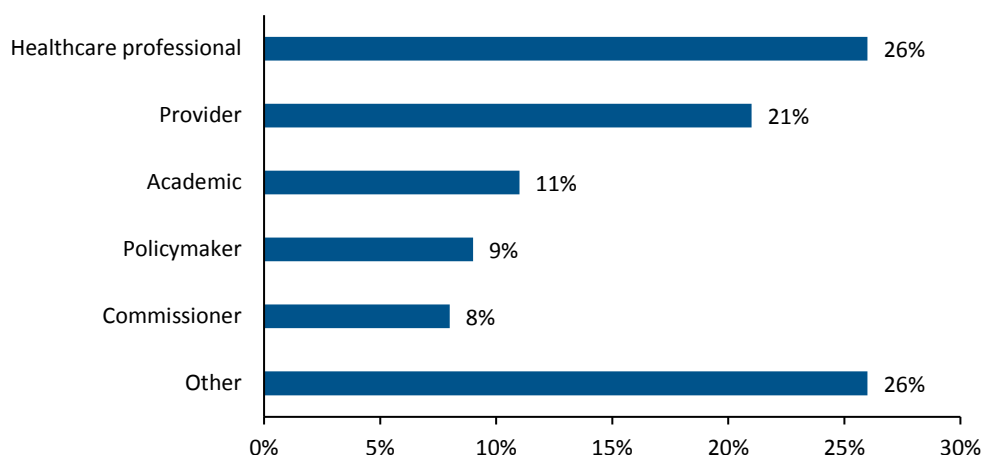
A3.2.2 Do you work for a local or a national organisation? (N = 368)



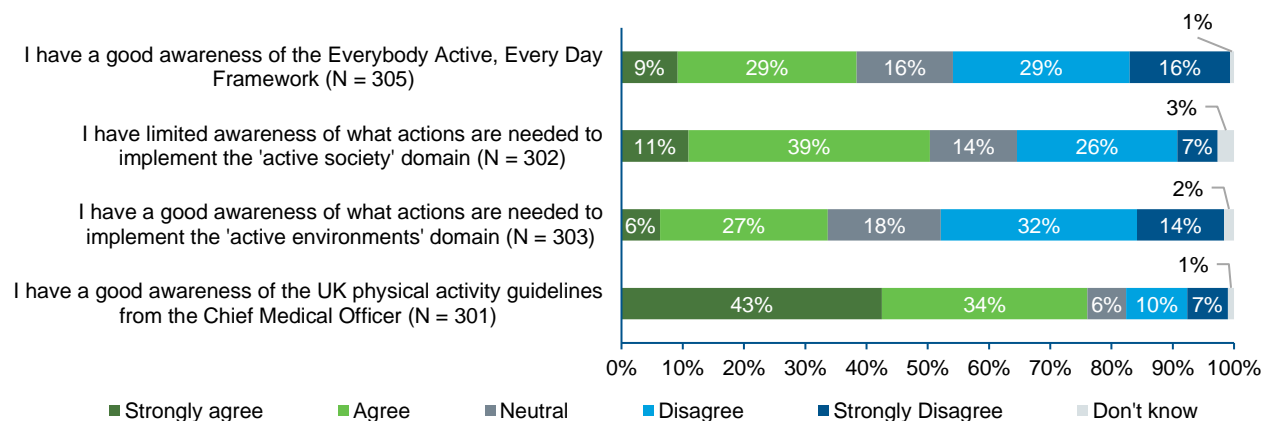
A3.2.3 Which organisation do you work for? (N = 368)



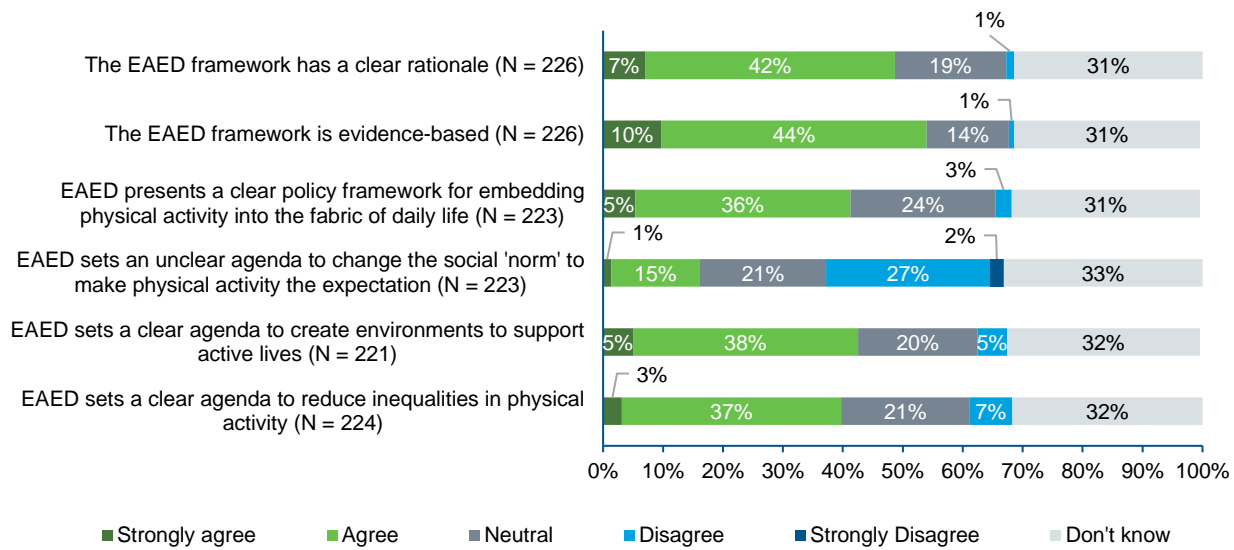
A3.2.4 What is your primary role within this organisation? (N = 368)



A3.3 Awareness of the EAED framework

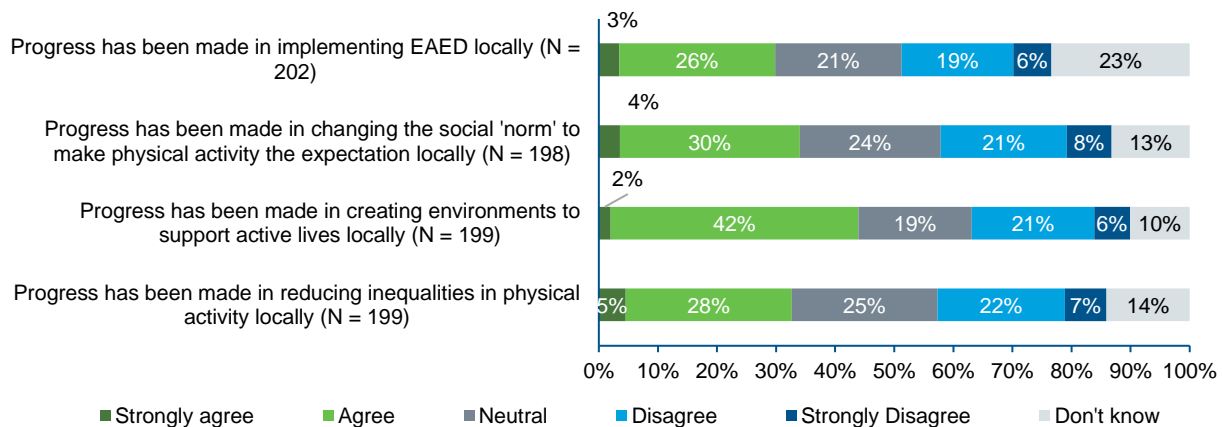


A3.4 The EAED framework itself

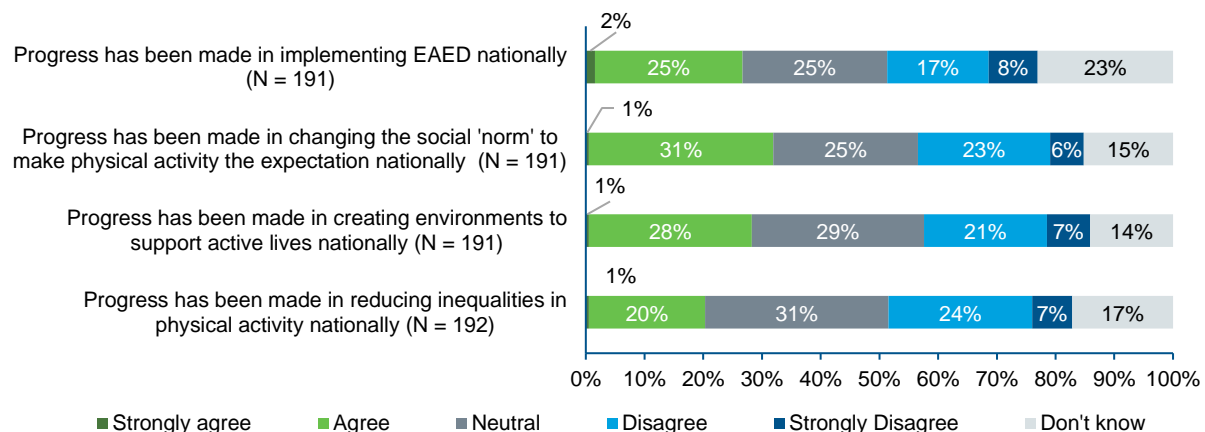


A3.5 Implementation

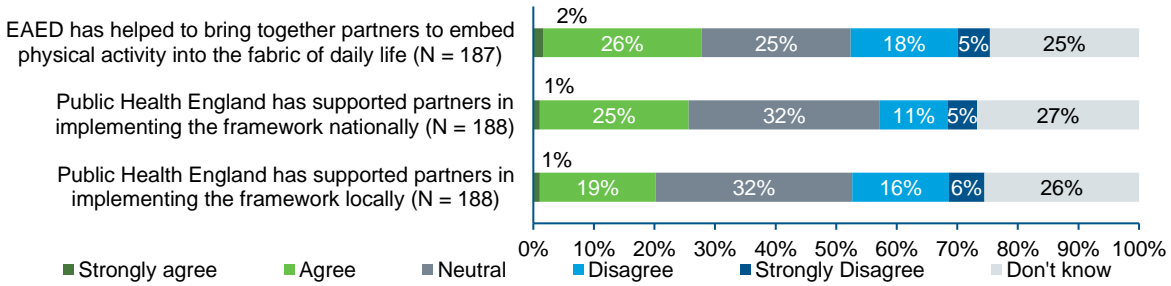
A3.5.1 Local implementation



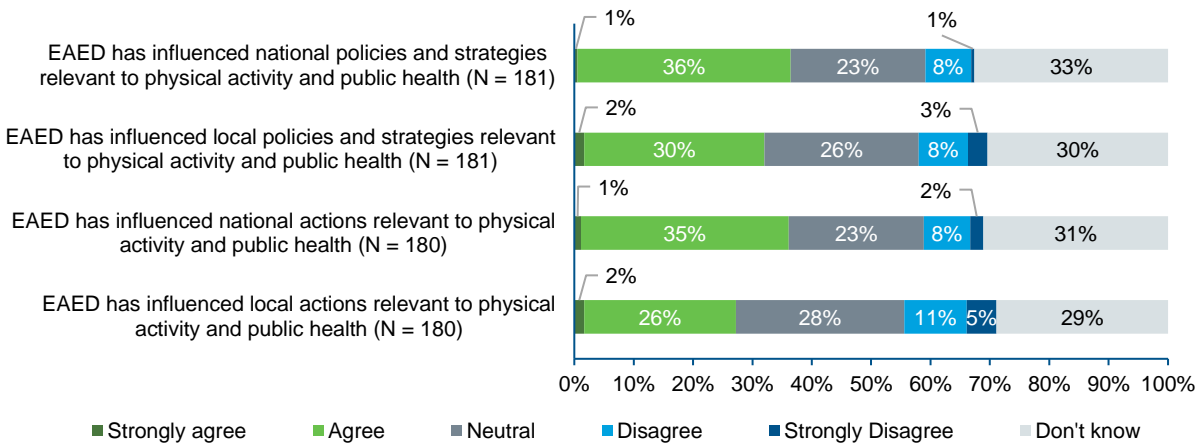
A3.5.2 National implementation



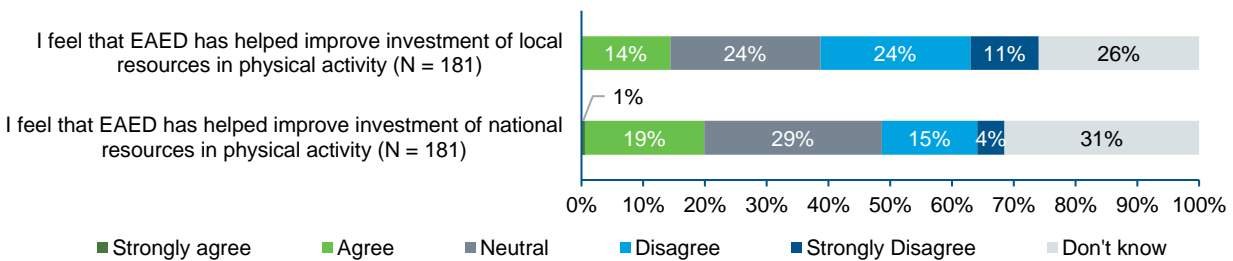
A3.6 Working together



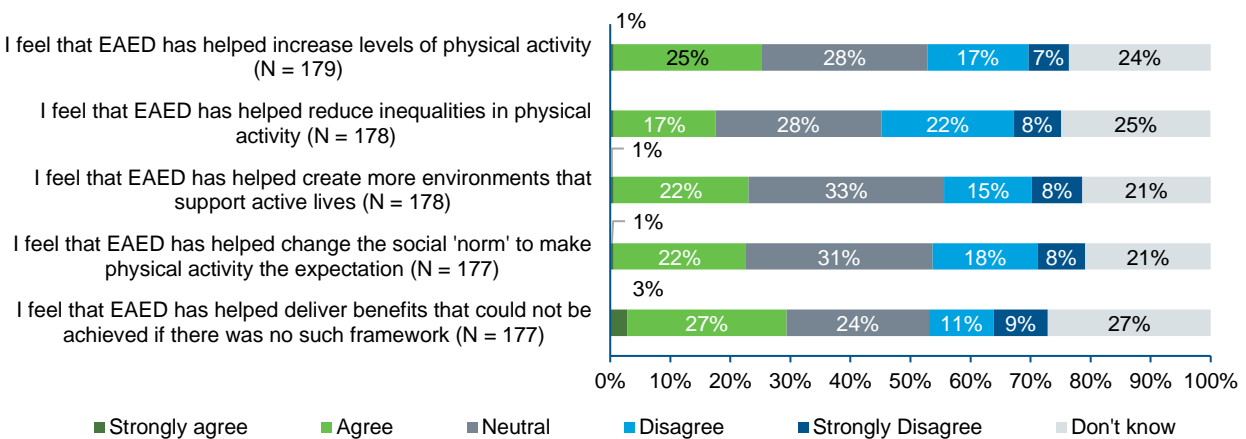
A3.7 Influence



A3.8 Resource



A3.9 Outcomes



Annex 4 National Stakeholder interviews

A4.1 List of national stakeholder interviews

Organisations included in national stakeholder interviews

- Chief Medical Office
- Department for Transport
- DCMS
- Sport England
- Local Government Association
- CSP Network
- Town and Country Planning Association
- Association of Directors of Public Health
- Richmond Group
- UK Active
- English Federation of Disability Sport
- UK Coaching
- Natural England
- Sport and Recreation Alliance
- PHE Internal Stakeholders

A4.2 Interview topic guide

A4.2.1 Interviewee's background and involvement in EAED

- Confirm interviewee's job title, role and responsibilities
- Can you describe your current involvement in relation to the EAED framework?

A4.2.2 Stakeholder engagement in the design of the framework

- What (if any) was your role/organisation's role in the initial design and development of EAED?
- How well did the process of engaging partners in formulating EAED work?
- Were the right partners involved? Did the engagement process include the right partners to address:
 - Inequalities in physical activity
 - The challenge of promoting an active society?
 - The challenge of achieving active environments?

A4.2.3 Rationale for EAED framework

- Does the EAED framework have a clear rationale?
 - What is your understanding of the rationale for the framework?
 - Is it based on clear evidence?
 - Does it cover the right areas?
- Are the specific objectives of the framework clear and evidence based?

- Particularly with regard to – inequalities – active society – active environments?
- Are there any gaps?
- Is it helpful as a framework for guiding national and local policy and delivery?
 - What would have happened without it?
 - Do you have any other comments on the framework as a document?
- How do you feel the EAED objectives are aligned with national and local policies/strategies?
 - How well do you think EAED sits with the aims/strategic priorities for your organisation?

A4.2.4 Resources

- Has the EAED framework influenced the level and allocation of resources to physical activity interventions?
 - By your organisation?
 - Nationally?
 - Locally?
- Do you feel that the resources allocated to physical activity interventions have been targeted well? Are they sufficient for the challenge?
- Does your organisation have dedicated funding/staffing for physical inactivity interventions? If so, how much?

A4.2.5 Implementation and activities

This set of questions refers to the implementation of the EAED framework and the two specific domains of active society and active environments.

- What progress has been made nationally and locally to implement the EAED framework?
 - How has this compared to your expectations?
 - What are the reasons for this?
- Has the EAED framework influenced national and local policies, strategies and activities relevant to physical activity and public health?
 - Please give examples
 - What are the reasons for any successes/ failures?
- What progress is being made nationally and locally **to address inequalities in physical activity**?
 - Are you aware of any good practice examples?
 - Are activities targeting deprived areas and particular social groups (e.g. the elderly, disabled, ethnic minorities) with low levels of inactivity?
 - How does progress compare with your expectations?
 - What have been the early achievements?
 - Have there been any challenges in the design and delivery of these interventions for specific target groups?
 - What factors have facilitated implementation so far?
 - What has worked well and what less so?
- What progress is being made nationally and locally to achieve the objective of an active society (changing the social 'norm' to make physical activity the expectation)?
 - Are you aware of any good practice examples?
 - How does progress compare with your expectations?

- What have been the early achievements?
 - Have there been any challenges?
 - What factors have facilitated implementation so far?
 - What has worked well and what less so?
- What progress is being made nationally and locally to achieve the objective of active environments (creating environments to support active lives?)?
 - Are you aware of any good practice examples?
 - How does progress compare with your expectations?
 - What have been the early achievements?
 - Have there been any challenges?
 - What factors have facilitated implementation so far?
 - What has worked well and what less so?
- What difference has the EAED framework had in influencing/guiding the activities identified?
 - What would have happened in the absence of the framework?
- Thinking of the different organisations involved in the delivery of the framework – how well have they worked together to deliver EAED objectives?
 - Has anything helped or hindered this?
 - Are there any common strengths and/or areas for improvement?
- Are there any gaps in delivery or areas that need more attention in relation to inequalities in physical activity?
 - In relation to the active society and active environments domain?
- What role has PHE played in influencing/supporting the delivery of these activities?
 - What sort of support are organisations looking for?
 - What do you feel are the key gaps in experience/knowledge?

A4.2.6 Outcomes

- In your view, what key indicators will inform us whether the programme is successful or otherwise?
- Is the framework likely to achieve its objectives of reducing health inequalities linked to physical inactivity?
 - Please explain your answer
 - How can we measure progress over time?
- Is the framework likely to achieve its objective of creating a more active society (changing the social ‘norm’ to make physical activity the expectation)?
 - Please explain your answer
 - How can we measure progress over time?
- Is the framework likely to achieve its objective of creating active environments?
 - Please explain your answer
 - How can we measure progress over time?

A4.2.7 Reflections and lessons learnt so far

- What lessons have we learnt from EAED and its implementation to date?
- What difference has the framework made overall?

- Has EAED added value by guiding/coordinating/catalysing/scaling up activities and initiatives?
- What do PHE and partners need to do to ensure that implementation is effective over time?

Is there anything else you would like to add that we haven't already covered?

A4.3 Table of national stakeholder interviews

The following table presents a selection of the views expressed by individual stakeholders across the themes of: the EAED framework; progress towards implementation; resources; inequalities; active society; active environments; PHE support; future outcomes; and lessons learned. The extracts reflect the variety of views expressed by stakeholders. Except where otherwise stated, they reflect the views of individual interviewees and should not be taken as being representative of stakeholders overall.

EAED Framework
<p>Rationale and evidence base:</p> <ul style="list-style-type: none"> • “It does have a clear rationale, it has been carefully thought through. It is trying to be a far reaching framework and also tries to look at the infrastructure of PA. A question is how they enhance ownership of EAED to ensure it isn't just a PHE document.” • “There have been a lot of meetings with PHE at the beginning but not so much over the last 18 months. EAED is welcomed as a positive step to repositioning activity and health as the key to prevention and to support people with ill health. It was always the intention that EAED would be a strategy for everyone and that it isn't just a PHE document but the implementation of it hasn't captured this.” • “The need for the framework to be backed by robust evidence has limited its coverage in some areas, and possibly limited the inclusion of innovative approaches which have not been fully tested.” • One stakeholder described that when their team is responding to other government policy documents, or writing their own, they would refer back to EAED because it has a good evidence base. They have supplemented it with other work that they have done but they use the EAED document as the basis of PHE's formal statement of what their physical activity strategy is. Overall the framework “has proved to be really useful for all sorts of work that we have done ... It forms the basis for all sorts of engagements we have with other government departments and other local areas as well”. • “It is a whole systems framework to make the nation more active. From the outside it was based on good evidence we've already been on the journey of 'embedding PA into your everyday' for some time, therefore not a criticism, but it's not ground-breaking.” • “It's good at providing an evidence base that people can refer back to and a nationally recognised document that all other government departments can use. It's difficult to implement because of limited funding so the practicalities are harder ... what's missing is how to implement the national framework at the local level in

terms of inequalities. The EAED framework is much more generic about how to increase participation rather than what to do for specific audiences that are inactive. Specifics around inequalities and inactivity is lacking. Especially when you start talking about interventions that work – though it does stipulate where there is evidence lacking and where more work is needed ... intervention design to target inequalities is lacking.”

Engagement:

- Some stakeholders described how they were involved in helping the development of the framework through attending at least two workshops and stated that they were impressed with the process, which worked well and involved a wide range of relevant stakeholders. Some stakeholders described attending a conference once the framework had been put together: “there would be a benefit from engaging with and consulting wider organisations at the beginning during the design of the framework.”
- “Most of the key players were engaged in the formation of EAED.”
- “More involvement from organisations in the process of designing EAED is needed from the built environment and planning ... town planners.”
- Several stakeholders expressed the importance of widening engagement with the framework beyond just the health, sports, leisure or physical activity sectors.
- One stakeholder described that the engagement in the early days was successful: “there was a lot of activity and energy directed to EAED and a lot of interest. The right partners were involved but there wasn’t a great deal of representation from the education sector – may have added an additional layer of advocacy to the framework ... On a national level there was engagement but there wasn’t really a recognition that this would be a way of tackling health inequalities at the grassroots level.”
- Another stakeholder stated the need for more engagement with NGOs: “Having (3rd sector NGOs) voice around the table, it could have been stronger than it was ... there was certainly a thread of it but not as strong ... It’s certainly got people around the table and gave it momentum for local discussion”.
- “There’s lots of national organisations involved but then transferring whether this works at the local level is the challenge. So it’s always helpful to get people involved at the planning stage, who are having to deliver this on the ground. The question that needs to be addressed is how this national picture then gets translated across to the local level and the successes of this.”
- “Trouble with a lot of these strategies is that they come across as very top down – campaigns like teenage pregnancies was successful and had a lot of buy in but EAED came across as very top down not necessarily fully coproduced.
- Several stakeholders described that it was important for PHE to engage key decision makers rather than addressing a PH or academic audience because these people do not need convincing.

EAED document:

Some stakeholders expressed the view that the EAED document was a positive step forward and was referred to as part of policy discussions whilst others described that work

was already happening in this space prior to the EAED framework. The following quotations highlight the range of views expressed by individual interviewees:

- “We refer to it as part of our policy context discussions ...”
- “Town planners are probably doing some of this anyway but not thinking about it from a physical activity perspective”.
- “There was a lot of stuff progressing and moving in this PA space before EAED came out but it certainly helped to galvanise the work and draw all the evidence together and it’s given a platform to take that work forward.”
- “We are in a much more robust place now, thanks to the work that PHE did with EAED. PHE are now around the table in government discussions about PA which is a positive step forward.”
- “EAED has a clear rationale but it is a bit too passive though the messaging and the campaigns around it are all quite good but it doesn’t seem too actionable to me, just telling people they should be more active and they will probably know that anyway isn’t necessarily that helpful so what we would have liked to have seen is a bit more signposting, so when you’re campaigning locally you don’t just tell people to go and get a bit more active but you give them some ideas on where they might go and do that and give people a choice of things ... I think this is really a missed opportunity.”
- “The challenge is getting the message through to the public. Related PHE interventions around smoking and alcohol consumption have been quite successful but EAED has not been ... it doesn’t feel like it has entered people’s consciousness ... seems like another strategy from another bit of government that has got some good ideas in it, it’s fairly common sense kind of stuff, but there’s nothing particularly imaginative in there ... It needs to be a bit more active and actionable if there’s something in there that gave people guidance and a bit of support then it could make a difference, it feels like they’re talking at people ... just telling people they’re not physically active in a passive sort of way won’t really make a difference.”
- “EAED is quite high level but it is saying the right things and is evidence based ... sometimes the language could be more user friendly within the framework ... the focus on EAED has been lost since SE’s strategy came out”.

Progress towards implementation

Ownership:

- Several stakeholders expressed concern about the implementation of EAED and how well organisations that have done work on inclusive activity have engaged with it since it has been launched. The following views were expressed by individual stakeholders:
- “I don’t feel part of it since it’s been launched in reality.”
- “EAED’s positioning out there in the real world is difficult to understand and who feels they are part of delivering it. A lot of organisations are doing work in this area but there is uncertainty of how much PHE is doing to engage with these organisations. The right people were involved in developing EAED but

implementation has been boxed back into the world of health ... the challenge is joining the sport and health world together.”

Good progress:

- Many stakeholders described that good progress has been made in increasing physical activity but that it is difficult to know whether EAED has had an influence. The following quotations are some examples of the individual views expressed:
- “It will take decades but we are making a good start.”
- “It has been influential in encouraging other organisations to take PA forward and it has been helpful. For example, some areas have picked up on PA and it’s link to mental health and wellbeing and have made this a local flavour of EAED, so that’s been really helpful and they’ve picked up on working with younger adults and children as a target audience ... so they’ve been able to use the framework to then argue for additional support and resources from their partners and to give it additional endorsement and legitimacy from a national organisation such as PHE.”
- “Extension to the digital platform has been good ... the Active 10 app which has been really helpful and has had huge take up with a wide target audience ... national bodies have reported on PA in response to the EAED framework (Sporting Futures; towards an active nation) so it’s created a supportive environment for policy discussion, generation and development. These documents have created a backdrop for these discussions at the local level. It’s about following this up with resource commitment.”
- “There is progress in some areas of work e.g. clinical champions and ‘moving professionals’ area of work which is coming out of EAED.”

Engagement:

Several stakeholders were concerned about the engagement between national and local PHE teams and described that local PHE centres could be used to really push the EAED message forward. Regional centres are aware of the positive impacts of physical activity but some do not refer to the framework and stakeholders described that good work to increase physical activity locally predates EAED. The following individual views were expressed:

- “Local PHE centres are rarely asked to engage with things by the national team.”
- “The national teams at PHE do tend to engage with national partners ... it does not feel like physical activity or the framework is being championed strongly locally.”
- “In terms of the evidence or direction of thought [local organisations] already know what the ideal is ... the fact that they don’t do it isn’t because they don’t understand or don’t want to ... we didn’t ask for a framework and we don’t need one ... we are probably doing a lot of it without having an active knowledge of the framework. Whether there are some things that it might enable us to do differently I don’t know.”

Visibility:

- “It could do with higher visibility and priority, it’s a very crowded market with lots of strategies but EAED is still important and is the bedrock of it so needs more visibility ... people don’t mention it as much as they used to, people need to be reminded of this ... they could do more on the planning side of thing and in work places.”

- “Messages like that of EAED tend to get forgotten so it’s about continually repeating the message for them to sink in rather than developing something else in a few years’ time which is quite similar. People need to be familiar with the key strap line and use this as a reference. It’s about how this is made to be a reference tool that is perhaps updated after a few years with new evidence and statistics.”

Slow progress:

Several stakeholders also mentioned that little progress is being made in implementing the framework:

- “There’s no evidence of EAED having influenced local policy but this doesn’t mean it isn’t happening ... it isn’t feeding into frontline practitioners being proactive about getting their local communities to be more active. There doesn’t seem to be much effort into getting that message down to GPs/nurses/pharmacists who would mention it as part of their consultations with patients ... EAED is rarely mentioned.”
- “EAED hasn’t made a lot of difference.”

Cross-sector and partnership working:

Stakeholders described the importance of cross-sector and partnership working to drive the implementation of EAED forward. Whilst some expressed views of positive working others felt more needed to be done:

- “There’s a lot of talk about PA being integrated across sectors but then at the government level it doesn’t seem to happen ... having the SE strategy and also EAED.”
- “Organisations have worked well together but there’s always a few issues with ‘trade-offs’ ... organisations want to see benefit to their organisations but there’s a lot of common respect and endeavour through EAED and it has opened up doors that were previously difficult to push.”
- “A lot of people see EAED as a PHE framework that they need to deliver on rather than something that they can learn from and there is so many guidance notes coming out that it is bewildering and provides confusion. It is information overload ... it needs to be made an easier process for everyone ... the people that already care about this (PA) use it ... but then you’ve got the organisations that probably don’t even know who PHE are, who are probably the ones that would have the most influence on participation on big scale change.”
- “There has always been an emphasis on PA for quite some time but what we haven’t had is a national framework from which you can start to lobby and argue your case whereas in the past it’s been silo working with different departments and now it’s come together with a cross government framework which is great ... It does build on the work that is happening anyway with interventions in sport and physical activity so it’s provided a focal point and pulled it together, it’s aggregated a lot of siloed work streams, people in national organisations are talking with people from other national organisations which is always very helpful and shared benefits of resources can then be realised really.”

Impact and influence:

- One stakeholder mentioned that the EAED document has influenced local strategy describing that they had used the document in a previous job for LA and their PA and culture strategy. Though measuring the impact of it is difficult as described here by one stakeholder:

- “Implementation has not really driven forward as much as it should. Those that have developed local policies and strategies will have used EAED and it would have driven it to some extent ... but the impact it’s difficult to say.”

Challenges:

There are challenges to implementation as described here by one stakeholder:

“The ‘at scale’ objective is difficult because a lot of time is spent on designing new initiatives when really people should be looking at what works and scaling that up rather than reinvented the wheel ... resources are limited with a few years’ funding so it’s about how to make these things sustainable ... research and evaluation needs to be done better within the little budgets that are available for PA interventions. Commissioning from PHE and LA’s is very variable and difficult to navigate and influence.”

Resources

Limited influence:

Several stakeholders described the limited influence that EAED has on resources. The following individual views were expressed:

- “EAED hasn’t affected overall level of spend, this has been influenced by other leaders pushing in the right direction.”
- “It’s less likely that resources have been targeted differently ... similar types of interventions and investments were taking place before EAED.”
- “PA forms a smaller part than it should, the spend within the public health grant is very small but lots of cities will only spend a small amount on green spaces, on cycling and walking infrastructure, leisure facilities. EAED hasn’t influenced PA allocation neither locally or nationally ... to target resources to PA is difficult, there’s no new money so it would mean saying no to something else, what requires less investment? ... it needs to be targeted to the most inactive to the ‘couch potato’ and those with mental health and learning disabilities. This discussion needs to be made at the national level before it is filtered down to the local level. In the past we would have had sport development teams but these have all been slashed, so they’ve gone.”

Influential:

Several other stakeholders described that EAED has had some level of influence on resources:

- “EAED has helped to scale up resources for active travel locally. Both EAED and CWIS make strong links between public health, physical activity and active travel. This has helped to strengthen engagement between public health and transport sectors at local level. As a result bids for cycling and walking infrastructure often reference public health benefits. There is a more joined up approach. More resources are going into cycling and walking infrastructure.”
- “We are now thinking a bit more strategically about where to invest our money rather than taking a more blanket approach.”
- “Some organisations have really mobilised their resources to capitalise on EAED.”

Financial constraints:

A general discussion across interviews focussed on the financial constraints that local authorities face and increasing pressures. The following views were expressed:

- “Money that LA’s previously had to spend on physical activity is no longer there so they are *begging, borrowing and looking at other ways to deliver*” physical activity initiatives. All of them look at where the need is greatest, whether that be geographically because of deprivation, or whether that be school children who are obese or targeting the disabled. The biggest challenge is finance. Physical activity is not a mandate service which local authorities are required to commission. They are having enough trouble commissioning the mandated services to the level we might expect them to. Things like physical activity are being affected more severely by a reduction in resources.”
- “Disinvesting is a false economy, a third of the public health grant has been stripped and 40-50% has been stripped from LA budgets over the past 4/5 years. The necessity is children’s social care, adult social care, these are statutory responsibility. The problem is cash, we all know what to do but we’re constrained from doing it ... leisure centres are always going to places for people that are more affluent, they are never going to get to people that work shifts or are on low incomes. We have to take physical activity to them. The way to do that is to invest in voluntary and community organisations who are closer to the real communities we want to get to, much much closer than I ever will be. And enable them to run appropriate forms of activity.”
- “In terms of commissioning there’s probably a downward trend across all PH spending including PA so this is just a result of budget constraints. So the evidence and rationale for PA is clear though the resource is not really followed through in terms of where LA’s are spending.”
- “If government departments wanted PA that much then they would not have cut local PH budgets ... there isn’t an investment in prevention. The rhetoric around EAED is there in Whitehall but it hasn’t materialised in the PH budget and wider cuts to LA budgets e.g. decisions around whether to close down leisure centres or an activity that is aimed at getting children PA.”

Inequalities

Stakeholders suggested that EAED had created awareness around the inequalities in PA and felt this message had been taken on board. Though stakeholders expressed mixed views as to the progress in reducing these inequalities and the need to take a targeted approach through working with voluntary and community organisations. Tackling inequalities is difficult and there is uncertainty among stakeholders around how much progress is being made. There have been targeted interventions for particular groups, with some success. Below are some of the views expressed by interviewees:

Messaging and awareness:

- “All PHE campaigns have targeted lower SES and the most inactive amongst these groups (e.g. Active 10 app), it’s not saying that they need to do 150 minutes of PA weekly but it starts at a really baseline entry level of 10 minutes brisk walking daily. These messages are reflected in the messaging of these campaigns.”
- “I think a strength of the document is that it does take a strong line on recognising different abilities and inequalities and the impacts of inequalities on health and how it’s unequally distributed across the population. I think they did a very good job on that”.

- “People are talking about it a lot more. There’s more awareness of the PA inequalities. SE take this much more seriously now, and the sport sector is getting better at this and there is focus on underrepresented groups generally but there are still massive gaps ... disabled people and the gap between disabled and non-disabled people hasn’t really closed.”
- “People don’t really understand this intersectionality where people fit into one or more of these groups e.g. disabled woman, or disabled BME woman. Where you get multiple factors, that’s when you see some really poor health outcomes and really low levels of activity. As a sector and government we have not got to grips with that at all. This is a really difficult space because there’s some deep seated cultural and behavioural issues going on which make it difficult. Everyone’s talking about it but there isn’t a huge amount of progress.”

Target groups:

- “The right partners are involved but SES factors could have been more prominent in these discussions and uptake of PA. It’s hard to find organisations that represent the health needs that relate to people who are suffering from poverty and social exclusion, it’s hard to get people in to represent this.”
- “The ‘Active 10’ campaign is focused on those with particularly low levels of activity or are entirely inactive to do 10 minutes of physical activity, but is not targeted at specific groups or socio-economic areas. A lot of market research is done on the audience to consider creative ways to reach people. They created an app to try and raise awareness and to actually drive people into action and give them the tools to measure their activity levels and progress.”
- “People are now understanding that context is important, so rather than just running the same intervention everywhere and think that it will work, they are seeing more sports at the local level that design interventions that work. E.g. cricket (8 core cities) has a lot of success in some cities targeting south Asian communities and promoting cricket for boys and girls – so they’ve taken it to people using local role models – so thinking about local context. Also, ‘Boxing in Mosques’ programme has been very successful which is run for young women – they’ve got massive increases in participation with groups that have done relatively little physical activity before. It sounds a bit unusual and counter intuitive and that kind of interests people because it’s not the typical sort of PE lesson like they’ve been exposed to be before that they haven’t enjoyed ... it’s all relatively small-scale but there’s lots of interesting things like that.”
- “Tennis and swimming have targeted people with dementia which has been commissioned by the DH. There are lots of pockets of good practice which PHE and others could be more helpful in getting this stuff moving a bit more quickly and when it is working then getting it to expand.”
- “Through the Richmond Group inequalities is a big area of concern and is one of the fundamental reasons for the group per se. The focus is on inactive communities and Macmillan have done a lot of work in this space already. They have had a lot of impact from their outreach work targeting inactive people with cancer with behaviour change interventions to maintain PA throughout the whole pathway from diagnosis ... there has been some work on lower SES and women and people with LTCs and disabilities – it’s been a fundamental shift.”
- “This Girl Can was about creating a social movement and a legacy that has an impact and reduces the gender gap, this links to the moving at scale domain and

SE have taken a more systematic approach by building an evidence base to encourage others to do similar kinds of work.”

Impact:

- “There’s still a lot of work that needs to be done with addressing this. One example of addressing inequalities is SE’s local delivery pilots which look at a whole system change at the local level. These pilots take on board EAED and its principles in terms of looking at all the aspects that feed into people’s PA behaviour. We haven’t cracked the inequalities yet. SE and the sport strategy is focussed on underrepresented groups so the local delivery pilots will also be focused on those from lower SES.”
- “Inequalities was not prominent at the time the framework was put together. SE’s strategy is now on inequalities, on the least active and is targeted at unrepresented groups. Implementation is only just starting to take off now. Inequalities are not easily resolved and there isn’t resources to adequately do this because everyone is reducing their resources.”
- “Active lifestyle survey/Active lives showed that overall participation was 34% in 2006 and in 2016 it had risen to 36% but the gap in inequality is widening, the measurements and criteria has changed from the active lifestyle survey and the revised active lives survey. The challenge is reducing the socio-economic Gap. The challenge is that lower SES groups’ level of activity have declined. The new pilots that SE are doing will support and identify ways of trying to address this. There isn’t a shortage of information so now it’s just the application side. How do you increase people’s participation in PA when the infrastructure has been put under such strain? A shift over recent years has been away from LAs providing universal PH services but LAs have recognised that they need to target those that have been poorly served and understanding the barrier to accessing services. So they may have a universal approach to PA but within that they will be targeting specific groups. The solution isn’t providing more services for those that are already physically active and LAs have been a bit more imaginative about this.”
- “The same inequalities exist as of 10 years ago, there needs to be more in EAED about what works and how it works. EAED doesn’t respond to dealing with inequalities, it’s quite broad.”

Active Society

There were positive views about how PA is coming into the mainstream and the different benefits of it. Some stakeholders were positive about progress in this domain area whilst others were more sceptical. The following range of views were expressed across this domain area:

The right direction:

- “I’m definitely seeing people shifting their thinking and realising that PA is an important proposition. There’s a lot of people out there facilitating the shift in thinking but the extent to which EAED has been detrimental to this is questionable. Thinking was already going in this direction, the government’s sport strategy which was developed in parallel to DH’s thinking (EAED) is something that people relate to and it is quite unhelpful that SE is the body that has been charged with trying to implement it when it was supposed to be a cross governmental strategy and so EAED has sat parallel to this. I think it has reinforced that it is a strategy for the health sector rather than the strategy for the country”. The government’s strategy has been taken up by the world of sport and EAED is almost a parallel strategy for

the world of health. People from the world of health advocating PA is a positive step forward e.g. clinical champions.”

- “Lots of local authorities are doing small things relating to physical activity but it is part of a bigger focus and physical activity is just a part of that. They are not doing it because of the EAED framework.”
- “We’ve made a solid start to achieving this but even having the Olympics in this country didn’t really see a huge turnaround in PA as a legacy, so trying to pin it all to one framework in terms of EAED is overly optimistic - but we’ve made a good start but there’s still a long way to go in terms of getting the nation engaged with PA and looking after yourself in a way that’s accessible and not particularly alienating to what you would do normally, you know like walking every day ... if the Olympics couldn’t do it then I don’t think EAED will also achieve it.”

Good progress:

- “One You campaign has done well to engage a largely disengaged audience. Part of the research around this of the ‘mid-life adult audience’ in routine and manual work showed that they are very time pressed, their health was not at the top of their agenda and they were often prioritising the health of others in their lives. A lot of the ‘One You’ launch and subsequent follow up was about encouraging them to take note of their health and to reappraise it. When ‘One You’ was first launched one of the main ways to engage people was to take an online health quiz called ‘How Are You’. There have been over 2 million completions of that. The idea is that it will move you on to other ways in which you can take action to do more physical activity. At the end of the quiz there was some signposting to different apps and this app has had hundreds of thousands of downloads.”
- “Local delivery pilots are part of this push ... ministers from different departments in government with an interest in PA are coming together to discuss this. There’s a recognition now that this is important and that we should be aiming for it and our job is to keep banging the drum for sport and PA across government to make sure we are part of what government departments are thinking.”
- “CSPs have delivered the workplace challenge. There’s lots of things happening locally but not sure whether they have been influenced by EAED so it’s difficult to attribute. This Girl Can was a great example of changing the social norm.”
- “Sport and leisure sector have come on a journey of making themselves more welcoming and accessible and to ensure they have appropriate skills to make a difference. For example, the voluntary sector Richmond group focus on health conditions and supporting them to encourage PA. EAED has influenced this. These have all been about giving funding and targeting funds in the right places – co designing with partner organisations.”

PHE campaigns:

- “There’s always been a push to increase activity levels e.g. the campaigns of active 10 and Change4life haven’t come from EAED but both come from the same place that recognises the need to do more PA. There was a massive push on PA after the Chief medical Officers guidelines came out. PHE campaigns have aimed to build PA into people’s daily life, including by reframing walking as exercise.”
- “Active 10 is about encouraging adults to get more exercise through 10 minutes of brisk walking every day. It has had half a million app downloads and the number of people using it ... 60-70% of people report that the app is helping them be more

PA. This has been really well aligned with what LAs want to do so they have been really enthusiastic and have done local campaigns.”

- “Change4Life, the 10 minute shake up campaign with Disney focused on getting children to do 10 minutes burst of moderate to vigorous activity ... data shows that those that engage with this programme do an extra 5 minutes of activity daily.”

Impact:

- “Difficult because if you look at the statistics we are still fighting inactivity and rising levels of obesity so on a national scale it’s hard to say whether it’s had an impact. At the local level, you do remain hopeful because you can see the number of beneficiaries that are being reached but then when you go back to the big active lives survey then it doesn’t seem like much progress is happening. One of the challenges with big surveys like these is the level of accuracy and it’s difficult with self-reported information. There’s a lot of qualitative stuff that is picked up that adds colour to the numbers so it’s difficult to measure.”

Active Environments

Stakeholders expressed concerns that re-shaping the environment to make it more conducive to PA was a challenge, though some described positive progress being achieved and expressed views that EAED was well aligned to other strategies within this domain area. The following quotations show the diversity of views expressed:

Slow progress:

- “There could be more consideration in the design of places where poorer people live and building it into their everyday life. Children and families need to feel safe to be PA in the natural environment ... making local parks and green and blue spaces that are easily accessible ... we are slowly getting there but areas where there is more green space tend to be more middle class areas.”
- “There’s still a huge imbalance to cars and keeping cars on the road rather than a radical reshaping of it to ensure more cycling and walking. Structurally buildings have always had staircases as a secondary feature and they don’t take a prominent position in the design of buildings. Things are still a long way away from getting this to change.”
- “It would be quite useful to look at the bigger context than an individual activity itself. When people say we need more physical activity ... they don’t necessarily think about the spaces we use to participate in physical activities like local parks, the road network and leisure facilities ... those environment elements of it are where we can make a difference ... making parks safer for exercise is a planning matter further upstream. People don’t think about it from that perspective, they think about the activities themselves but not the wider strategic issues, the framework needs to incorporate or reference some of these issues more.”
- “We all know we sit too much in our cars and the majority of journeys are less than a mile which are eminently walkable or cycle-able but we do it because our environments are not built where this is the default ...there’s not much cycling infrastructure e.g. in Copenhagen there are more cycles than people and 50% of journeys are made by bike, bike jams are a common occurrence and people are getting sick of being stuck in bike jams and are considering buying cars, but these are nicer problems to have.”

- “Everybody Active Every day hasn’t moved us any closer towards a solution, we just continue to acknowledge that there is a problem in joining up the dots and influence/balancing with political will continues to be a big challenge.”

Good progress:

- “Get Out Get Active has a lot of evidence about getting disabled and nondisabled people active together in a bigger range of environments.”
- “Good progress is being made in investment for active travel.”
- “I use it all the time to engage with local colleagues. From my perspective there is a much greater understanding of the impact that the active environment has on people’s behaviour in terms of being physically active ... and building physical activity into everyday life ... I think it has been hugely influential in supporting a change in mind-sets and the way things are considered.”
- “PHE Healthy Places team does a lot of cross-governmental working and recently worked with Defra on the 25 year environment plan to ensure there was a consideration of healthy places and physical activity ... I was very impressed with the scale of partners who have been engaged. The framework has been helpful in bringing different organisations and groups of people together and setting the context for discussions, although it is by no means the only driving force behind this partnership working. EAED has helped set the direction for where we would like to go with Active Environments, it’s been useful for people to consider how to get people more active. It’s holistic so it picks up behavioural and lifestyle aspects, structural and infrastructure aspects, as well as professional training and other things which need to be put in place to make things happen.”
- “Local delivery pilots and cycling and walking strategy are all looking at making the environment more accessible to PA.”
- “We’re much more plugged in than we ever were before to a lot of these conversations, this is a working progress and it’s a long term change.”
- “Park runs have been successful. It’s about local organisations getting themselves mobilised for physical activity and because it’s localised it gets camouflaged nationally unless you delve deeper.”
- “EAED has influenced people’s thinking and we are starting to think about travel and housing and development, but it’s difficult to capture specific examples because they are very local and variable across the country. This is one of the challenges of implementing a national strategy and then capturing local implementation.”

EAED is well aligned:

- “The strategy is well aligned with the Cycling and Walking Investment Strategy (CWIS). PHE had input into SWIS and the Active Society and Active Environments domains are also reflected in the SWIS ... there is a need for behaviour change plus investment in infrastructure.”
- “There has been a lot of work around sustainable transport e.g. additional cycling lanes and bike hire. There are a number of local authorities focused on active travel. This work has been going on for a long time prior to the framework ... this tends to be seen as part of their healthy places agenda rather than specifically their physical activity work. I think those things are being done but not under a

framework ... we're doing that because that's where the interest lies ... It's badged and framed differently. There have been long links with Sustrans and working on sustainable travel options."

- "Sport England were already working on the 'Active Design' publication back in 2007 with a focus on planning for health and wellbeing through sport and physical activity. However, PHE is clearly a bigger agency than Sports England so it's good to have them publish something in that area."
- "Most of the work around active environments would be happening regardless of the framework. Shaping environments is what planners do anyway, shaping planning policy and make positions on planning implications of new developments. Town and Country Planning Association are seeing more public health people involved in bringing in physical activity and health elements into discussions about planning."
- "Sustrans and cycling networks have been good work in promoting cycling but this has been ongoing for some time and is well ingrained so it can't be attributed to EAED, but having EAED means that Sustrans can then capitalise on another framework to say how they would contribute to tackling health inequalities at the local level because of the work that they are doing through cycle networks."
- "We can endorse the things from EAED in that the environment needs to be conducive to PA. This area still needs to be implemented better and there needs to be more evidence in this field. Active lives survey recently introduced a question on where people are taking part in PA so that they can start thinking about space and the environment and what they can do next."

Funding:

- "Funding for transport is set by DfT and their mind-set is still very much that "car is king because it's the most efficient way of moving people around ... therefore the funding gets weighted away from active travel infrastructure and towards building more roads. These things need attending to."
- "Green space and parks is burning and it is gradually diminishing because LA's can't afford to keep them. In terms of EAED, there needs to be more on the active environments domain, ADPH and PHE need to be more 'mouthy' in this domain – stronger messaging in how Whitehall set the rules on how we be more active in the environment ... it feels underplayed right now."
- "We spend more money on refurbishing 10 miles of the M62 than the whole of the national cycling budget for the whole of the country so are we surprised there's more people in cars ... they need to be making more noise in this area."

PHE Support

Stakeholders expressed a range of views that they thought PHE could offer support in further implementation of EAED. The following individual views were expressed:

Re-engagement:

- "It would be helpful to have a big re-engagement exercise so they connect people that were connected to EAED's development to discuss its implementation ... people in health are more likely to have used EAED rather than those outside of it."

- “PHE needs to ensure all the people who can actually make things happen deliver on the framework and are being brought to the table and ensuring they are allocating resources and time to deliver it ... partnership working with local authorities, commercial partners and NGOs is happening on the marketing front to push the tools and the specifics of increasing physical activity.”
- “People in the sport and physical activity sector feel undervalued. There’s an assumption that PHE are only really interested in diet and will do stuff around PA when they have to but they’re not really committed to it so others don’t want to engage. Government tends to look towards quite big private sector providers to fill this gap in PA. There’s no shortage of private gyms in the country but people still aren’t physically active enough. Local programmes tend to be cheaper and more accessible for some communities. E.g. lots of people join the gym every January and then never attend so this isn’t getting people more active it’s just making them poorer and the leisure industry richer.”
- “There could be a simple conversation between sport sector organisations and PHE to explain how diverse the sector is, there’s an assumption with PHE about what the sport sector is, that it’s all about competitive traditional sport but there’s huge diversity of practice.”
- “PHE could be saying something like ‘what are you going to do for us’ seems like they’re missing a trick really ... there needs to be more dialogue. Keeping the steering groups throughout delivery of EAED would be useful to have the structure to drive it forward – though these need to be outcomes based rather than pointless meetings.”

Leadership, advice and guidance:

- “There’s two things that PHE can really help with ... PHE aren’t in a position to offer funding to local areas, so they can offer advice and guidance in various shapes and guises. PHE do a really good job and have consistently good relationships [with us] ... I would love to see PHE get into advocacy at the national level ... where are PHE in establishing health within the national planning framework so that our planners have to plan active environments in to the developments? Where are PHE in the conversations with DfT about active travel, about how resources get allocated? ... I would love to see PHE in those kinds of agendas ... they are helpful locally but the rules of how planning works are established nationally so our planners will only work in that context so we’ve got to change the context.”
- “DH and PHE to us feel like massive organisations, quite complex, there’s loads of people there and we don’t really know who to go and talk to and there’s very little effort made to kind of guide organisations through that process ... there’s an assumption that we should know how to do that ... a local health charity for example has got no chance really in trying to be able to navigate that.”
- “PHE need to work with local organisations to find what’s working and have an honest look at the way public health commissioning is working and to look at whether that’s inclusive of small community based organisations ... it works quite well for organisations that are quite well resourced and have the skills of navigating that sort of landscape but it’s hopeless for a little local charity to try and understand how they might engage with public health.”
- “It’s not about opening consultation exercises that no one really knows about ... very few people get excited about a 12 week consultation into something and it

seems that's the way of engaging people but that's not the way ... we'd like a lot of leadership from government rather just putting out a plan without the vision of how it's going to work ... they should have a slightly more ambitious vision."

- "PHE could have taken a stronger leadership role in really driving implementation forward ... the strategy is right but it's not being driven, colleagues aren't being supported and facilitated to implement it, so PHE should use their limited resources to support people, empower people, we have received very little support, direction from PHE. This support could include: more resources like 'what works' – this document was not really that helpful because there wasn't enough in there about what does work; training on what does work; training on evaluation of PA initiatives - PHE have done this previously; they need to keep it on people's agenda – people need reminding and encouraging on what they could do locally; partnership working – PHE should be joining partners up and facilitating this at the national level – it's the leadership role they should be taking."
- "Take EAED out of public health language, a lot of things are public health speech and not everyone will understand it e.g. referring to something as an intervention, evidence base etc."
- "Local councillor guidance notes were helpful so more of this kind of stuff e.g. needs to reflect language of the sectors it's targeting so if it's focusing on the environment sector then they need to use the appropriate language."

Future outcomes

Difficult to assess EAED's contribution:

- "It is difficult to talk about outcomes. There are lots of partners that want to take it forward. Inequalities will not have any impact because it is so hard to crack. Active society/environment has a reasonable chance of achieving these objectives."
- "Good that EAED is seeking the right outcomes and is aligned with government's outcomes for physical wellbeing and mental wellbeing but it's harder to assess the impact that EAED is making."
- "EAED will not change health inequalities because these are far more complex. It's not a valid argument to think that EAED will reduce this, it'll certainly help."
- "EAED sets the right framework and says the right thing, it just needs to be implemented relentlessly at the national and local level."
- "If we continue on this trajectory then I would feel fairly confident that the overarching high level ambitions could be met, but the caveat would be that EAED couldn't claim all the glory because there are so many other fantastic supportive initiatives that have been working on it for years."
- "It's not something that will turn the tide within 5 years, its small steps at the moment. It will take 15-20 years to see any change but we need to keep using the evidence that we have to influence key decision makers and it's about changing the mind-set. EAED could achieve this but messages need to be repeated so people don't lose sight of it."

Measuring success:

- “DfT is measuring outcomes in terms of numbers of people walking and cycling. They use the National Travel Survey as well as the Active Lives Survey. The latter collect information about whether and how much people walk and cycle, whereas the former is more concerned with transport modes.”
- “ALS is useful in terms of providing local authority level data. They try to break down figures between groups. There is a chain of outcomes ... things are moving in the right direction but wholesale change in behaviours will take a generation to achieve.”
- “Challenge for us locally is how we cast a net over all the stuff we have going on in the city; e.g. community sport clubs, facilities, parks, parkrun, voluntary sector wellbeing etc. and pool it together into one usable data picture, this is something that could be supported by PHE with resource and knowledge of this working in other areas.”
- Measuring success through: “measurable increases in activity levels; the sport strategy has a number of KPIs that areas are measuring against; knock on effects from how active people are to referrals to the NHS; reductions in inequalities in PA; different ways of thinking and doing things; sectoral working and partnerships; embedding PA into key sectors (healthcare, education, built environment, transport, sport and leisure); consistent messages and grassroots activity.”
- “The government needs a long term approach – a 20 year plan. People within the health and sports sector now recognise the themes and are working towards them and it just needs time to see change. These are long term objectives and only small incremental steps towards it are being made. The government needs to give more priority to it e.g. PH but also NHS which is still treatment focused rather than prevention ... It needs to be cross governmental and PHE need to drive the prevention agenda across government rather than hoping it happens itself.”
- “There isn’t a time line to EAED for the level of change they wanted to achieve and by when ... something about the tangible things they would want to see rather than specific numbers and targets. The changes in the last few years may need to be reflected in an update of EAED which is done collaboratively with other organisations so it isn’t seen as a PHE strategy, the logo of it is still PHE.”

Lessons

A range of lessons learned were described by stakeholders. The following individual stakeholders views were expressed:

Leadership and reinforcing the message:

- “EAED needs leadership behind it in order to achieve its aims especially across government to give it the push that it needs.”
- “PH has historically focused on the individual in behaviour change and expect individuals to overcome quite a lot of barriers to make these changes. They are a long way off as a society that makes PA the norm. There are forces that are working in the opposite direction but it is possible to change society because it didn’t happen by accident in Denmark or Holland, it was something very proactive happening.”

- “Being able to translate the Chief Medical Officer’s guidelines for physical activity into something that is easily understood and easily actionable is actually quite difficult. Advertising is going to work best when it’s a simple offer and people can follow it through. There is an awful lot of noise out there and lots of competing messages. Activity is not necessarily something people want to do.”
- “EAED needs constant reinforcing to those in the sector that work with sport/PA. They need to continue doing ‘what works’ rather than reinventing the wheel. Evidence needs to show ‘what works’.”
- “There needs to be resources to make these outcomes happen, it doesn’t just happen. PHE need to own the framework and pull it together and ask partners to deliver on it and support these agendas.”

Cross-sector working:

- “Greatest success so far in terms of cross sectoral working between public health and transport, to the benefit of both ... starting to get local learning of what works and how to work together effectively. We’re recognising that national level strategy needs to be implemented increasingly at local level, and there are good steps locally to achieving this. Local authorities and local professionals are making the links locally. Joined up thinking and partnership working are being embedded locally.”

Local level:

- “The ‘One You’ campaign has connected particularly well with local authorities. Some of them are using it as their primary brand for wellbeing and their local services. Boroughs such as Hackney and Leeds have done work that amplified the ‘Active 10’ work and made it quite specific to their local areas. But using national assets to do it and layering on whatever they want to do locally.”
- “At local level they need to be mindful of the changing environment for local PH system. They can now look to the NHS for more in terms of STPs and accountable care systems/organisations – so it’s about the NHS taking on board what they can do in response to health inequalities and PA. E.g. benefits for older population.”

National level:

- “There could be more done nationally to pull the emerging strands of work together, with the MSK toolkit, work with work places, NHS so it’s still part of a cohesive programme. EAED needs to be reinforced and raised up as the national framework – this could be raised up as providing answers for the NHS because the NHS has been a sleeping giant in public health work for years, there’s been pockets of good work around health and wellbeing so now it’s about being visibly encouraged to engage with health and wellbeing.”
- “There needs to be a more unifying theme so I wonder whether people are referring to SE’s work rather than PHE’s activity, so that’s the frustration, you need something like the One You or Change 4 Life straplines that national organisations can all support ... there seems to be a plethora of messages going around and then commissioners start getting confused ... they will use the resources, they will use the data within them, they will look at the key asks ... but it is confusing, you know where does this tie in with the active people’s survey or active travel, so there’s lots of initiatives, lots of pockets of cash across Whitehall doing lots of different things but there doesn’t seem to be the means by which it is brought under a single umbrella ... the good thing about EAED was that it had representation from government departments but then it became a means by which they can push their own separate agendas.”

Challenges:

- “There needs to be evaluations and learning from what we are doing and how to enhance impact and work at greater scale ... to do more to address the inequalities challenge and change established ways of thinking and doing things.”
- “Move away from car based thinking and decision making. We are starting to see changes and London has done some good things but increases in everyday walking and cycling are still dominated by white middle classes. Need to look at the PA guidelines and the message and the advice – so it’s not just cardio-vascular improving activity but also muscle-strengthening activity. Evidence suggests that less than 50% of those meeting guideline of 150 mins per week cardio-vascular activity are doing sufficient muscle strengthening activity.”

Annex 5 Local area examples

A5.1 Buckinghamshire

Summary of Buckinghamshire

Active Bucks is the main programme used by Buckinghamshire to create sustained behaviour change among residents, and make physical activity the social norm. A number of other services such as Live Well, Stay Well and Prevention Matters signpost residents to Active Bucks initiatives, creating a consistent and coordinated approach across the entire county. In addition, projects undertaken by the County Sport Partnership for all age groups and the implementation of national campaigns at a local level all provide opportunities for residents to get engaged with physical activity.

Buckinghamshire has also created a new Physical Activity Strategy for 2018-2023 that aligns with the Everybody Active, Every Day framework. This new strategy considers the creation of Active Environments one of the key priorities, with specific actions promoting use of the natural environment, influencing the built environment and promoting active travel.

A5.1.1 Introduction and background

The Buckinghamshire Joint Health and Wellbeing Strategy (2016 – 2021) specifically emphasises the importance of supporting the physical, emotional and social wellbeing of children and young people by *“increasing the number of young people who are physically active through implementation of Active Bucks and the Bucks Physical Activity Strategy and Action Plan”*. In addition, there is also a more general focus on helping people stay healthier for longer and preventing the development of LTCs by increasing levels of physical activity (and healthy eating).

The refreshed Buckinghamshire Physical Activity Strategy (Making Physical Activity a Priority, 2018 – 2023) is explicitly aligned with the EAED strategy. For example, the strategy is framed around four, evidence-based principles (active environments, active communities, a skilled workforce and working collaboratively) which align to the domains in the EAED Framework. Whilst the EAED domain of ‘moving at scale’ is not explicitly mentioned as a domain, the four principles underpinning Bucks refreshed Physical Activity Strategy align to this domain – for example, working collaboratively is about improving cross-organisational and cross-sectoral working to make more effective use of resources and create interventions with a wider reach and impact.

In addition, the overarching aims of the strategy are to increase levels of activity by encouraging inactive residents into regular activity throughout life; and to increase the number of residents achieving Chief Medical Officer Guidelines for physical activity throughout life.

Nine local stakeholders with a variety of responsibilities for physical activity in Buckinghamshire were interviewed, alongside the regional PHE centre lead. These interviewees had roles in public health; the County Sports Partnership (LEAP); Chiltern and South Bucks district councils; transport; culture and leisure; adult social care and primary care. Nearly all stakeholders were part of the multi-agency steering group that is overseeing the implementation of the Physical Activity Strategy.

A5.1.2 Progress in implementation

Across Buckinghamshire, there is a vast amount of work being done to improve general engagement in physical activity, and also to target those most likely to become inactive. With the limited resource they have available, the public health team has tried to identify the local needs and demand, the amount of resource that can be pooled, and who the key stakeholders are and what they can do to drive the physical activity agenda. The physical activity strategies in 2014 and 2018-2023 have helped shape the progress to date.

A5.1.2.1 Achieving a more active society / making physical activity the social norm

Active Bucks is the main programme used by Buckinghamshire to create sustained behaviour change among residents, and make physical activity the social norm. The programme has proved successful at getting active people to stay active, so some elements of it are being recommissioned to continue to focus on getting inactive people active. More information about the programme can be found in the box below.

Active Bucks – Move more, feel great!

Active Bucks is a whole-system approach to creating an active society. All tiers of local government liaise with the third sector, schools, leisure and sport providers, employers and businesses, health and social care colleagues to provide a consistent physical activity offer across the county. The programme was initially commissioned by the Buckinghamshire Public Health Team in 2014 in order to support the delivery of the 2014-2017 physical activity strategy.

Between May – September 2015, approximately 3,500 residents were engaged across the county's 19 Local Area Forum areas to establish what would help to make residents (and in particular inactive residents) more active, more often. 70% of the residents engaged were not achieving the Chief Medical Officer guidelines for physical activity.

The feedback from residents (alongside information collected from asset mapping and health needs assessments) was used to help develop local profiles for the 19 local areas, and create a menu of traditional and 'stealth' physical activities that were decided on by local councillors. Around 3900 unique participants engaged in 190 six month programmes of activity that were specifically commissioned by Active Bucks and made free (or heavily subsidised) for residents. A number of activities make use of the local green environment.

Around 2000 activities across Buckinghamshire are promoted on the Active Bucks website, with the option of downloading a voucher for a free first session. Providers, local councillors and specially recruited Community Champions (volunteers) also help to promote the activities, tailoring the approach for different target audiences. Several referral or support programmes (e.g. Prevention Matters and Live Well, Stay Well) also signpost residents and specific target groups to the Active Bucks activities.

Active Bucks is currently being evaluated by UK Active to provide an independent assessment of the programme. Findings to date suggest that 38% participants are inactive when they started participating, with another 50% being low active, and 60% of the activities funded have been sustained past the end of the funding period, and the programme has helped partners work collaboratively and innovatively across sectors.

"Active Bucks has brought everyone together as a county, and has got people interested [in physical activity] again"

Partnership working is integral to Live Well, Stay Well which is a single point of access for lifestyles and long term conditions jointly commissioned between Aylesbury Vale CCG and Chiltern CCG, and Buckinghamshire County Council for adults in Buckinghamshire. The service offers a single point of access to residents in Buckinghamshire (or those with a Buckinghamshire GP) that provides brief intervention, follow up and referral and signposting to interventions on smoking, weight loss, drinking and increasing physical activity, as well as specific services to support residents to manage their long-term conditions.. Anyone who indicates that physical activity is an area for improvement will be signposted to Active Bucks, or offered exercise referrals, and a Stay Well coach will track the progress over time. The Live Well Stay Well single point of access is being incorporated into a larger Integrated Lifestyle Service from the 1st April 2018.

LEAP, the county sports partnership has also delivered a number of projects from 'cradle to grave', with a range of national partners (including Department of Education and National Lottery) as well as the local public health team. This includes work around physical literacy for children age 3-7 (which involves providing basic and fundamental moving skills to children to undertake sport and physical activity in a confident and competent manner); hosting a programme to improve the skillset of PE teachers by supplementing their teacher training; coordinating investment into

primary and secondary schools at a local level to try to get them to provide the best PE and sport offer; working with workplaces to embed national initiatives; and working with older adults.

National campaigns have also been used across Buckinghamshire: the 10 minute Shake Up campaign, Living Streets and Couch to 5K are three examples of programmes which have had successful local uptake. The county is also implementing Making Every Contact Count across the sustainability and transformation partnerships to train healthcare and other professionals to have conversations to help explain how exercise and physical activity can make them feel happier and healthier and deter/manage long term conditions. One stakeholder was also a physical activity clinical champion for the county, who works on educating clinicians on the benefits of physical activity in the prevention of disease as well as raising awareness about the harms of inactivity.

Three stakeholders reflected that to make physical activity the social norm, additional tools to engage residents are required. Currently, a popular approach is to subsidise events and activities; this may be a successful tactic to initially persuade harder-to-reach groups to attend an activity, but sustaining participation becomes more difficult when this funding runs out and price of an event or activity dramatically increases. In order to overcome this, more needs to be done to make sure physical activity 'stays relevant' to the daily lives of residents e.g. by focusing on 'stealth' activities such as mobile social clubs, as opposed to just traditionally organised sports and activities. Similarly, working on the confidence of the service user is also important, as is getting communities to engage with the behaviour change agenda (and working bottom-up) to identify and fill any gaps in delivery.

A5.1.2.2 Achieving active environments

One of the key principles of Buckinghamshire's refreshed Physical Activity Strategy (2018 – 2023) is the creation of active environments through: making use of the natural environment; influencing the built environment; and promoting active travel. The box below illustrates the key areas of action outlined in the strategy (developed in consultation with urban planners and other partners on the physical activity steering group).

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 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.

Already, there is a focus on making sure that Active Bucks and other activities are commissioned in attractive spaces. An example of a successful programme that makes use of the natural environment is Simply Walks – there have been 84 weekly walks across the county with 23 set up as part of the Active Bucks programme. Additionally, some district councils in Buckinghamshire (Chiltern and South Buckinghamshire) are also finalising new Open Space Strategies which will identify shortfall and quality issues in relation to parks and open spaces. This will help local town and Parish Councils, schools and community organisations with future bids to improve facilities.

Further to this, there is also an existing focus on sustainable active travel – for example, there is a lot of work with primary and secondary schools to promote walking and cycling, and schemes such as Bikeability and Bikeability Plus have been rolled out across the county. However, stakeholders noted that further progress could be made, and in anticipation of population growth in the area, it is vital to influence the growth and infrastructural planning agenda for Buckinghamshire in the coming years.

“We want to make sure that physical activity is embedded into some of those agendas going forward, with any development, how can we make it attractive to be active? The infrastructure is one way to do that, through active travel and parks, and green spaces and attractive places to be, but of course we also want the opportunity to... create that sort of social cohesion”.

In addition, another key principle of the refreshed Physical Activity Strategy is the creation of Active Communities.

“The ‘Active Environments’ is the spaces and places, and the ‘Active Communities’ is the people in those spaces, and we have tried to differentiate as that allows us to be more specific with our tasks and activities to achieve those objectives”.

Under this ‘Active Communities’ principle, there is a focus on specific settings such as schools and workplaces, as well as trying to show how improving physical activity can improve community cohesion. This is something a number of stakeholders reiterated was important for Buckinghamshire as they have issues with social isolation and loneliness among certain groups, especially in rural areas. One example of an activity that fits under this principle is the re-development of a leisure centre in Amersham which will bring in a number of other services (e.g. library, crèche, GP surgery etc.) to create a one-stop community hub. Furthermore, another example – and one that has already been trialled – is using community settings like mosques to introduce exercise for certain groups who wouldn’t exercise otherwise or would find cultural barriers to do so.

Finally, there is a focus on digital innovation in Buckinghamshire, which links physical activity in green spaces and the natural environment with heritage and culture. An app is currently being created by the Culture and Leisure team (and funded by the local public health team) to try and get people outside in their local area in parks and fitness trails – the app will offer opportunities for engagement (e.g. by asking questions about the environment, or suggesting the participant ‘takes a selfie’ at a key point) and to advertise events (event notifications will appear near the area the participant is in). The app is being piloted in partnership with LEAP for primary school families, and should be rolled out to a wider audience in summer.

A5.1.2.3 Tackling inequalities in physical activity

The previous Physical Activity Strategy (2014-2017), which was based on a ‘life-course’ approach, particularly focused on early years and older adults. Since the NICE guidelines were published, they have tried to widen this scope by taking into account additional evidence (including from the EAED strategy). For example, evidence shows that men that are particularly active in mid-life (i.e. 40 onwards) are significantly less likely to face issues such as dementia, frailty and cognitive decline later on in life. As a result, there is much more evidence being collected about inequalities, to build on area specific health profiles initially created during the inception of the Active Bucks programme, and to commission and deliver additional pieces of work for particularly hard-to-reach groups (e.g. men and BME groups).

“Now, two years on from Active Bucks, with the impact of the strategy and due to other local investments, we are far more aware that we need to engage a far more representative proportion of our community... so if a certain proportion have a disability, we need to have a more targeted focus on this group of people... we are far more aware and actually can steer the investment in a more representative way that will have an impact on the inequalities that are out there that lead to people not being engaged”.

There is a specific focus on working with people in the highest quintile of deprivation. For example, around half of the service users of the **Live Well, Stay Well** programme (around 3,600 in the last 18 months) are from deprivation quintiles four and five, and there is also a high prevalence of older age groups and BME users.

In addition, the flagship physical activity programme, **Active Bucks**, has been particularly successful in engaging women and teenage girls, and there is now a focus on working with men as a priority to address this balance. The county has also focused on: disability, older people, working with BME groups, and people with long term conditions (e.g. diabetes or cognitive decline).

Stakeholders reflected that establishing strategic partnerships between organisations can help to tackle inequalities, but being able to influence service providers to target specific groups and have the 'soft-skills' to engage these groups is as important.

Engaging disabled people in sport and physical activity

Part of the wide remit of the Buckinghamshire Culture and Leisure Team is a focus on improving the participation of disabled people in sport and physical activity, and celebrating Buckinghamshire as the birthplace of the Paralympic movement. Working together with local and national partners, the team aims to:

- **Create a Disability Sport Action Plan:** A task group, formed of key figures from LAs and disability groups, was set up in September 2017 with the aim of identifying the key priorities for the action plan. This resulted in five key objectives, including increasing activity levels and increasing the numbers of disabled people engaged in sport and physical activities. The task group also focused on aligning the action plan with the refreshed Physical Activity Strategy.
- **Improve opportunities for participation:** A paper was created based on research conducted by Buckinghamshire New University, into the challenges and barriers to participation in disability sport and discussions with four different organisations who represent different disability groups. Following this, the public health team have commissioned a new project (which was awarded at the start of January 2018) to help increase participation in disability sports by hosting free open days in the county where sport clubs and coaches can engage with people with disabilities. The project will also enable participants to have six weeks with a club, by removing barriers identified in the research (e.g. transportation). Disability Rights UK are likely to be involved with the project, and it will also be linked more widely with social care and economic development (from a facilities and tourism point of view).

Promote awareness of disability sport and physical activity: The Stoke Mandeville flame-lighting event occurs every two-years as part of the countdown to the start of the Summer and Winter Paralympic Games. The Culture and Leisure team aims to work with Stoke Mandeville to focus more attention on this event and the relationships with the British Paralympic Association and the International Olympic Committee. In addition, the second Bucks and MK Disability Summit organised by LEAP will be held on the same day as the festival; this is aimed at disability organisations and deliverers of physical activity and sport to raise awareness of service users being regularly active and how users can be supported to be active.

A5.1.3 Everybody Active, Every Day

All the stakeholders interviewed were aware of the EAED strategy, though only some were aware of how their work aligned to the framework and its priorities. A number of reflections were made about the benefits of the EAED strategy including how it: collated and presented evidence which helps to map the benefits of physical activity on the population's health; and made the case for prevention by presenting facts about the wider health and economic impact of having highly inactive or sedentary lives. Additionally, it was emphasised that the EAED strategy can influence the scale and amount of resource for physical activity, primarily because it makes it easier to make a business case as the evidence is all in one place.

As one stakeholder summarises, the EAED strategy: *"provides a stronger evidence base, identifies the challenge and national focus areas, and organisations we need to involve and roles and responsibilities of different people"*. Further, another stakeholder also stresses:

"The EAED strategy has helped because, alongside media coverage about why physical activity is important, public health locally has been nudged to see they are an organisation

that needs to investment in programmes. The strategy wasn't the sole reason why there has been investment by public health in programmes in the last 2-3 years, but it has helped... by having that national strategy developed by PHE and signed off by government... on its own the [EAED] strategy is not sole reason [for investment], but as part of a collective bank of evidence and nudge in the direction of investment, it has played a key role”.

However, an important consideration is that the EAED strategy may not be at the ‘forefront’ of the minds of local providers and deliverers in the same way that it influences those in a more strategic role, including the public health team. Nevertheless, as a number of stakeholders highlighted, the refreshed Physical Activity Strategy for Buckinghamshire is now underpinned by the evidence-based approach used in the EAED Framework – and so the principles will filter down to a local level and influence other interlinked local strategies.

The previous strategy did not ‘speak’ to the EAED document as much as it was published around the same time. Though much was achieved on the back of the last strategy, over the last 3-4 years, the public health team has tried to think more clearly of how the new physical activity strategy can align to the evidence and priorities of the framework. For example, the previous strategy focused on a life-course approach to getting people active, but the new strategy is looking explicitly at active environments, and training up the workforce, and national campaigns. As a result, much more support and investment has been focused on certain areas that were already underway but map to the EAED strategy (e.g. active travel).

The direct influence of EAED on local action and delivery, as well as outcomes, is therefore still to be seen. However, one reflection is that successfully achieving an active society or an active environment will take time – possibly longer than the current strategy period, and so it is important to keep on finding new ways to present the evidence and make physical activity relevant.

“In order to genuinely create a step change in activity levels, and [get] people wanting to be active.... That takes a long period of time and I think that this is not necessarily reflected, as far as I am concerned, by the Framework. It lays out the right stuff... but we need to create the messages, the scale to be able to deliver this, and that is the one thing missing in the Framework, knowing it takes a while”.

“[the Framework] does say that it will take a long-term promotion of physical activity over months, years and decades... but manifesting that a local level, when you have constant changes in administration, of councillors and decision-makers, you need the commitment over a really long period of time, and sometimes that is the challenge”.

A5.1.4 Future and impact over time

Most stakeholders recognise that the key indicators of success are levels of physical activity engagement, especially against the Chief Medical Officer guidelines. At the broadest level, this can be measured at the national level e.g. by examining differences in the next Active Lives survey. In addition, it is also important to measure outcomes on volunteer and workforce engagement, retention over time, wellbeing, client confidence and performance and so on.

However, it was emphasised that there is a difference between measuring the success of the physical activity strategy (which needs to take into account other things like improvements in partnership working) and the success of specific projects (which may have specific targets that differ for different groups, and is more focused on sustainability).

Finally, one stakeholder reflects that the sports/physical activity organisations have collected data outcomes and evidence in the past that can be improved to illustrate the wider impact of improving activity levels:

“Public Health have a good model in terms of cost-benefits, what the savings would be for the NHS... this was not really costed before in terms of showing impact”.

The Standard Evaluation Framework is being rolled out at a local level which should facilitate this improvement, and help to improve the way long-term impact is measured. It is important that when all new projects are designed, there is a focus on demonstrating impact and return on investment – this needs to be a fundamental part of thinking, as this will be what helps to sustain the programme in the future.

“If we are looking at evidence-based, tried-and-tested interventions, we need to show good process evaluations are in place, ensuring fidelity to the model. If there is something innovative and untested, then it needs more outcome evaluation”.

The stakeholders reflected that there are a number of lessons learned that will help to improve the work around physical activity in the future. These include:

- Understanding the audience and their needs and how you are planning to engage them / keep them engaged – this includes working with communities and a bottom-up approach as opposed to a one-size fits all approach;
- Recognising that the reason people often stay active is down to the social networks they build, and this should be maximised in the design and marketing of certain activities e.g. group-based activities or stealth activities;
- Using resource to test and drive innovation, and not being afraid to get things wrong as long as this is used for future learning and sharing practice;
- Employing education and media as tools to promote physical activity, and its benefits, for professionals as well as residents generally;
- Recognising that behaviour change takes time, and tracking this is important to ensure activities can be sustained for longer; and
- Partnership working is essential and requires ensuring early buy-in from key stakeholders and improving cross-sectoral working.

A5.2 Local area example: Cornwall

Summary of Cornwall

Background/context: Cornwall developed a physical activity strategy for 2016-2020 with a specific target to get 50,000 more people active by 2020. This strategy was informed by the EAED framework, Sporting Futures and Towards an Active Nation. The local strategy is Cornwall's interpretation of the EAED framework.

Physical activity in Cornwall: The physical activity strategy takes an evidence based approach and highlights the levels of PA outlining the need for more active lives. It takes a whole system approach and adopts three themes from the EAED framework: active society, active environments and active professionals.

Active society: Much of the work around achieving an active society involves having the right strategy, and identifying key areas of work. The process of preparing to become a local delivery pilot site has helped Cornwall to understand what is needed to achieve the targets it has set out, as well as the resources and partnership working required. Already, residents have access to a number of activities and projects advertised on Get Active Cornwall, and a number of smaller schemes have been launched to ensure all age-groups are given opportunities to be active.

Active environments: Cornwall's Environmental growth strategy offers a 50 year plan from 2015-2065 and is reflective of the Government's 25 year plan to improve the environment. The strategy incorporates a section on people's experiences of the environment as a key target outcome. Cornwall is working well in promoting cycling and walking and this has been ongoing for some time and is well ingrained. Interventions and schemes in Cornwall that encourage physical activity include projects around cycling, walking, infrastructure improvements and projects that use the environment within social prescribing (A Dose of Nature; the Eden project).

A5.2.1 Introduction and background

In total seven stakeholders were interviewed as part of this local area example – these included stakeholders with roles within public health; health; sport, leisure and physical activity; transport; planning; and the built and natural environment sector.

A5.2.2 Health and Wellbeing Strategy for Cornwall (2013 – 2015)

The Local Health and Wellbeing Board strategy for Cornwall for the period 2013-2015⁵⁵ set out priorities for achieving three outcome areas. In this instance 'Active People and Environments' forms a key priority issue under the first outcome, 'Helping People to Live Longer, Happier and Healthier Lives'.

The Local Health and Wellbeing Board strategy for Cornwall for the period 2013-2015⁵⁶ set out priorities for achieving three outcome areas. In this instance 'Active People and Environments' forms a key priority issue under the first outcome, 'Helping People to Live Longer, Happier and Healthier Lives'.

The strategy emphasised the importance of increasing physical activity to improve public health, including workplace productivity and a reduction in congestion and pollution through active travel. Data was used to reinforce this point; for example, at the time of writing local data on public health illustrated that life expectancy is 5.9 years lower (for men) and 5.2 years lower (for women) for those living in the most deprived areas of Cornwall compared to those living in more affluent areas.

⁵⁵ Health and Wellbeing Strategy 2013-2015, Cornwall Health and Wellbeing Board, available: <https://www.cornwall.gov.uk/media/3624157/Health-and-Wellbeing-strategy-WEB.pdf>

⁵⁶ Health and Wellbeing Strategy 2013-2015, Cornwall Health and Wellbeing Board, available: <https://www.cornwall.gov.uk/media/3624157/Health-and-Wellbeing-strategy-WEB.pdf>

A5.2.3 Cornwall's Physical Activity Strategy (2016 – 2020)

Cornwall County Council's physical activity strategy⁵⁷ published in 2016 reflects three of the domain areas of the EAED framework and makes reference to the EAED 'What Works' document. The strategy was jointly published by the County Sports Partnership and Public Health (now the Wellbeing and Public Health Service). Stakeholders suggested that this relationship between the County Sports Partnership and the Wellbeing and Public Health Service has been important to the wider acceptance of the strategy. One interviewee reported that the physical activity strategy is Cornwall's interpretation of the EAED framework. The Strategy sets out a specific target to make 50,000 more people more active by 2020.

The Strategy was approved by Cornwall's Health and Wellbeing Board in July 2016 and was produced in consultation with 152 individuals from different organisations. It further builds on the physical activity data in the Health and Wellbeing Board strategy.

The plan sets out three specific priorities adopted from the EAED framework for the local implementation of the strategy including: active society; active environments; and active professionals. The specific areas of focus and evidence points for the active society and active environments domains are illustrated in the box below.

Cornwall's Physical Activity Strategy: Active society and active environments

Active society:

- **Start well (early years):** All children have an active start to life leading to an increase in the number who are healthy, happy and ready to start school;
- **Start well (children and young people):** the number of children and young people who are physically literate, active and meeting CMO guidelines is increased;
- **Live well (adults):** The number of adults who are physically active and meeting the CMO guidelines is increased;
- **Age well (retirement and active ageing):** Physical activity is a regular part of individual lives leading to greater opportunities for independent living and improved healthy/disability free life expectancy.

Active environments:

- **Outdoor and public spaces:** the utilisation of outdoor space for physical activity is increased;
- **Urban Planning and Design:** environments that promote and encouraged physical activity are planned and designed;
- **Transport:** Walking and cycling increase as a mode of transport;
- **Facilities:** Facilities to support the delivery of physical activity outcomes are provided and maintained.

A5.2.4 Progress in implementation

The process of preparing Cornwall CC's proposal to become a Sport England Local Delivery Pilot (which was unsuccessful) has offered a new way of understanding and delivering the physical activity strategy. Several stakeholders found that the process of developing the application has strongly contributed to developing relationships and partnerships across organisations – which they are hoping to sustain going forward.

There are a wide range of interventions that illustrate the implementation of Cornwall's physical activity strategy, which align closely with the EAED Framework spanning the domains of active society and active environments (discussed further below).

⁵⁷ Physical Activity Strategy Summary – Transforming activity levels by 2020, available: http://www.cornwallsportspartnership.co.uk/files/physical_activity_strategy2.pdf

The County Sports Partnership has been able to mobilise its resources to capitalise on EAED. In 2017 the local authority confirmed a new contract for the delivery of leisure services (14 leisure centres) in the county and the successful contract holders were required to tender against delivery of the physical activity strategy and this is now part of ongoing contract management. The local authority continues to support Active Travel and commission Sustrans to support the roll out of transport infrastructure projects. Public Health commission the Health Promotion Service to deliver against a range of public health outcomes and physical activity is delivered as part of a multi-faceted healthy lifestyles service. One stakeholder referred to the developments since the physical activity strategy was published. This included:

- The Cornwall Sports Partnership taking a lead in initiating this work. The EAED framework was influential in engaging public health colleagues to jointly commit capacity to drive the work forward.
- A review of local plans and strategies to assess the existing landscape and identify key players to build advocacy and a common agenda.

A5.2.4.1 Tackling inequalities in physical activity

The physical activity strategy for Cornwall references the 'Live Well model' which focuses on five lifestyle choices/behaviours (smoking, physical inactivity, unhealthy diet, excess alcohol and lack of social connections) that contribute to 75% of all deaths and disability in Cornwall (cancer, heart disease and stroke, bone and joint conditions, mental health conditions and lung disease).

The strategy provides data on poor health outcomes for some groups and the inequalities in physical activity across various groups, including those from lower socio-economic groups, disability, gender and ethnic minorities. There are a wide range of projects that align with the active society and active environments domain that target specific groups, though stakeholders emphasised that these projects are relatively short lived due to challenges in funding projects for the long term.

A5.2.4.2 Achieving a more active society/making physical activity the social norm

During the case study, one stakeholder remarked that the sport world has "*transitioned towards physical activity for health outcomes*", which has helped to frame the agenda for a more active society.

The process of preparing to become a local delivery pilot facilitated effective partnership working and convene a cross-sector leadership group. Through this work they also gathered localised data to make the case for change which has helped identify three priority localities with greatest need and potential for change. They are now working to identify where existing resource is or might be deployed towards the physical activity strategy and agreeing plans for impact evaluation. It also helped to identify ways to move the physical activity strategy forward, including how to:

- Promote awareness of the strategy and the physical activity targets to a wider network;
- Apply the methodology of the pilots to the delivery of physical activity in light of the EAED Framework;
- Understand their target audience better (and the importance of this);
- Sustain partnerships and buy-in from strategic heads of different organisations, including specifically in the localities where the local delivery pilots would have been delivered (the Bodmin Community Network Area, the West Penwith Community Network Area and St Austell, and the St Blazey & Clay Country);
- Work towards a whole-systems approach; and
- Best implement projects/actions to achieve their target of getting 50,000 more active.

In addition to physical activity targets, the physical activity strategy is connected to the social impact policy (which is referenced within the document), which relates to the wider benefits (including the economic benefits) of getting more people active. This has helped to facilitate more

buy-in from new partners in the environment sector especially as everyone can talk in the same language. Public consultations and events such as the Physical Activity Summit (jointly hosted by Public Health and Cornwall Sports Partnership in November 2016 & 2017) have also helped to get partners, stakeholders and people working in a coordinated way around physical activity.

The CSP is also thinking about changing its name to incorporate an element of physical activity to help partners recognise their wider focus on physical activity as opposed to just sport. However, one of the challenges is to get the right balance – there is a danger of “pushing sport under the carpet” if the focus is solely on physical activity, but sport has a number of benefits and a role to play in the creation of an active society. Stakeholders especially reflected on social benefits of participating in sports, for example, team sports have a higher retention rate than individual physical activities, and it is likely this is because of the group or peer motivation. In addition, within a landscape of limited resources sports clubs are by-in-large self-sustainable.

To fulfil their vision of an ‘active society’ there is a focus on a life-course approach in the physical activity strategy, which requires targeting all age-groups and multiple sectors including workplaces and schools. The Box below illustrates the main starting point for all residents in the county who want to get active. There is already a lot of work done with schools and colleges – for example, sea swims have been organised for schools with the dual aim of promoting safety when living by the sea and encouraging physical activity in natural environments. Additional areas of focus include working with school sports partnerships, and finding ways to embed the importance of physical activity in education.

Get Active Cornwall⁵⁸

Get Active Cornwall is the main resource for residents across Cornwall to get access to online information about how they can get active. It has been developed with funding from Department of Health, and coordinated by the Cornwall Sports Partnership (in partnership with local and national bodies including Cornwall Council). Users can create a profile and monitor their own engagement with activities, as well as take part in the Get Active Challenge.

The website is also a way to promote national campaigns, walking and cycling routes, events and also for organisations to promote themselves to the wider community. The website also contains information about healthy eating, and equalities and inclusion.

Finally, the CCG in Cornwall has also recently started a national PHE pilot project, the ‘Physical Activity Clinical Advice Pad’ pilot, which tests the use of a clinical advice pad to offer physical activity on prescription and improve the ability of clinicians to promote physical activity in routine primary care appointments.

A5.2.4.3 Achieving active environments

One stakeholder emphasised that Cornwall promotes itself as an attractive outdoor destination with its vast natural resources that enable people to be outdoors, though felt that this should be accompanied by increased investment in areas including active travel. The geographical composition of Cornwall has its challenges – for example, one stakeholder emphasised the difficulties of delivering services in rural areas, which lack the economies of scale of service delivery to urban populations.

Cornwall’s Environmental Growth Strategy⁵⁹ offers a 50 year plan from 2015-2065 and is reflective of the Government’s 25 year plan to improve the environment. The strategy incorporates a section on people’s experiences of the environment as a key target outcome, which is closely connected to ensuring the outdoors are used for both for physical and mental wellbeing.

⁵⁸ Get Active Cornwall, available: <http://www.getactivecornwall.co.uk/>

⁵⁹ Cornwall’s Environmental Growth Strategy, 2015-2065 – Delivering Environmental Growth for a Changing Cornwall, available: http://www.cornwall.gov.uk/media/24212257/environmental-growth-strategy_jan17_proof.pdf

There are various outdoor projects operating within Cornwall which align to the active environments domain; one example is illustrated in the blue box below.

The Dose of Nature project (2014-2016)

Eight nature-on-referral pilot projects looking specifically at the ways in which nature can be used to help people manage their LTCs were run between 2014 and 2016. These concentrated on getting primary care health professionals to use social prescribing that promotes walking for (physical and mental) health.

The Dose of Nature project built on a number of projects already socially prescribing patients to using outdoor services and natural assets. One example is the 'Eden on Prescription' pilot which was run in 2016 and enabled GPs to use social prescribing to refer patients with a number of needs to accessing the Eden biodome. In particular, walking groups were run for people with COPD and diabetes to help create health and physical benefits to help manage these LTCs better.

Self-reported data showed a 69% increase in wellbeing among participants and following on from its success, Cornwall Council have proposed mainstreaming the service. This scheme speaks to the aims of Cornwall's physical activity strategy in creating active built and natural environments, but also ties in with promoting an 'active society' by creating new and innovative opportunities for people to think about physical activity.

As well as making use of natural or built places for sports and physical activity, active travel is also being promoted across the county with specific improvements to walking/cycling routes (including walking/cycling infrastructure improvements along the A390 route into city). As one stakeholder stressed, cycling and walking have been actively promoted in Cornwall for some time, and others noted that the concept and health benefits of active travel have been ingrained across multiple sectors. The Marazion cycle scheme (described in the blue box below) is one example. In addition, other cycling and walking projects have been introduced across the county, often with a specific focus on tackling inequalities. For example, Bodmin Cornwall's cycling town project focused on connecting Bodmin (a deprived market town with low rates of car ownership and a high proportion of seasonal poorly paid non-professional employment) with existing cycle facilities through the town by changing the nature of the roads within the town and in doing so ensuring that the roads and the streets are useable by all road users. Importantly, reflections were made about the challenges of projects linked to the environments – in particular, the Bodmin project faced opposition from members of the communities arguing that the project was prioritising cyclists over other road users. Stakeholders suggested that such projects needed to be badged differently in order to gain support, for example showing the economic benefits to the towns rather than the increased cycling connections and benefits.

The Marazion Cycle Scheme

A scheme in Penzance, specifically in an area of deprivation, was delivered to extend the national cycle network and create a 'bay to bay' route. This scheme incorporated a public hire scheme for bikes, to enable everyone (including non-bike owners) to make use of the opportunity to get from the north and south coast without using the national cycle network (which is largely on a carriageway). By creating an off-road, coastal route, more groups of people can safely cycle around Penzance.

The local physical activity strategy was seen to act as a focus and was viewed as something to work towards in terms of achieving the aims and objectives it sets out, it has also helped organisations with evidence gathering.

One of the local challenges across the active environments domain is access to the coast paths and beaches for those living in more deprived areas. Several stakeholders suggested that structures do not support all groups to be active, for example many sites have parking charges that make it less attractive to those from lower socio-economic groups. Stakeholders suggested that the coast paths have a more affluent usage, with little public transport to the beaches and many living in deprived neighbourhoods experience transport poverty making it difficult to access

beaches. Although there are several projects targeting specific groups (as discussed above) stakeholders suggested that these are not sustained in the long term. One stakeholder suggested that people need time to build up the confidence to be outdoors and some barriers to the outdoors are not often acknowledged, for example people not knowing how to navigate, or how long it will take to walk/cycle a path, or suitable attire for outdoor activities.

A5.2.5 Everybody Active, Every Day

The majority of stakeholders were familiar with the EAED framework and were involved in implementing Cornwall's local physical activity strategy (closely aligned with the EAED framework). The work of stakeholders within the County Sports Partnership was more closely aligned with the EAED strategy.

The EAED Framework along with Sporting Futures and Sport England's Towards an Active nation were used to inform the local physical activity strategy including specific recommendations from the National Institute for Health & Care Excellence (NICE) and the outcomes of 'Towards an Active Nation'.

Stakeholders suggested that they did not want to *"reinvent the wheel when someone's created a really nice framework ... its gives us a bit of a skeleton to hang stuff on"*.

The County Sports Partnership is shifting a large amount of resource to work in the three localities (percentage as yet unknown) identified during the application for the Sport England local delivery pilot scheme. In particular, the partnership aims to work to improve the physical activity of specific target groups within these areas – these target groups are being defined by local data and acknowledged priorities, as well as by engaging with partners in the local area to guide delivery.

Overall, a number of stakeholders reflected that there was lots of buy-in to the physical activity strategy, including the way it aligns to the EAED Framework, and physical activity more generally:

"The new [physical activity] strategy directly responds to the EAED Framework. There is a lot of high level strategic buy in locally".

As the physical activity strategy is underpinning a number of local strategies and the work of the Health and Wellbeing board around physical activity, this means that the EAED Framework will translate well across the entire system and provide a coordinated approach to physical activity.

A5.2.6 Future and impact over time

Cornwall's local physical activity strategy sets the target of getting 50,000 more people active by 2020. The strategy lists specific targets for children, young people and adults that are currently inactive and also for those that are currently active.

One stakeholder reflected that there was a need to create 'health impact statements' which can summarise – for the public – the results of physical activity interventions or policies that create measurable change in health and behaviour in the county. This can help to provide an accountable track of progress as the county moves towards their target of 50,000 more people being active.

Some stakeholders mentioned specific indicators they would like to measure success against. These included measuring engagement in projects/activities and measuring the improvement in partnership working. Additionally, the physical activity strategy states it will not only make use of existing annual data collection methods and reporting tools, but also nationally available tools including Sport England's tool (that measures the contribution that sport makes to local economies), the Public Health Outcome's Framework, etc.

Recording learning is also important. Some stakeholders relayed that they had a number of important learning points – not only about what makes activity implementation successful (e.g. personal leadership was noted) but also what the challenges are (e.g. for physical activity

promotion in isolated rural areas). Others mentioned the challenge of increasing physical activity interventions within the context of reduced public sector funding.

A5.3 Local area example: Greater Manchester

Summary of Greater Manchester

The Greater Manchester Moving Plan for Physical Activity and Sport 2017-21 is the strategic framework used by delivery partners to guide work on increasing physical activity levels and addressing inequalities. The document shares some clear similarities with the Everybody Active, Every Day framework.

Achieving an active society

Greater Manchester has a reputation nationally for championing exercise in schools. *The Daily Mile* has been successfully embedded in 43% of primary schools across the locality¹⁰, and a key influencing point for this has been tapping into networks of senior leaders, particularly the emerging Headteachers' Alliance, which oversees the implementation of a Physical Education, Physical Activity and School Sport Strategy.

Achieving active environments

Greater Manchester has appointed British Olympic cyclist Chris Boardman as its first Cycling and Walking Commissioner. His report 'Made to Move' outlines a clear set of actions to transform engagement with active travel in the locality.

Reducing inequalities

Greater Manchester was chosen in December 2017 as one of twelve pilot areas for a new approach to create active and healthy communities funded by Sport England⁶⁰. The significant investment is in part intended to create innovative partnerships and through talking to and working with communities, identify better ways to address stubborn inequalities and break down the barriers that stop people getting active.

A5.3.1 Introduction and background

Greater Manchester Combined Authority is made up of ten councils and has a population of more than 2.7 million people. In Greater Manchester, 65% of adults and 28% of children are classified as overweight or obese, which is significantly worse than the UK average. Trends show that inequalities in activity levels between men/women and non disabled/disabled people are growing at a faster rate in Greater Manchester than they are nationally⁶¹.

The Manchester Joint Health and Wellbeing Strategy⁶² includes an ambition to improve health and wellbeing and to be more active as adults and children. The strategy also mentions supporting high quality, well maintained green spaces that are "an integral part of all neighbourhoods, with access to parks and green spaces and safe green routes for walking, cycling and exercise" (p. 9). Physical activity and Greater Manchester Moving are also referenced as one of the 20 themes in the Greater Manchester Population Health Plan⁶³.

⁶⁰ <https://www.sportengland.org/localpilots/>

⁶¹ Sport England, APS 6/7 to 9/10.

⁶² [file:///C:/Users/39643/Downloads/JOINT_HEALTH_AND_WELLBEING_STRATEGY%20\(1\).pdf](file:///C:/Users/39643/Downloads/JOINT_HEALTH_AND_WELLBEING_STRATEGY%20(1).pdf)

⁶³ <http://www.gmhsc.org.uk/assets/GM-Population-Health-Plan-Full-Plan.pdf>

Central to Greater Manchester's current efforts to increase physical activity levels and address inequalities is GM Moving, the City Region's Plan for physical activity and sport published in 2017⁶⁴. The box below illustrates the key areas of action outlined in the strategy.

GM Moving: The Plan for Physical Activity and Sport, 2017-21.

The strategy aims to reach a target of 75% of people active or fairly active by 2025. It is designed as a person-centred, whole systems approach to increasing physical activity through genuine collaboration and co-production. The strategic framework has twelve priorities based on the following five themes:

- **Policy and strategic architecture** – leading policy, legislation and system change;
- **People** – working across the life course from starting and developing well to living and ageing well;
- **Place** – focusing on developing active and sustainable environments and communities and contribution to local economic growth;
- **Workforce** – developing a skilled and diverse cross-sector workforce fit to deliver transformational change; and
- **Enablers** – using evidence and data, evaluation and marketing and communications effectively.

To explore local progress in enhancing physical activity and addressing local priorities, a case study site visit in Manchester was carried out in February 2018. Four in-depth interviews were conducted in total with a variety of stakeholders, including the Chair of the GM Directors of Public Health group, the Strategic Manager for GM Moving, a local strategic physical activity lead and a Strategic Manager for Active Travel at the GM transport authority.

A5.3.2 Progress in implementation

A5.3.2.1 General overview

There is currently a growing momentum in Greater Manchester around increasing levels of physical activity. This momentum stems from a combination of political backing, financial investment, and strong partnership working with a clear shared strategy for increasing physical activity and tackling inequalities.

Clear political support. Mayor Andy Burnham's 2017 manifesto⁶⁵ included clear political backing for a greater focus on everyday physical activity in the locality. This included appointing a Cycling and Walking Commissioner for Greater Manchester, assigning GreaterSport a coordination role to deliver an ambitious physical activity target and develop a new social prescribing model across Greater Manchester where GPs work closely with community and voluntary organisations to ensure people receive help and support to become more active.

⁶⁴ <http://www.greatersport.co.uk/get-active/23gmmoving-the-plan-for-physical-activity-and-sport-2017-21>

⁶⁵ https://d3n8a8pro7vhm.cloudfront.net/andy4mayor/pages/68/attachments/original/1489493923/Andy_Burham_Manifesto_A4_12pp_copy.pdf?1489493923

Strategic partnership working. The Greater Manchester Moving strategy published in 2017 has embedded strong partnership working and a shared vision led by GreaterSport. One stakeholder thought that:

“One of the big success stories is all partners have come around the table and engaged in the GM Moving agenda, which now offers the potential to start scaling up across Greater Manchester”.

Investment in active environments. British Olympic cyclist Chris Boardman was recently appointed as Manchester’s first Cycling and Walking Commissioner and published a new report in December 2017.

Delivery pilot to address inequalities. Manchester was selected as a Sport England local delivery pilot area in December 2017 with significant funding to address inequalities and break down barriers that stop people getting active.

A5.3.2.2 Key challenges and learning points

Stakeholders also identified a range of challenges and lessons from their efforts to embed physical activity into everyday life in Greater Manchester.

Innovation is required with limited human resources. Stakeholders working within local authorities highlighted reducing human resources allocated to physical activity within their organisations in the context of broader local government cuts, but did not see this as a significant barrier to making progress, particularly around changing social norms to make physical activity the expectation. One stakeholder explained:

“In terms of personnel out there delivering physical activity interventions it’s getting harder to fund them in these times of cuts, but that’s not necessarily the best way of achieving an active society... It’s a case of utilising what’s there, including the charity sector”.

Legislation may be required to drive change in some areas. Two stakeholders mentioned the need for national legislation to make a significant difference, particularly in the domain of active environments. They spoke of the challenges in influencing planning processes and the potential for legislation to drive progress more rapidly.

Senior leadership buy-in is crucial. Stakeholders also spoke of how ensuring there was strong support from senior leaders in local authorities and third sector organisations with a willingness to do things differently and take risks was key to the early successes they have had. Without this support from the top, the partnership working would not have been as effective across Greater Manchester.

A5.3.2.3 Tackling inequalities in physical activity

A range of initiatives are taking place across Greater Manchester to tackle inequalities in physical activity, but one stakeholder thought that progress was still “at the evolution stage”. A significant recent development from a financial investment perspective is the announcement that Greater Manchester has been selected by Sports England as a local delivery pilot area for a new approach to creating active and healthy communities, as illustrated in the box below.

Sport England Local Delivery Pilot

Greater Manchester was chosen in December 2017 as one of twelve pilot areas for a new approach to create active and healthy communities funded by Sport England⁶⁶. £100 million of National Lottery funding is to be invested across these pilots over the next four years to help create innovative partnerships and identify better ways to address stubborn inequalities and break down the barriers that stop people getting active, such as poor transport, safety, cost and confidence.

From transport links and street lights to the quality of parks and open spaces – the pilot initiative hopes to change the way the public views and engages in fitness and activity. The pilot scheme will work closely with other organisations beyond the sporting sector such as faith organisations, social enterprises and parenting groups. Greater Manchester has identified three populations as their audiences for this pilot⁶⁷:

- Children and Young People aged 5–18 in out-of-school settings;
- People out of work or at risk of becoming workless;
- People aged 40-60 with, or at risk of, cancer, cardiovascular disease and respiratory diseases.

These populations were identified to reflect where sport and physical activity could make the best contribution and impact through this pilot, both to individuals and communities, and to the whole system in Greater Manchester. Cross-cutting themes for these populations have been selected covering mental health and wellbeing, inactive people and addressing inequalities.

The outcomes Greater Manchester wants to achieve through the pilot are linked closely to the GM Outcomes Framework supporting the Greater Manchester Strategy which will be finalised by the new Mayor and District Leaders.

Specific local initiatives designed to address inequalities in physical activity mentioned by stakeholders included *I Wish I'd Tried*, which is a project in Stockport created by Life Leisure providing a variety of accessible sport and exercise sessions aimed at reengaging middle-aged people back into sport, encouraging them to try new sports and socialise whilst participating in one or more 30 minute sport activities each week.

SMILE (Simple Movements Improve Life Every Day) was also cited as an effective programme tackling inequalities in the locality. It is a low impact and gentle exercise concept developed by Life Leisure. The programme provides adaptable exercise and physical activity sessions targeted at older adults and those with long term health conditions or disabilities to help improve physical and mental health and wellbeing. Sessions can be delivered in unusual venues in order to reach as many people and groups as possible. Work is also ongoing instigated by research produced by GreaterSport to use faith centres as a hub for sport and physical activity as a new way of reaching communities in a new social way⁶⁸.

One stakeholder stressed that small packaged interventions targeted at specific groups with low levels of physical activity are not always enough to have a real impact. Making changes to physical environments is needed in order to facilitate more everyday exercise. Town centre planning should address how to make accessing the town centre more age

⁶⁶ <https://www.sportengland.org/localpilots/>

⁶⁷ https://www.gmcvo.org.uk/system/files/briefing_note_for_partners_re_eoi_3.4.17.pdf

⁶⁸ http://www.greatersport.co.uk/_media/uploads/9ff14fbf-aa8b-4ad1-9c2c-1c070d29dfe8.pdf

and disability friendly. For instance, adding more appropriate benches in public spaces and making city centres more safe and pedestrian friendly can make a big difference in supporting older or disabled people to become more active in their everyday lives. A whole system approach is required, which addresses the complex influences on physical activity behaviour.

A5.3.2.4 Achieving a more active society/ making physical activity the social norm

Overall, stakeholders thought that progress was being made in Greater Manchester in shifting the culture towards physical activity becoming a social norm. However, one stakeholder stressed that simply offering activities was insufficient to instigate behaviour change, and that a greater emphasis on effective marketing and campaigns is needed in the locality:

“There are lots of opportunities for people to be physically active but the work now needs to be done around the message of being physically active in general life rather than just doing it in isolation. That is where efforts need to be focused”.

Another stakeholder thought that the ‘everyday’ element of the Everybody Active Every Day framework still needed to be embedded further, reflecting that:

“From a public health perspective, emphasis might be better placed on not being sedentary rather than participating in vigorous physical activity”.

Some stakeholders mentioned that the national ‘One You’ and ‘Active 10’ campaigns had some success locally in communicating the message that walking does count as physical activity.

The locality has a reputation nationally for successfully championing exercise in schools, and a focus on embedding physical activity in schools as an early intervention measure was deemed to have been particularly effective across Greater Manchester by stakeholders. Through a system shared ambition, *The Daily Mile* has been successfully embedded in 43% of primary schools across Greater Manchester⁶⁹ and a key influencing point for this has been tapping into networks of senior leaders, particularly the emerging Headteachers’ Alliance, as outlined in the box below.

Greater Manchester Headteachers’ Alliance⁷⁰

The Greater Manchester Headteachers’ Alliance consists of a group of Headteachers passionate and determined to see young people from across Greater Manchester achieve their full potential in school and life. They believe that through engagement in physical activity, high quality PE and school sport opportunities, young people become competent and confident learners.

A key role of the Alliance is to oversee the implementation of a Physical Education, Physical Activity and School Sport Strategy. This consists of four key ambitions:

- High quality physical education;
- Outstanding physical activity, health and wellbeing opportunities;
- High quality sporting opportunities;
- Exceptional leadership for young people and school leaders.

In terms of lessons to take forward, stakeholders thought that the public sector could lead more by example in embedding physical activity into workplaces. One stakeholder also

⁶⁹ <https://www.youtube.com/watch?v=8h7B0ahj6Gk>

⁷⁰ <http://www.greatersport.co.uk/media/uploads/627abc68-cb89-4cf9-a3b2-45c4f1cbb8d4.pdf>

emphasised the importance of identifying who within local communities can be agents of change to drive wider shifts in behaviour around physical activity.

A5.3.2.5 Achieving active environments

Some stakeholders thought that progress to achieve more active environments in Greater Manchester over the last few years has not been sufficient, and that organisations operating in the active travel space including Transport for Greater Manchester have not been as well integrated as other partners in increasing physical activity levels. Cycling infrastructure in particular was highlighted as an issue by stakeholders, with poor safety and congestion being key barriers preventing more people from cycling. There have been a few exceptions, including the transformation of *Oxford Road*, one of Manchester's most recognisable roads and one of Europe's busiest bus routes. It has now been improved to become a more safe and pleasant environment for pedestrians and cyclists with new 'Dutch-style' separate cycle lanes.

However, since 2017 there has been an increasing momentum around investing in active travel and developing more active environments in the locality. The appointment of Olympic cyclist Chris Boardman as Greater Manchester's first *Cycling and Walking Commissioner* is a significant step, and events include the '*Green Summit*' to be hosted in Manchester in 2018 to gather ideas about sustainable travel options amongst other areas.

'Made to Move'

Creating the space for walking and cycling in Greater Manchester has recently become a clear priority with the appointment of British Olympic cyclist Chris Boardman as Greater Manchester's first Cycling and Walking Commissioner. His report – *Made to Move*⁷¹ - on how to deliver a step change in the numbers of people walking and cycling in the city region was published in December 2017.

The shared vision set out in the report is to create world class streets for walking and build one of the world's best cycle networks to create a genuine culture of cycling and walking in the area. Fifteen steps have been agreed to achieve this goal, and highlights include:

- Publishing a detailed, Greater Manchester-wide walking and cycling infrastructure plan in collaboration with districts in 2018;
- Establishing a ring-fenced, 10 year, £1.5 billion infrastructure fund, starting with a short term GM Mayor's Active Streets Fund to kick-start delivery for walking and cycling;
- Ensuring all upcoming public realm and infrastructure investments, alongside all related policy programmes, have walking and cycling integrated at the development stage;
- Launching a 'Summer Streets' festival, creating low car town and city centres to trial street closures on the network.

With a well-known Walking and Cycling Commissioner and clear Mayoral backing from Andy Burnham, there is real potential to transform participation in active travel in the Greater Manchester area. The delivery of 'Made to Move' relies upon substantial partnership working and will incorporate insight and expertise from across the GMCA,

⁷¹ file:///C:/Users/39643/Downloads/Made_to_Move.pdf

In terms of placing a greater focus on considerations about physical activity during the planning process, one stakeholder mentioned that in Stockport any domestic development of more than 10 dwellings or schools needs to be reviewed by the public health desk to consider implications for physical activity, green spaces and mental health impacts. However, in order to make more progress in achieving active environments, earlier intervention may be required. One stakeholder explained that:

“Public health intervention in terms of physical activity at the planning approval stage is too late. There’s more intervention needed earlier on in the design stage, particularly around building design”.

Another stakeholder spoke of the need for more politically brave decisions to drive change in Greater Manchester. For instance, this could include putting up parking prices to discourage people from driving into town centres or pedestrianising town centres.

A5.3.3 Everybody Active, Every Day

All of the stakeholders interviewed were aware of the Everybody Active Every Day framework to some degree, but none of them inputted into its design during the national consultation.

Stakeholders referred to the Greater Manchester Moving plan for physical activity and sport as their shared reference point rather than the EAED framework, but this document had been influenced by the EAED framework itself and makes reference to it. Several local authorities within Greater Manchester have based their physical activity strategy on the framework. EAED was seen as a first attempt at a whole system approach to increasing physical activity. One stakeholder thought that:

“It marked a shift in thinking about physical activity to a whole-system approach. It is a useful tool and helps position things. The conversation has become more about the dangers of inactivity. Previously there was a focus on people who were already active (and increasing their activity levels). There is now an increased focus on inequalities”.

In terms of the effect the EAED framework has had in Greater Manchester, another stakeholder commented:

“The profile of physical activity has certainly increased nationally and in Greater Manchester as a result [of the EAED framework]. ...Traditionally, these kind of strategic approaches tend to come from a sport background... It’s really the first time I’m aware of that health have really engaged at a senior strategic level. I think [the framework] has been a major driver behind that, so I think it’s done its job in that respect”.

Stakeholders were clear that the publication of EAED did not produce any additional evidence and largely simply articulated what they already knew but in an effective way. Part of its value was seen to be in being led by Public Health England:

“The framework pulled [the existing evidence base] together nicely and it had extra weight because it was coming from Public Health England... That health focus was definitely an advantage, particularly with engaging politicians”.

Overall, stakeholders stressed that the framework was not in the forefront of most practitioners’ minds in Greater Manchester. They thought that much of the momentum behind embedding physical activity into every day behaviour in Greater Manchester would

still be there in the absence of the framework. However, one stakeholder thought that the regional PHE networks have played a role in building relationships, sharing practice and contributing towards the development of the GM Moving plan for physical activity.

A5.3.4 Future and impact over time

The GM Moving plan for physical activity and sport features a whole population target of 73% of people active or fairly active by 2021 and 75% by 2025. 'Evidence, data and insight' is one of the twelve priorities of the GM Moving strategic framework, and work is continuing on how to ensure that evidence, data and insight inform the development of policy and practice to support active lives in Greater Manchester. Another priority is embedding high quality evaluation across activities in order to develop quality standards and help to understand impact.

Stakeholders thought that the key indicators for success are levels of engagement in physical activity measured against the Chief Medical Officer guidelines. However, they thought that it was currently difficult in some cases to sufficiently identify target groups with low levels of physical activity, and that the current Active Lives Survey would benefit from having a larger sample size allowing analysis at neighbourhood and ward level.

A5.4 Local area example: Lancashire

Summary of Lancashire

Lancashire has a well-developed range of programmes and interventions available for residents to improve their physical activity levels. These are often co-designed and delivered, with a number of projects linking in together. The county has been successful at implementing national schemes and obtaining national funding. A targeted physical activity programme commissioned by Lancashire County Council, 'Active Lives, Healthy Weight', has been ongoing for the last two years with the aim of improving the physical activity and health outcomes of residents in the county. Active travel is heavily promoted in the county, with a number of strategies making use of the natural landscape (e.g. the Preston Guild Wheel). The county sports partnership has worked with a number of organisations to provide a range of activities, including in areas of deprivation and for specific social groups such as those in drug or alcohol recovery. Finally, Lancashire is trialling new and innovative ways to make physical activity attractive for residents – including by using digital technology, and by involving the FA/local football clubs.

A5.4.1 Introduction and background

The Lancashire Health and Wellbeing Strategy sets out desired goals until 2020, with a work programme that lasted until 2016. While physical activity is not explicitly mentioned in the strategy, the overarching vision is to ensure that every citizen in Lancashire enjoys a long and healthy life. As such, a number of priorities relate indirectly to creating healthier behaviours which would include physical activity. In addition, the Health and Wellbeing Strategy outlines the importance of using the principles of "Making Every Contact Count" to improve the effectiveness and provision of interventions and services.

In order to obtain more information about the activities being implemented in Lancashire, interviews were conducted with eight local stakeholders with a variety of responsibilities for physical activity in Lancashire, alongside the regional Public Health England centre lead. The local stakeholders interviewed were involved in public health; the County Sports Partnership; a county councillor; active transport; and primary care organisations.

A5.4.2 Progress in implementation

A5.4.2.1 General overview

Lancashire has a number of projects and interventions to help improve physical activity levels and engagement in the county. These are often co-designed and delivered, with a number of projects linking in together. The county has been successful at implementing national schemes such as the Couch to 5k, and also in getting funding for activities (e.g. transformation funding from Sport England in East Lancashire).

A targeted physical activity programme commissioned by Lancashire County Council, 'Active Lives, Healthy Weight', has been ongoing for the last two years with the aim of improving the physical activity and health outcomes of residents in the county. This is outlined in the box below.

Active Lives, Healthy Weight

Active Lives, Healthy Weight is a free integrated health care and behaviour change service for obesity prevention and weight management. The programme was commissioned by Lancashire County Council to:

- Improve opportunities for physical activity and healthy eating by creating evidence-based and outcomes-focussed provision for the whole county population;

- Streamline and coordinate the approach to weight management and physical activity, creating better and more targeted provision across the county; and
- Re-commission existing services to help address the inequity in service provision.

The service is delivered (through a tendering process) in five discrete areas which are broadly aligned to the CCG boundaries, and makes use of locally available, community provision to offer information, assessment and support for residents. Funding was allocated on data collected for levels of physical activity, child obesity, deprivation etc. across the twelve districts of Lancashire. Delivers range from the YMCA, ABL Health (A Better Life), VCSEs and leisure centre providers, and there is encouragement for all the providers to work and learn from each other.

The service is promoted to all residents in Lancashire with the opportunity for self-referral, and referral pathways have also been embedded to provide a single point of access for referral in local healthcare practice. Residents who access the service are provided with 12 weeks of free group sessions for clients accessing the weight management of physical activity scheme, and given the option to continue with services (often at discounted or subsidised rates). Clients are followed through the service, and progress is measured at regular time points – specific outcomes are collected for number of people going through the programme, becoming active, and the number and amount of weight being lost.

A5.4.2.2 Achieving a more active society/making physical activity the social norm

In trying to build an active society, Lancashire has tried to build on successful activities such as the ‘mile-a-day’ scheme which started with one school in Carnforth (with engagement from Morecombe Bay CCG) and which has now been picked up by over 70 schools (and counting) in the county. Building on this, and to achieve sustained behaviour change, workshops and conferences have been undertaken by the county sports partnership to extend the idea of a daily mile for schools kids or getting “15 golden minutes of physical activity a day”. Additionally, there is also the prospect of embedding a ‘digital element’ to this scheme; talks have been held with Garmin – a sportstech company – to create a new way to nudge parents and children to do 30 minutes of activity or a mile a day, with prospects of winning cinema tickets or free coffees if this is achieved.

Similar to this, the University of Central Lancashire and Lancaster University are also working in partnership to developing a tailored tool for nudging behaviour, and getting people to be active.

Another innovative attempt at engaging residents in physical activity is being designed with the numerous football clubs (including several top-flight teams) that exist within Lancashire. This builds on work already being carried out by Burnley Football Club (in partnership with other providers including from the private sector). Football clubs will help to create a local, promotional brand and network to attract fans and other people to doing physical activity (alongside other social and community focussed activities) – and it is likely that they will have a bigger reach than local authorities or NHS groups etc. A meeting with all football clubs at the end of February 2018, to help create a strategy for bringing physical activity to their fan base and also harder to reach groups. Funding for this initiative will come from the FA, private sector and businesses (who are already starting to show an interest), as well as public health.

Ensuring that the same offer of physical activity is available for all residents across Lancashire requires working in networks and partnerships, liaising with community groups and using the infrastructure available by service providers and district councils. One stakeholder reflects that there is a real culture of people wanting to come and do things together, especially at the local level but this has come from a lot of work in the past such as creating health champions and activists in the community. This is what is needed to create an active society, especially in the context of limited resource.

“An important part of it is... how to do things without there being money being there like it was... it creates a scenario where you need to maintain the same level and keep up the quality of the delivery with a [reduced] budget... so it is about being innovative and

working with different organisations and people that you perhaps wouldn't have before... it's forced collaboration".

Finally, there is a 'time credits' scheme in place across the county to keep volunteers engaged. This scheme compensates the hours that volunteers give to local services or a community organisation (including helping to deliver physical activities) by providing an equal number of time credit that can be spent on a range of activities in leisure centres and other businesses in the local area. This system is a way to supplement existing resources that the third sector has, whilst also making sure they continue to be fit for purpose.

A5.4.2.3 Achieving active environments

The main challenge in Lancashire is the size of the geographical landscape, which – as emphasised in the Health and Wellbeing Strategy – ranges moorland, coastal areas, countryside and two main urban centres (Preston and Lancaster). This means that tailored approaches to physical activity have to be offered throughout the county. However, as the Health and Wellbeing Strategy also highlights, much of the natural landscape (especially the green spaces and countryside) can be exploited for health and wellbeing.

Progress is also being made to turn more urbanised areas into places for physical activity. For example, in 2005 Lancaster (with Morecambe) was one of six recognised cycling demonstration towns, and received funding from Cycling England for three years to spend on cycling – with a legacy that has been sustained since. As the box below outlines, the creation of a walking and cycling route has also been beneficial for promoting active travel in Preston.

The Preston Guild Wheel

The Preston Guild Wheel is a 21-mile walking and cycling route that connects the city to the countryside. It was built by Lancashire County Council in partnership with Preston City Council as a lasting legacy for the 2012 Preston Guild, and aims to make the most of the natural and green landscapes that encircle the city.

The route is mainly off-road and therefore provides a scenic, safe and traffic-free route for cyclists and walkers. The route also passes through or near several schools and employment areas to encourage daily active travel.

Promotional literature which provides information about attractions on the route, advice for cyclists and walkers, and a map of the route has been made publically available – and the wheel has therefore proved popular with tourists and locals alike.

An ongoing piece of work is being undertaken to continue to improve this route.

In addition to existing funds (such as around £2 million from the Department for Transport to improve sustainable travel), Section 106 money is being used by developers to create shared cycling and walking spaces across main routes (which didn't have this facility before) and looking to connect towns together.

Finally, a new Cycling and Walking strategy is being created with the involvement of representatives from across Lancashire. This is aligned to previous work undertaken by county, including in partnership with British Cycling.

The main challenge is to encourage people to get out there and use the facilities available to them; this requires some mapping work, promotion and advertising as well as putting on offers such as bike safety classes.

A5.4.2.4 Tackling inequalities in physical activity

A key focus of the work that the County Sports Partnership does is to try and improve the physical activity and health outcomes of deprived areas. For example, a major programme that the partnership have been working on for the last two years is the 'More Positive Together' which has

been funded by the 2014-2020 European Structural and Investment Funds Growth Programme (£4mn), as well as match funding from other organisations (including from Sport England core funding). This programme, which runs until December 2019, targets housing associations in the 20% most deprived LSOAs in Lancashire, and aims to provide an offer of sports, environment and art opportunities to get Lancashire residents (furthest from the labour market and with poor health outcomes) into employment or improve their employment prospects. This programme also links to the Challenge through Sport initiative, outlined below. Interest is also given to smaller schemes. For example, there is an ongoing conversation with Waste Manager to replicate a 'recycling' model which allows for old/saveable cycles to be fixed and returned back to communities (targeted at people who may struggle with bike ownership).

The Challenge through Sport Initiative

An innovative, partnership project which aims to encourage better, more active and healthier lifestyles for adults in drug and alcohol recovery is the Challenge through Sport Initiative. This operates as a mentoring system, with support offered to adults in recovery to become involved in regular sport and physical activity (as well as to improve their confidence and self-esteem).

The programme currently runs in Lancaster; Morecambe; Blackpool; Fleetwood; Hyndburn; Burnley; Chorley; Blackburn; Leyland; and Preston. It is the only project directly delivered by the County Sport Partnership as they can provide expertise and support to housing associations who may not be as familiar with accessing local provision.

Following a pilot, the programme received £500,000 in National Lottery funding from Sport England, as well as match funding more locally (including from the Police and Crime Commissioner and Public Health Lancashire) to host regular sport activities for those in recovery, as well as to improve their confidence and self-esteem.

There are approximately 20-30 'live' mentors from the recovery community who provide peer-to-peer support and deliver 'on the ground' in terms of informal activities e.g. walking and running groups, and connecting local provision such as boxing clubs.

"The Challenge through Sport Initiative is not just about seeing the health benefits through physical activity, but also seeing a renewed connection to community, so it's about seeing the benefits physical activity in a more holistic sense as well".

"The amount of people who have moved from participant to volunteer to mentor to working in full-time employment within other circles... it's been brilliant, we have seen dozens of people come through in the last few years".

Additionally, a focus is given to other target groups – though it is recognised by some stakeholders that more work can be done in these areas. For example, there is a current push to move disability funding away from small-scale bursaries (e.g. those given to coaches to work with disabled groups) to working in partnerships and engaging national representation so as to make larger-scale impacts.

Specific activities are focussed on other target groups. For example, the national This Girl Can campaign is promoted heavily for women and girls, to reduce disparity in participation in sports and there are also smaller projects with groups such as the girl guides and with women centres. A successful partnership between the county sport partnership, the Headteachers' Alliance (who are also Youth Sport Ambassadors) and the Schools Games network has helped to also create 35 registered Girl Active Schools that run activities such as 'Pretty Mudder' but also create peer champions. This has been funded through the roll-out of the My Personal Best package in 45 high schools in Lancashire.

Going forward, the Joint Strategic Needs Assessment will be used more to make informed decisions on where to target specific offers on physical activity (among other things) and which partners to work with to tackle inequalities.

A5.4.3 Everybody Active, Every Day

All stakeholders were aware of the EAED framework, and nearly all agreed that the overarching aim of it is to help put physical activity on the health agenda. The Director of Public Health was also consulted in the design of the EAED framework in 2014, as part of a wider network of public health professionals. Importantly, while aspects of the framework have helped shape the strategies and organisational priorities of the stakeholders involved in the delivery of physical activity interventions in Lancashire, none of the stakeholders believe that this is explicitly as a result of the framework. Rather, as one stakeholder summarises, there is much more alignment within the sport and physical activity sector – so the framework is one of many sources that are used when thinking about how to design new activities or improve existing ones.

A number of stakeholders explained that achieving a more active society, or making it the social norm, requires promoting the benefits beyond just the health benefits, e.g. promoting the social or personal grown aspects (in line with the five ways to wellbeing actions). In addition, one stakeholder also noted that there are wider societal benefits of physical activity that should be emphasised more.

“Physical activity has so far been seen as a lifestyle, but the benefits of being physically active to the wider society in terms of being a stepping stone to getting people back to work, to address social isolation, and even getting children more attentive in schools are a range of things that we haven’t framed the benefits of beyond health and wellbeing”.

The framework has had some influence on local action. For example, when the Active Lives, Healthy Weight service was redesigned, the EAED framework was just coming out and so the county was looking at how elements of the service could align to the framework.

However, the general perception of stakeholders is that the framework is one of many reasons why physical activity is becoming more embedded on the agenda for all healthcare services; there is an increasing realisation that joint-spending and resource for funding preventative strategies is required to prevent future consequences of physical inactivity. This message is also getting through to the voluntary sector, schools, district councils and wider stakeholders (e.g. the FA) – so there is a growing momentum.

“The EAED framework has helped to a degree, but there’s a general, widening awareness of the need for regular activity”.

A5.4.4 Future and impact over time

The Public Health Outcomes framework, which has indicators covering the Chief Medical Officer’s guidelines and the proportion of residents who are inactive, is used to measure progress and to benchmark against other areas. From data collected to date, the local area appears to be getting more active.

“It looks like we are on the right path, although it something of an incentive when you have poor health outcomes... it makes people sit up and do something”.

As one stakeholder explained, at a population-level, the main outcome is to decrease the number of people who are inactive. Broader than this, there is also the goal of reducing obesity (especially in younger children). Then there are also service-specific metrics, which are often around engaging target groups; achieving against the work programmes; and achieving outcomes for the client e.g. reduced weight. There is also work being undertaken to understand how to best measure whether physical environments are encouraging more active and healthier habits.

Measuring impact of projects needs to take into account wider impacts and outcomes, as that is what will help sustain an active society:

“We’re not just about sports for sports sake anymore, we are looking at the wider impact so we’re looking at sports and physical activity being a piece of a much wider pie in most

of our projects now, and how we can make an impact on people's lives and communities etc.,... now it is more about the fact that sports can be part of other things".

The following lessons can be learnt from Lancashire's experience of promoting physical activity:

- Ensuring effective communication and building on existing personal and professional relationships is key to partnership working at all tiers, and in turn partnership working in local areas is needed to ensure sustainable delivery;
- The climate of cuts and limited resources has helped create an appetite of collaborative working – not just within the sector, but also across other sectors / less traditional routes such as social care;
- Tackling inequalities and influencing behaviour change is difficult, and a number of lessons have been learnt about the most effective tools to 'break habits of a lifetime', especially in deprived communities. These include increasing contact time; working one-to-one or in small networks; and having regular contact points;
- Recognising where activities are delivered is important. This requires going out to communities and realising the differences between them, and hosting activities in the community as well; and
- *"Digital is the future"*, and making use of this will help to embed long-term behaviour change.

A5.5 Local area example: North Tyneside

Summary of North Tyneside

North Tyneside has a number of inequalities. The latest data shows that 21% of the population live in areas within the most deprived national quintile; this rate is slightly higher than the average across England (20%) but notably lower than the average across the North East region (31%). North Tyneside also has a slightly higher rate of people living in areas within the least deprived national quintile (23%) compared to the average across England (19.5%)⁷².

There is a large difference in life expectancy between the most affluent and most deprived areas of the borough. Life expectancy is 10.5 years lower for men and 9.3 years lower for women in the most deprived areas of North Tyneside than in the least deprived areas⁷³, and a major risk factor for poor health is physical inactivity⁷⁴. The sub-region physical activity strategy for Tyne and Wear estimates that the direct cost for inactivity in North Tyneside is at least £3,902,470, and suggests three areas of priority: Active Workplaces, Active Travel and Communities and Active Education. Elements of these priorities align with the domains of the EAED framework. In addition, Everybody Active North East has provided a framework based on EAED, to help implement the strategy across 12 councils in the North East.

Since 2014, Active North Tyneside has been the umbrella framework for the implementation of programmes and actions to encourage physical activity at the local level. A range of activities are offered through the programme, from targeted weight management programmes to events in leisure centres, with a specific focus is on inclusivity.

Given the focus on tackling inequalities, a number of targeted activities have been run for groups including older adults, disabled people, families, and ethnic minorities.

Active society: The main focus is implementing a universal offer through delivering national campaigns locally (e.g. This Girl Can, One You and Change4Life) as well as targeting specific settings such as workplaces and schools. The main barriers identified were limited resource as well as achieving a long-term culture change.

Active environments: In line with the physical activity, a huge focus is given to Active Travel – a cycling strategy has been published in 2017, and schemes such as Bikeability and Go Smarter are run through schools to encourage more cycling and walking.

A5.5.1 Introduction and background

The Health and Wellbeing Strategy for North Tyneside (2013 – 2023) notes that whilst North Tyneside is one of the least deprived areas in the North East of England, inequalities still exist in the borough. Although this document was published several years ago the latest data shows that these inequalities still remain⁷⁵. The strategy notes that physical activity levels are lowest in the most deprived wards, with consequences for life expectancy and health. . As such, one of the key objectives for the board is to “*reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough*”. Additionally, as recognised by the Tyne and Wear Physical Activity Strategy (2014 - 2017), which covers North Tyneside, the sub-

⁷²<http://fingertips.phe.org.uk/search/percentage%20people%20living%20in%2020%20least%20deprived#pat/6/ati/101/pa/r/E12000001>

⁷³ North Tyneside Health Profile 2016. Available at: <http://fingertipsreports.phe.org.uk/health-profiles/2016/e08000022.pdf>

⁷⁴ North Tyneside Joint Health and Wellbeing Strategy 2013-23. Available at: <http://my.northtyneside.gov.uk/sites/default/files/meeting/related-documents/3%20Appendix%201.pdf>

⁷⁵<http://fingertips.phe.org.uk/search/percentage%20people%20living%20in%2020%20least%20deprived#pat/6/ati/101/pa/r/E12000001>

region also has a high prevalence of poor health: over 40% of the households in Tyne and Wear have one or more people with a limiting long-term illness⁷⁶.

According to the physical activity strategy, the direct costs for inactivity in North Tyneside are calculated at £3,902,470 – this provides a financial argument to support a cross-sectoral focus on physical activity. The strategy focuses on three priorities to achieve the overarching aim of increasing participation levels in physical activity and creating a more active, and consequently healthier, sub-region: Active Workplaces, Active Travel and Communities, and Active Education. While these priorities do not exactly match the EAED domains, the core elements align with the focus of the Framework.

In total, eight stakeholders were interviewed in North Tyneside, including stakeholders with roles in the voluntary and community sector, public health, health, sport and leisure sector and the environment sector.

A5.5.2 Progress in implementation

As the following section illustrates, substantial progress has been made to sustain or create opportunities for residents in North Tyneside to engage and participate in physical activity. The blue box below illustrates one of the main ways in which the borough promotes physical activity.

Active North Tyneside: Move More, Live More!

Since 2014, Active North Tyneside has been the umbrella framework for the implementation of programmes and actions to encourage physical activity at the local level. Commissioned by Public Health and delivered by a team within North Tyneside's Sport and Leisure Service, Active North Tyneside focuses on getting more people active, more regularly and on encouraging people to take ownership of their activity levels.

A range of activities are offered through the programme, from targeted weight management programmes to events in leisure centres, and a specific focus is on inclusivity. For example, Active North Tyneside provides chair-based activities for less mobile or frail residents and family focussed activities, including for hard to reach families. The project also emphasises the importance of physical activity not just for health but also for social cohesion and reducing social isolation.

A dedicated website provides additional information about getting involved (including as a volunteer) in the local delivery of national campaigns such as Street Games and This Girl Can. Specific pages are available for different age groups (kids, teens and adults) as well as families, and resources are also available on topics such as mental health, stopping smoking and healthy eating.

A5.5.2.1 Tackling inequalities in physical activity

One stakeholder reflected that health inequalities in North Tyneside tend to be driven by high rates of smoking among certain groups and socioeconomic factors, and therefore priority needs to be given to considering how to mitigate the impact of these on physical activity participation and engagement. An additional challenge that the area has had to tackle is high rates of teenage pregnancies (24.9 per 1,000 compared to the national rate of 20.8 per 1,000). However, a lot of work has been done to help improve this situation; the rate of teenage pregnancies in North Tyneside has reduced by 57% since 1998 (baseline), a slightly faster reduction than in the national rate (55%)⁷⁷.

⁷⁶ Tyne and Wear Physical Activity Strategy 2014-2017. Available at: <http://static1.squarespace.com/static/56ae25bc62cd9466790428aa/t/57b1a408893fc027c7a1fa88/1471259661954/Tyne+%26+Wear+Physical+Activity+Strategy+2014-17.pdf>

⁷⁷ ONS (2015) Conception Statistics, England and Wales.

North Tyneside offers a number of options for a range of target groups in the area, recognising – as one stakeholder summarises – that tackling inequalities is about recognising that not ‘one size fits all’. Hosting small local projects, and focusing on the need and demand of particular groups is required to help bring about change.

Linked to Active North Tyneside is “Inclusive Sport North Tyneside”, which is a three-year funded project funded by Sport England which aims to increase the participation of disabled people in physical activity and sport, through hosting tailored opportunities. In order to reach a ‘critical mass’ for these activities, the opportunities are available for both disabled and non-disabled people to take part and evidence to date show that this approach has helped to increase the number of disabled people accessing sports and physical activity. The County Sports Partnership (Tyne and Wear Sport) have partnered up with national (such as the English Federation of Disability Sport) and local organisations, and have identified the needs of specific community groups, to create bespoke opportunities.

In addition to this, work has also been done to try and sustain the work of previous programmes. For example, when volunteer-led adapted cycling sessions stopped running in 2014 (they had been running since 2009), the council positioned the cycles within a country park for people to use, which has led to good outcomes in terms of disabled use and people learning to ride bikes.

Another priority group in North Tyneside is older adults, as activity levels decrease significantly for people over the age of 50; one stakeholder stated, the level of engagement for this group declines to around 40% from 67% and for the over 80s age group it declines further to around 5-10%. As a result, North Tyneside has carried out targeted work on getting this part of the population active and “*challenging the message that old age is about inevitable ill health and that retirement’s about slowing down*”. Some of the targeted work in this area include the following:

- The local authority offers free swim sessions for over 60s every Friday;
- Several projects are delivered by a local charity in partnership with the CCG and GPs such as ‘fit as a fiddle’ (which is in line with the nationwide programme that champions physical activity for older people) and a falls prevention programme (strength and balance classes); and
- Social prescribing is used for those with complex needs – the programme takes referrals from healthcare professionals and self-referrals. Physical activity is incorporated within the programme alongside other activities (such as art therapy and social clubs).

Other target groups are also considered. For example, North Tyneside’s Buggy Boot Camp targets mothers with small children and takes an outcomes focussed approach to upskilling people to be more proactive in the ‘physical activity’ message. A local charity have recently been commissioned to run a three year programme which focuses on keeping people active after a life changing event⁷⁸ (illness, injury, retirement, having a baby etc.).

Support has also been offered to Bangladeshi women to learn/continue to swim; though stakeholders note that take up of this was low in part because of ‘cultural influences’ and because it coincided with a lot of the dads playing five a side football. As there is a fairly small ethnic minority population in North Tyneside, stakeholders have tried to focus on targeted activities, but more work needs to be done in this area including engaging with different groups and target audiences to understand their motivations and barriers.

Finally, to overcome socio-economic barriers, the area has thought about and in some cases tried to offer ‘free at the point of access’ provision (for start-up projects). However, this needs to be sustained ‘at scale’ and over long periods of time to ensure consistent engagement in physical activity over time. Stakeholders stressed the importance of recognisable national branding which ‘trickles down’ to local communities.

⁷⁸ Helping the active stay active when life changes, Sport England

A5.5.2.2 Achieving a more active society/making physical activity the social norm

North Tyneside offers a universal approach to getting active, targeting all age groups and multiple settings. They have locally implemented national campaigns. For example, they worked to engage schools in Change4Life, and have implemented a local beginners running group for girls on the back of the This Girl Can campaign. They have also rolled out the 'One You' initiative.

In addition, universal activities including health walks; running groups; healthy weight programmes; and the recruitment of champions have been designed with the idea of reaching a wide number of people. Community 'start up' funds have also been made available for small organisations to run activities within their areas, which all have a requirement that they need to be 'free at the point of access'.

Stakeholders interviewed identified schools and children as a priority group for successfully achieving long-term behaviour change in North Tyneside, and a large amount of progress has been made in this area. For example:

- **Active Schools:** Around 8-10 schools base their curriculum on physical activity in the area. One stakeholder reflects that *"it just takes a new head teacher with an interest in physical activity to make these things happen"*.
- **School Games:** An accreditation called the Schools Games Mark offers the opportunity for young people to access a broad variety of physical activity, and forms a tool by which they can measure and monitor participation rates. In order to award the mark, there are a certain number of criteria that need to be fulfilled: for example, schools need to show: increases in engagement in physical activity; offering a broad range of physical activity; need to be fully inclusive to all age groups; and have key focus around target groups (i.e. BME children, those on free school meals, LGBT children and those identified inactive children).

The interviews revealed that a lot of progress has been made by schools themselves, as they have stepped up and increased their physical activity offer. One stakeholder mentioned that whilst activity rates are increasing, this has not yet had an impact on obesity levels – which suggests that physical activity needs to be embedded as part of a holistic approach that includes education and activities around nutrition and diet.

One stakeholder recognised that more attention needs to be given to other age groups and environments to ensure that behaviour change is consistent across the whole population. In this regard, a focus should be on how to get big employer organisations like the council to get the employees more active, and to build on the success of current workplace initiatives. For example, the "Better Health and Work programme" has been running for three years, in partnership with all 12 North East local authorities (who all pay into the programme) and offers a real opportunity for delivering physical activity changes.

During the interviews, stakeholders reflected on the main facilitating factors and challenges faced in the creation of an active society. Good partnership working was highlighted as essential to achieving results; increasing the importance and significance of physical activity on all agendas, and embedding it across all environments (e.g. schools) can drive long-term change.

The main barriers identified were limited resources (especially with an ageing population, as the demand for social and primary/secondary healthcare resources will only increase in the future) as well as ensuring culture change (changing people's attitudes and mind-sets to physical activity, and understand the need for some 'hand holding' for specific groups). One stakeholder was also sceptical about the reach of national campaigns and whether they are reaching the right people.

Design Council

North Tyneside is one of seven local authorities that have taken part in the design council focusing on different public health issues. The focus of North Tyneside's design council is how to get the population moving, especially in terms of those aged over 50. It involves testing the system to understand needs in different settings. For example, identifying people in the primary care setting to understand what would engage people to take up physical activity and maintain levels of physical activity, or, understanding how different employers can get their working age population active (with a focus on future prevention).

A5.5.2.3 Achieving active environments

Discussions with stakeholders focused mainly on active travel within the built environment, though some stakeholders reported that walking groups are popular in the area and there is an active use of green space. In addition, the Green Infrastructure Strategy (published by the council in 2015) provides an in-depth look at the vision for creating attractive green spaces and spaces for, among other things, play and recreation.

In terms of the built environment, stakeholders focused on the work being done to move the borough in the direction of being less driver focused, by restricting movement by motor vehicles and making the routes for walking and cycling more attractive (i.e. filtered permeability).

However, several stakeholders felt that being able to create long-term change to the infrastructure of roads (e.g. so that there are more people walking and cycling than driving), developments and estates, and influencing new developments to be conducive to physical activity, is challenging. This is especially because there is often limited resource and organisations have different agendas/goals (e.g. developers need to make a profit). Notably, the borough has facilitated discussions between public health and the planning and environment sector, which suggests that a coordinated and partnership approach is being delivered

A number of stakeholders also focused on the work being done to change behaviour and attitudes of young people using the environments for physical activity. In this case, the national Bikeability initiative, alongside school enrichment programmes, helps to build lifelong skills and encourages cycling – pupils can complete Levels 1 and 2 Bikeability in primary schools, which in turn encourages them to travel to school by bike as well as to complete Level 3 or take on more adventurous elements of cycling in secondary school. On this last point, one stakeholder highlighted that they work with private providers to offer residential and adventurous biking visits in the area and overseas, which are hosted in targeted areas with high levels of obesity.

Another stakeholder explained that previously they had also been focusing on delivering a ten-year project funded by the Department for Transport (local sustainable transport fund) which also promoted more walking and cycling for children through reducing congestion on roads and making them user-friendly. Unfortunately, the programme's monitoring has not proved it to be successful as there is no data, as of yet, that shows whether children are now walking and cycling more or the impact of the programme in certain areas (e.g. health deprived areas):

“There's a lot of data on children enjoying it, and the number of children that participated, but a lot of the activities have been on engaging with children at school and getting them excited about walking and cycling but when they get home that doesn't stop parents picking up the car keys.”

Finally, another activity targeted towards children and younger people is that the borough is now assessing transport modes for every child in school to assess how they are traveling to school and where they are traveling from – this data is produced every term by schools to help create an evidence-base of where new or improved infrastructure needs to be put in place, but also how to capitalise on the other benefits of active travel (e.g. psychological resilience and mental health).

Overall, some stakeholders expressed the view that to achieve progress in this domain, work needs to be done in partnership and not in silo, and also that a whole-population approach is needed. Learning from countries like Denmark and Holland where walking and cycling is a 'lifestyle' for everyone needs to be considered. The new cycling strategy and 'Go Smarter' scheme, described in the box below, will hopefully enable this.

Active Travel: North Tyneside Cycling Strategy (2017 – 2032) and 'Go Smarter'

This new cycling strategy sets a goal of establishing 'everyday cycling' by achieving three aims: to secure further growth; to improve infrastructure and information across the borough; and to provide design guidance for all highway and regeneration projects, and the creation of new infrastructure. Under each of these aims are a number of specific actions such as getting more people cycling, improving the safety and quality of routes, and also generally improving the physical activity of residents so they are able to get on a bicycle.

Specific initiatives are also mentioned throughout the strategy. For example, the strategy notes how it will use Active North Tyneside to promote cycling, and also mentions the Go Smarter programme. This is the main programme to influence parents and children to travel 'smarter' by raising awareness of the impact of active travel as well as the disadvantages of long car journey. The scheme audits each school in terms of the number of parents that drive to school, and look at how they can restrict the parents from driving and make walking and cycling better options. This has led to a number of traffic calming measures near schools, and cycleway improvement measures in terms of crossings. The programme plan marks a number of activities for the three phases of the programme including: identifying priority schools, enlisting staff, analysing travel data, recruiting travel ambassadors and travel champions, and educating children about their environment (e.g. street design, construction of schemes, traffic data). A final step will be to host local campaigns e.g. a car-free day, which involvement from the children who can promote and monitor the changes they've helped create.

A5.5.3 Everybody Active, Every Day

Over half of the local stakeholders were familiar with the EAED framework. In general, those within the sport/leisure and public health sector were more familiar with the framework than stakeholders in the primary health, environment and planning sector. This may be linked with the strategic roles played by the stakeholders in the sport and public health sectors.

In North Tyneside, the EAED framework has been implemented through the Everybody Active North East delivery plans (outlined in the blue box) and has been used locally to think about specific health and physical activity needs e.g. older people.

Everybody Active North East (EANE)

As part of the implementation of EAED in the North East the 12 councils in the areas collaborated through Everybody Active North East. This involved a programme of activities based on EAED, to help implement the strategy across North East as well as to enable a joint approach in improving levels of, and engagement with, physical activity.

The programme involved each council leading a specific month of local campaigning promoting a local physical activity offer, with support from across the region. This aimed to help to raise awareness about the range of activity options available to residents (especially those most inactive), but also to share good practice across the North East. Previously, North Tyneside hosted a month of swimming, and this involved collaboration between all swimming pools, leisure centres and other key stakeholders in the borough.

Stakeholders also emphasised using the population-based approach that the EAED Framework adopts through getting the population moving rather than:

“...identifying small numbers of individuals, offering them something really intensive that’s really good for small numbers but does nothing for population level change”.

In this instance, a number of stakeholders felt the focus espoused by both the EAED strategy and local policy is on changing the mind-set – away from needing a service or an intervention to address individual behaviour change, to addressing social norms at a wider level. For example, the cycling strategy focuses on how they get more people cycling to also achieve wider impacts such as more sustainable travel. One stakeholder stated that “EAED is well aligned with local priorities and it’s a good framework and it covers most aspects”

A5.5.4 Future and impact over time

There is already a focus on measuring success of programmes and activities to promote physical activity. Stakeholders reported that they had become better at gathering evidence for some of their projects by introducing on entry and exit questionnaires, though this is not possible for all projects. In addition, there are targets and frameworks used to measure progress against.

Stakeholders reflected on progress to date. One stakeholder noted that the strategic vision of the council has been fundamental to local work in increasing physical activity:

“Other councils have almost disinvested in leisure services but we have restructured our leisure services to be public health services and use the skills and resources in that workforce to really deliver on the public health objectives”.

Another stakeholder mentioned specifically that they feel like they are on the road to achieving a more active society, but there are still barriers to overcome:

“We live in an obesogenic environment where everything from new technologies to working conditions, everything that surrounds us proactively works to prevent us from being physically active and this is always seen as success, progress and moving forward, that’s such a big challenge, for example, young people’s aspirations is to own a car, everyone wants to drive everywhere”.

A number of stakeholders also identified learning points for the future including:

- **Investing time to ensure coordination and partnership working across the system:** Stakeholders reported that they can see more synergy between transport, planning and healthcare professionals that speak to the message of increasing physical activity. Building these relationships can take time, as relationships develop organically – this cannot be underestimated.
- **Continued support from public health locally as well as PHE nationally:** The skills and knowledge of the local public health colleagues were referenced as a key reason for success in North Tyneside. PHE has a continued role to play in helping with evidence and recommendations, and one stakeholder emphasised that it would be useful for them to have a national campaign around physical activity that takes a life course approach to create more awareness at scale, or provide more on-the-ground support.
- **Making the best use of existing and new resources:** Some stakeholders mentioned that in the context of limited funding and opportunities, all programmes need to link in and use the infrastructure in a coordinated way across the borough.
- **Identify the reasons why people are physically inactive to help shape services:** Understanding why specific age or social groups are more/less physically active can help to frame the agenda and ensure engagement with services.

A5.6 Local area example: Nottinghamshire

Background/context: Nottinghamshire has a two tier system, which is covered by two Sustainability and Transformation Partnership (STP) planning areas. Locally, 22% of adults are inactive (do less than 30 minutes of moderate physical activity per week) and there is contrasting levels of physical activity across the county. Physical activity is a priority for action in the Joint Health and Wellbeing Strategy 2018-2022. Active Notts (County Sports Partnership) have also developed a Physical Activity and Sport Strategy for 2017-2021 for Nottinghamshire and Nottingham, which is currently being finalised and aims to get more people active by 2021. Both Strategies have been informed by the EAED framework as well as Sporting Futures and others.

Physical activity in Nottinghamshire: The approach, and accompanying strategies, to encourage more physical activity is data led and place based. The aim is to identify priority areas across districts with a key focus area, county wide, of those with a limiting illness or disability. There is ongoing between multiple partners, including those not traditionally associated with Sport. Stakeholders reflected that engaging with health and social care around physical activity is a main challenge.

Active society: Much of the work to date around achieving an active society involves developing strategies, and identifying priorities. Stakeholders considered that changes in culture take time to develop and that achieving a more active society may be a product of ongoing efforts locally around enhancing physical activity. There is work ongoing with children and young people to help make physical activity 'a habit'.

Active environments: There has been great progress in this area with regular assessment of new developments to assess their impact on health, active travel, connectivity and green spaces as well as investment in infrastructure to support people to become more active. For example, investment in cycling routes around the county.

A5.6.1 Introduction and background

Nottinghamshire is a county in the East Midlands with a population of around 810,000⁷⁹ and is covered by two Sustainability and Transformation Partnership (STP) planning areas. Nottinghamshire has a two tier system with county and district councils. The districts of Nottinghamshire are: Ashfield, Bassetlaw, Broxtowe, Gedling, Mansfield, Newark and Sherwood, and Rushcliffe with the City of Nottingham a separate unitary authority⁸⁰.

In relation to levels of physical activity/inactivity, Nottinghamshire is in line with the average for England; 34.8% of adults do not meet the recommended standards of 150 minutes of moderate physical activity per week compared with 34.6% at a national level. Levels of physical activity are rising and the number of inactive people in generally in decline. However, the population is not as active as it needs to be and 22% of adults do less than 30 minutes of moderate physical activity per week, meaning they are inactive⁸¹.

Further analysis highlights that across the county there are contrasting levels of physical activity; for example, in Rushcliffe, 17.4% of adults are inactive compared with 27.7% in Mansfield. Local data reflects that inactivity levels increase as social class decreases and levels of inactivity are generally higher in women than men. The greatest inequality in activity levels across the county is for those with a disability or limiting illness⁸². In addition, those who are traditionally thought of as most active (men and adults under 45

⁷⁹ <http://www.nottinghamshire.gov.uk/business-community/economic-data/population-estimates>

⁸⁰ This case study focuses on Nottinghamshire, Nottingham City is not included in the scope of this report

⁸¹ Report to Health and Wellbeing Board: NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY PHYSICAL ACTIVITY PRIORITY, January 2018

⁸² Ibid

years of age) compare unfavourably with the national average; with a greater proportion of both groups being inactive compared to national levels, which could later impact on overall physical inactivity levels⁸³.

The second Nottinghamshire Health and Wellbeing Strategy focuses on addressing physical activity levels, in light of these facts. The strategy contains four overarching ambitions, one of which is “to have healthy and sustainable places”⁸⁴ and increasing physical activity is one of the 13 priorities for action within this ambition. A report focused on the physical activity priority was submitted to the Health and Wellbeing Board in January 2018, the first of all priority areas to do so. The aim of this is to obtain Board agreement and approval on the actions they can influence around the physical activity priority, as part of the overall Health and Wellbeing Strategy⁸⁵.

To explore local progress around enhancing physical activity and addressing local priorities, a case study site visit in Nottinghamshire was carried out in February 2018. Seven interviews were conducted in total with a variety of stakeholders, including Public Health representatives and local physical activity, planning and transportation teams.

A5.6.2 Progress in implementation

A5.6.2.1 General overview

As detailed above, addressing levels of physical activity is a key priority within the local Health and Wellbeing Strategy as well as the Nottinghamshire Joint Strategic Needs Assessment and Sustainable Community Strategy, reinforcing the importance placed on this locally. Active Notts (the County Sports Partnership) is a key partner locally for planning and delivering changes in physical activity and have recently developed the draft ‘Getting Active Together’ Physical Active and Sport Strategy setting out plans to help more people lead active lives.

Considerable work has been undertaken locally to enhance physical activity, target inequalities and create environments that encourage people to become more active. Local analysis of available survey data or ‘insight mapping’ is driving the identification of priority areas to focus on in relation to increasing physical activity and reducing inactivity. The data reflects variation in terms of the most inactive across the county and so a place based approach tailored to the needs of each district is being taken⁸⁶. Following the identification of the most inactive groups across the districts, there are local plans to undertake further research to understand the facilitators and barriers to undertaking physical activity, which can then shape the provision and delivery of services. This will help to focus investment, resource and services on supporting the least active to become more active in a way that responds to how people wish to engage in physical activity.

A number of stakeholders suggested that a whole system, cross sector approach would be necessary to help people become more active in their communities. This includes working with a multitude of partners including traditional sports partners, schools, businesses, planning and transportation, charities and health and social care. Consolidating this working to ensure all stakeholders are involved from the outset and

⁸³ Active Notts ‘Getting Active Together’ Physical Active and Sport Strategy, Draft version, December 2017

⁸⁴ Joint Health and Wellbeing Strategy 2018-2022, Nottinghamshire Health and Wellbeing Board, 2017

⁸⁵ Report to Health and Wellbeing Board: NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY PHYSICAL ACTIVITY PRIORITY, January 2018

⁸⁶ Ibid

pulling in the same direction was also highlighted by interviewees as important for tackling physical inactivity.

“We’re working to broaden out our partnerships from those people who have traditionally worked in sport.”

Resources, both in terms of financial investment – for example, through Nottinghamshire’s Public Health grant, and in terms of staffing, has been invested in driving forward progress in relation to physical activity. There were mixed views on the level of resource available for physical activity locally; some interviewees suggested that investment was decreasing and that local funding challenges and competing priorities had restricted the amount of resource that could be focused on physical activity specifically. Others felt that the financial resource available was fair and that tackling inactivity would not be solved solely through increased investment but through making the most effective use of what was available. A number of interviewees emphasised the importance of building capacity in the community, as it was considered that developing skills across districts to address physical inactivity would be more sustainable in the longer term.

“The solution isn’t just about getting more resource, it’s about working with what we’ve got and changing how the system works, how we think and behave”

Stakeholders reflected that there was real willingness and enthusiasm to improve activity levels across the county. However, the main challenge in making progress cited by the majority of stakeholders was in relation to engaging more effectively with health and social care. Interviewees reflected that financial and workload pressures meant that it could be difficult to encourage health and social care partners to focus on physical activity as a priority area. Engaging with local GPs was thought to be most challenging, stakeholders reflected that GPs had the potential to play a key role in encouraging physical activity locally as *“they are often the hub of a local community”*. Yet interviewees reflected that pressures in primary care and changes in organisational structures had restricted the degree to which this, and joint working, was possible. Local efforts are ongoing to improve engagement with GPs and two stakeholders considered that the Everybody Active Every Day (EAED) framework had supported this as *“it’s provided an evidence base and some backing, it’s encouraged better relationships with GPs and better partnership working.”*

A5.6.2.2 Tackling inequalities in physical activity

As detailed in section 1.1, a data led, tailored local approach to identifying and targeting the most physically inactive is being implemented to ensure that resources focus on those most in need. A number of stakeholders felt that this data led approach to prioritising investment and action was the most effective way to utilise the available resource as *“partners have diminishing resources, we can’t do everything for everyone as we used to, the main change we’ve made is looking how to target people going forward.”* Rather than a blanket approach, there will be cross sector working with partners in district councils to reach more people in a targeted way in local settings, particularly those with limiting illness or disability. Two stakeholders reflected that it may be difficult to measure the impact of reaching people in this targeted way however *“[you] recognise it needs to be done but sometimes it’s more difficult to justify how we’re spending money on that [offering physical activities to specific target groups] until you see the outcomes”*

Working with less traditional partners across multiple sectors will help to tackle inequalities in physical activity, exploring new ways to engage the least active in ways that appeal to them. This data analysis and research to understand barriers and facilitators to physical activity will inform investment and delivery of services at a local level.

It is still relatively early stages in terms of more targeted implementation work so efforts are still largely focused around engaging partners and identifying needs. Once this ground

work has been completed, Active Notts, the Public Health team and partners will work with local communities to support them to deliver activities and initiatives that align with their local priorities. Examples of initiatives, which have already been implemented successfully include:

This Girl Can Mansfield

Building on the success of the national 'This Girl Can' campaign, This Girl Can Mansfield has been a local hit, aiming to get women and girls moving, regardless of shape, size and ability. The campaign has been co-ordinated by Active Notts, Mansfield District Council and Mansfield District Leisure Trust and offers local women a range of activities to get more active, including Boxercise, Petanque, Roller Derby and Boogie Bounce classes. The campaign is locally owned with a Facebook page (This Girl Can Mansfield) used to generate energy, connect with others and promote activities.

Swimming initiatives in Ashfield

- Children in Key Stage Two from areas of greatest need have been targeted and offered crash course swimming lessons to support them to get up to Government targets of 25m. These children were identified through Surestart and local schools.
- Parent and child swim lessons, targeted through Surestart, have been offered at a discounted rate encouraging families to attend lessons.

Nottinghamshire Public Health and Adult Social Care teams are leading the development of a Physical Activity programme aimed at physically inactive older people. This is to be aligned with Falls Prevention Pathways and will involve partnership working with Local Authorities, Clinical Commissioning Groups and local providers.

There is currently a pilot scheme underway addressing an identified gap in the system. In primary care, there are some GPs who lack confidence when providing physical activity advice to a specific group of people who want to get active but have medical concerns. For example, people with injuries or long term conditions, the elderly or someone who has recently had an operation. The pilot is working on a referral pathway into sports medicine to under-utilised sports and exercise medicine registrars and consultants who are very keen to see and advise these patients on how to engage in physical activity, utilising existing resource in the most effective way.

A5.6.2.3 Achieving a more active society/ making physical activity the social norm

Interviewees suggested that progress was least pronounced in relation to making physical activity the social norm. There were a number of reasons suggested for this, including some stakeholders feeling that cultural change takes time to develop and so would likely be driven by implementation and delivery of targeted initiatives and projects. Some interviewees reflected that the national Public Health England teams may be better placed to drive the achievement of a more active society given the resources and investment perceived to be needed to "drill into the public consciousness". Some interviewees also considered that more focus should be given to the "messaging" around physical activity locally, "*we need to do more around the messaging and how we build the culture.*"

A number of stakeholders reflected that engaging children and young people early on would help drive a change in culture as behaviour changes in relation to physical activity become embedded and develop into a habit. There were multiple examples of work in schools and clubs to promote the benefits of physical activity and giving children the tools

to participate, “[if you help children to participate early on], they engage in the activity and then that helps it become a habit, which is more sustainable. It brings about that behaviour change and change in culture, it’s then a normal thing to do.”

A5.6.2.4 Achieving active environments

There has been great progress made locally in relation to creating the right spaces to encourage physical activity, which aligns well with achieving the active environments domain of the EAED framework.

The Health and Wellbeing physical activity priority report (January 2018) makes explicit reference to using the principles of Active Design (developed by Sport England and Public Health England) within local policy and plans to develop the right environments for people to lead more active lifestyles. These principles set out practical measures for planning authorities and organisations to facilitate local changes that enable physical activity, including well designed streets and spaces and creating the conditions for active travel between locations. Developing ways to use green and open spaces to their full potential is another objective within the local priority report. There is close team working between Public Health, planning, transportation and others to ensure that new developments encourage people to be active every day. A planning for health checklist was introduced a number of years ago, which ensures that any new planning development requests and applications that come in are measured against a checklist covering impacts on health, active travel, connectivity and green spaces.

There has been investment in infrastructure to support local growth, which should simultaneously provide the conditions to encourage people to become more active. For example, over £2 million in local growth funding was invested to deliver strategic cycle routes in four areas so that people can make journeys by bicycle. This has been boosted by access funding from central government to deliver behaviour change programmes targeting these routes, “so we’ve built the areas and the infrastructure and now we’re going back to try and encourage people to use it.” This work will specifically focus on four workstreams; jobseekers, workplaces, school leavers and households. County Council Transport Strategy and Public Health will also coordinate efforts to plan developments and link funding opportunities to increase levels of walking and cycling⁸⁷.

In Ashfield, they are currently developing ‘Run, Cycle, Walk’ routes across the district. There is good infrastructure in place but connectivity between routes could be improved so this is being developed to enable people to better utilise and navigate the current trails.

A5.6.3 Everybody Active, Every Day

All stakeholders were aware of the Everybody Active Every Day (EAED) framework, although there were some differences in the extent to which they were familiar with the content and its purpose. Views were mixed around the degree to which the framework had influenced and driven local priorities and actions, however many stakeholders reflected that the framework was welcomed and informative.

At a practical level, the framework has been used as a reference point when producing both the Active Notts Physical Activity and Sport Strategy and the Physical Activity priority report. Both documents used the framework, as well as other strategies, to tailor and focus their priorities and action plans locally. The framework has also been used at a district council level to support the targeting of commissioning work going forward.

⁸⁷ Nottinghamshire Joint Health and Wellbeing Strategy 2018-2022, Physical Activity priority: presentation

“The framework helps, it is more aligned locally [than other strategies] and it reminds us which aspects are important.”

A number of stakeholders reflected that the framework aligns with the way local public health teams consider physical activity, in particular the way that physical activity is defined, widening out from a focus on traditional sports.

Many stakeholders highlighted that the framework has bolstered the national position in relation to physical activity, and more specifically, targeting inequalities, which has strengthened the local narrative in this area. One example highlighted by stakeholders was the value of the framework when trying to engage GPs in work to target physical inactivity. Having the framework as a national reference point was thought to have helped begin to address ‘buy in’.

“The framework helps give people permission to do something about [physical activity] – most things these days you have to be able to relate it back to some kind of strategic objective.”

Two interviewees felt that this national support and direction was particularly important when it comes to investing funding locally: *“Certainly there is a direction, investment, a will to work, a will to invest, will to support the working locally. The strategic context is key to that.”*

The role of Public Health England in producing the framework was valued locally, however there were mixed views around the extent to which there had been practical implementation support. At a national level, stakeholders appreciated the range of tools, initiatives and applications that were available to support and encourage more physical activity, for example Couch to 5k and Change for Life. Some felt this had started to raise awareness around the importance of physical activity more generally.

A number of stakeholders however did reflect that it would be beneficial to receive more support from regional Public Health England teams to aid with local implementation and navigating the different physical activity strategies and frameworks available. Two interviewees suggested that it would be helpful if Public Health England could provide a more coherent narrative around how the framework fits with other strategic drivers and initiatives in the absence of one central strategy.

A5.6.4 Future and impact over time

The Active Notts Physical Activity and Sport Strategy features a target of achieving 50,000 More Active Lives by 2021⁸⁸, which is currently under review. Most stakeholders reflected that it is important that any agreed target is achieved through focusing on the sections of the community that research shows are underrepresented in terms of engagement with physical activity: *“I think the target is big but what we want to do is break it down so it is focused on those parts of the community that are most underrepresented in physical activity terms. It’s about getting to that target, not through just getting more well people who just need a bit of a push to become more active, it’s about getting the disadvantaged to become active. That’s also where you find most benefits in terms of public purse, health spend and a range of social spin offs.”*

A strong focus of the Active Notts Physical Activity and Sport Strategy is on the importance of being able to demonstrate impact of local progress and efforts to target physical activity both at a population and individual level⁸⁹. This will support both greater

⁸⁸ Active Notts ‘Getting Active Together’ Physical Active and Sport Strategy, Draft version, December 2017

⁸⁹ Ibid

insight into how local initiatives and organisations are achieving aims to reduce physical inactivity but also provide a deeper understanding of ‘what works’.

This strategy and the Physical Activity priority report set out a number of ways in which impact will be measured over time to understand if the local area is getting more active and how inequalities are being addressed in areas of priority, such as those with a disability or limiting illness. These methods include⁹⁰:

- Setting baseline and future targets for engagement in physical activity and sport by both 2021 and 2025;
- Regular evaluation of interventions and projects to measure progress, with a framework to ensure consistency;
- Work at a community level to understand individual projects, what works and why with sharing of learning to shape future delivery;
- Analysing local data from the national Active Lives survey – a survey of people aged 16 and over, published by Sport England.

Progress will be measured against a series of key performance indicators, to be finalised locally, taken from the Sport England Active Lives Survey, which originate in the Government’s Sporting Future strategy. The Active Notts strategy presents these indicators across five domains; Tackling Inequality in priority areas (e.g. disability, location), Children & Young People, Keeping People Active, Volunteering and Transforming Delivery. Indicators will likely include⁹¹:

- Increase in percentage of the population taking part in sport and physical activity at least twice in the last month;
- Decrease in percentage of people physically inactive;
- Increase in the number of people volunteering in sport at least twice in the last year; and,
- Increase in the amount of non-public investment into sport bodies which are in receipt of public investment.

Details are to be confirmed in relation to measuring impact for children and young people but will likely draw on a new national survey, the Active Lives for Young People survey⁹².

- Capturing qualitative feedback through personal stories and case studies to provide rich insight alongside the quantitative measures described above.

These methods will support the measurement of impact over time, particularly in relation to general changes in levels of physical activity and addressing inequalities in priority areas locally. This will all be informed by the local insight data, which identified the areas and aspects of the population that are most inactive and determined priorities. However, a number of stakeholders reflected that measuring whether physical activity has become a norm and the extent to which the environment has directly encouraged more active living would be more challenging, particularly as there will be a number of factors which can contribute to any changes.

⁹⁰ Active Notts ‘Getting Active Together’ Physical Active and Sport Strategy, Draft version, December 2017

⁹¹ Ibid

⁹² Active Notts ‘Getting Active Together’ Physical Active and Sport Strategy, Draft version, December 2017

A5.7 Local area example: Sheffield

Summary of Sheffield

Background/context: Sheffield has its own physical activity strategy that was developed on the back of the funding received for the 2012 Olympic legacy. A key part of this was the 'Move More' framework which was developed in 2014. The catalyst for Move More was the establishment of the National Centre of Sport and Exercise Medicine (NCSEM), and some 64 organisations involved in physical activity have been brought together to help fund and deliver the strategy.

Sheffield has a stark variation in physical activity levels between the west and east of the city, with higher levels of deprivation in the east, whilst the west is more affluent.

Physical activity in Sheffield: Sheffield's physical activity strategy uses an evidence-based, locally led approach. Their 'Move More Month' has successfully initiated mass engagement with every day exercise in the city, with participation levels increasing year on year.

There is a close link between clinicians and leisure/physical activity sector within Sheffield. Their vision was to bring closer working between the sectors and placing clinicians at the heart of leisure facilities. They have three fitness centres that have physio's and other clinicians working within them, with a strong emphasis on social prescribing.

Active society: One of the key aims of Sheffield is to become the most active city and the 'outdoor city' in England. They have a number of different initiatives and campaigns to increase physical activity, from working with schools to their 'move more challenge', a competition for organisations to increase the physical activity levels of their employees.

Active environments: Many challenges are fed down from national to the regional to the local level on resources and there have been different messages around physical activity within the transport sector. For example, the national message focuses on the return on investments from projects to design new roads, though developing cycling lanes does not offer a higher return and is therefore overlooked in favour of developing new roads.

A5.7.1 Introduction and background

There have been long held ambitions in Sheffield to be a leader in the WHO Healthy City network and as a City of Physical Activity. There is variation in physical activity levels between the west and the east of the Sheffield. The east of the city has higher levels of deprivation, has a higher BME population and its people are more likely to be inactive than those living in the west of the city.

The local Health and Wellbeing Board strategy⁹³ covers the period 2013-2018 and sets out five key outcomes. The second of these key outcomes – 'Health and Wellbeing is Improving' – mentions exercise as a key element of the outcome, ensuring that children, young people and adults are living healthily. Work programme 3 of the strategy also focuses on 'food, physical activity and active lifestyles', recognising that whilst Sheffield

⁹³ Sheffield Joint Health and Wellbeing Strategy 2013-18. Available at: <https://www.sheffield.gov.uk/content/dam/sheffield/docs/public-health/lifestyle/Sheffield%20Joint%20Health%20and%20Wellbeing%20Strategy.pdf>

has high quality sports facilities and open spaces, not everyone in the city is able to access or take advantage of them.

Following the London Olympics, the National Centre for Sport and Exercise Medicine was established to promote health and wellbeing, and Sheffield is one of three founding partners along with the East Midlands and London. This centre is part of a broader attempt to leverage a participation culture following the Olympic Games, and has therefore brought global interest to work in Sheffield in the area of sport and physical activity. Sheffield has an established track record of joint working between the public, private and third sector on health and physical activity related programmes locally.

Five stakeholders were interviewed as part of this local area example – these included stakeholders with roles within public health, health/clinicians, sport sector and transport and planning. Several stakeholders were aware of the EAED Framework whilst others knew relatively little about it. The local physical activity framework ‘Move More’ was the main focus for delivering physical activity within Sheffield.

A5.7.2 Progress in implementation

Stakeholders felt that there has been reasonable progress in establishing a clear vision and mission for increasing physical activity levels in Sheffield. However, progress has varied across core themes of Move More – Sheffield’s local strategy for physical activity, as outlined in the box below.

‘Move More’

‘Move More’ is Sheffield’s framework and campaign for creating a culture of physical activity⁹⁴. Its aim is to transform Sheffield into the most active city in the UK by 2020. The catalyst for Move More was the establishment of the National Centre of Sport and Exercise Medicine (NCSEM), which is an Olympic Legacy programme, and some 64 organisations involved in physical activity have been brought together to help deliver the plan. A draft of the framework was signed off by Food and Physical Activity Board in 2014 and then this was updated in 2015 when accountability transferred to the NCSEM Board. The NCSEM were also one of the stakeholder organisations involved in shaping the Everybody Active, Every Day Framework, which was in part informed by the work of Move More.

The Move More plan identifies 6 priority areas for action which aim to embed physical activity into daily life. These are:

- Empowered communities;
- Active environments;
- Active people and families;
- Physical activity as medicine;
- Active schools and active pupils; and
- Active workplaces and an active workforce.

The plan is based on twelve underlying principles. These principles include building from the bottom up and adopting an asset based community development approach. There is a strong focus on reducing inequalities in participation and adopting an equal and inclusive approach.

One stakeholder commented that:

⁹⁴ The Move More Plan: A framework for increasing physical activity in Sheffield 2015-2010. Available at: <https://www.movemoresheffield.com/Media/Default/Documents/move-more-plan.pdf>

“I think the Move More plan is really strong overall. But because it’s a multi-agency partnership it doesn’t have a strong governance structure and it relies on partners going away and doing stuff... looking at what’s my role within this. That can be everything from a rheumatologist through to someone in charge of transport planning”.

In the context of local authority budgets and public health grants being reduced, stakeholders stated that it has been a challenge to sufficiently target and focus resources on physical activity promotion. The consensus amongst stakeholders was that physical activity forms a smaller part than it should. Stakeholders thought that the low level of human resources within Sheffield City Council dedicated to coordinating the delivery of the physical activity plan was insufficient. One stakeholder commented that:

“Those people whose job it is to bring the story together and to coordinate the city’s activities in this space... it’s a tiny number of people ... in the past we would have had sport development teams but these have all been slashed, so they’ve gone”.

There was a general agreement that discussions about increasing investment in areas to increase levels of physical activity needs to happen at the national level before it can be filtered down to the local level.

A5.7.2.1 Tackling inequalities in physical activity

The Move More physical activity plan for Sheffield places a clear emphasis on an equal and inclusive approach where everyone can have accessible, convenient and affordable choices for physical activity. ‘Reducing inequality in participation’ is one of twelve underlying principles of the plan, which recognises that the largest health gain occurs for the first 15-29 minutes per day of activity by the least active, and seeks to embed this understanding when planning and prioritising interventions. The document also acknowledges the importance of ensuring physical activity opportunities are available and promoted suitably to older people who are often less active.

One successful approach to supporting people with low levels of physical activity to become more active in Sheffield is through GP social prescribing, particularly targeted at people with long-term conditions. The National Centre for Sports and Exercise Medicine has played a key role in establishing three new centres in the heart of communities which co-locates exercise and leisure facilities with health consultation and rehabilitation services. This new approach to sharing facilities and practice between sports centres and healthcare facilities has drawn national attention and is outlined further in the box below.

‘Social prescribing: Drawing the link with clinicians and leisure’

One of the six areas of the Move More plan focuses on physical activity as an embedded treatment option for NHS patients. In the past, exercise referral has been solely from primary care, which has not been particularly effective.

Taking a new approach, three National Centres for Sport and Exercise Medicine facilities across Sheffield (Graves, Thorncliffe and Concord) co-locate sport and exercise medicine specialists, health practitioners, researchers, clinicians and patients in innovative hubs, right in the heart of communities that need them.

As an example, the project at Concord transformed an unused changing block into a centre that promotes physical activity as a treatment in the NHS. It houses seven clinical consulting rooms, education and training facilities, as well as a connection to the existing sports centre to fluidly connect health with physical activity.

Stakeholders thought that there has been encouraging progress at the overall population level in increasing levels of physical activity, but that the gap between the most and least active persists at a consistent level and little progress has been made in reducing inequalities. There is variation in physical activity levels between the west and the east of the Sheffield. The east of the city has higher levels of deprivation, has a higher BME population and are more likely to be inactive than those living in the west of the city.

One stakeholder noted the importance of engaging the third sector more effectively in efforts to address inequalities and reach the most inactive and sedentary people in Sheffield:

“Leisure centres are always going to be in places for people that are more affluent – they are never going to get to people that work shifts or are on low incomes. We have to take physical activity to them. The way to do that is to invest in voluntary and community organisations who are closer to the real communities we want to get to, much much closer than I ever will be. And enable them to run appropriate forms of activity”.

Stakeholders thought that there was a shared understanding of what needs to be done and a lack of action was not due to a need for further evidence but rather that a lack of funding was as a key barrier. One stakeholder observed that with persistent cuts to local authority budgets and the public health grant over the last few years, priority is given to areas where there are statutory responsibilities such as children’s social care.

A5.7.2.2 Achieving a more active society/ making physical activity the social norm

The ‘Move More’ campaign has had success across Sheffield in encouraging people to engage with exercise, through a smartphone app, a city-wide ‘Move More Month’ and a workplace challenge. Details of these initiatives are outlined in the box below.

'Move More Month'

Move More Month brings together people across Sheffield to get active and to record their physical activity during June. This gamification of exercise aims to see how many combined minutes the city can clock up. Movements are logged using a free smartphone app which has been developed by academics from the National Centre of Sport and Exercise Medicine. The app automatically tracks and records minutes of activity. People are able to see their progress on the app itself or via the Move More website, which also displays the city's total minutes of movement.

The **Move More 'Go for Gold' Workplace Challenge** also takes place during the Move More Month and allows teams to compete within their organisations as well as challenging colleagues from across the city. Employees either use the app or pedometers and other devices to monitor their movement in and around the workplace. It is designed to encourage a fun sense of competition and support workplace cohesion. Results are displayed on a website, through which teams can compare their efforts in a Move More league table.

Last year, organisations from across the city took part in the challenge during the Move More Month in Sheffield. In total, 374 teams with approximately 3,000 participants generated a total of 4.4 million Move More Minutes.

The 'Move More Month' campaign has been running for two years and engagement has increased from 5 million active minutes to 8 million active minutes as measured through the smartphone app activity tracker. This initiative not only acts as a tool to promote physical activity but is also being used to enhance the baseline understanding of current levels of physical activity across the city.

Stakeholders thought that there was a real momentum behind this local initiative and thought the core message about the importance of embedding physical activity into everyday life was visible in Sheffield, although it has not necessarily reached the poorest communities successfully. Local work has also influenced national campaigns. For instance, the national Active 10 campaign has an app which has been designed by the National Centre for Sport and Exercise Medicine at Sheffield Hallam University, using the 'Move More' app as its engine.

A5.7.2.3 Achieving active environments

An ambition to create more active environments in Sheffield is clearly articulated in the Move More plan for physical activity. One of the strategy's six key outcomes is that 'Sheffield is a city designed to make it easier for people to be physically active as they go about their daily lives'.

A major project in Sheffield in recent years which has had a positive effect on increasing physical activity is the regeneration of Sheffield's Golden Route led by Sheffield City Council⁹⁵. This initiative has revamped the city centre with a dramatically improved pedestrian environment, interlinking places with design that encourages people to walk and cycle, as well as encouraging more social integration within the public realm. However, one stakeholder thought that strategic challenges remain in terms of where active travel budgets are spent:

⁹⁵ Sports England (2015) Active Design: Planning for health and wellbeing through sport and physical activity. Available at: <https://www.sportengland.org/media/3964/spe003-active-design-published-october-2015-high-quality-for-web-2.pdf>

“Although we’re a local authority the level of democratic accountability for transport decisions has traditionally not been very high”.

Stakeholders thought that influencing political will is a key element of success in this area, but continues to be a challenge. One stakeholder thought Public Health England could play a larger role nationally in influencing planning processes through conversations with the Department for Transport to ensure environments are designed with physical activity in mind:

“I would love to see PHE get into advocacy at the national level ... where are PHE in establishing health within the national planning framework so that our planners have to plan active environments in to the developments, where are PHE in the conversations with DTF about active travel, about how resources get allocated ... I would love to see PHE in those kinds of agendas ... they are helpful locally but the rules of how planning works are established nationally so our planners will only work in that context so we’ve got to change the context”.

Another stakeholder stressed the importance of ensuring highway maintenance contracts have a stepped change of active travel embedded into them, otherwise this can limit a locality’s ability to change things for some time.

A5.7.3 Everybody Active, Every Day

Only some of the stakeholders interviewed were aware of the EAED Framework, and instead identified with implementing Sheffield’s Move More strategy for physical activity. However, this local strategy is closely aligned to the EAED Framework and uses much of the same language. One stakeholder explained:

“Our involvement from a Sheffield perspective is none because we’ve got a framework that preceded [The Everybody Active, Every Day] framework, it is called ‘Move More’ - that’s our strategy for PA in Sheffield”.

Despite not identifying strongly with the EAED Framework, one stakeholder thought Public Health England had played a helpful role in embedding physical activity into daily life locally:

“PHE aren’t in a position to offer funding to local areas, so they can offer advice and guidance in various shapes and guises. PHE do a really good job and have consistently good relationships [with us]”.

In addition to providing local support in implementing physical activity initiatives, stakeholders thought PHE could play a larger role nationally in influencing planning processes to help develop more active environments and active travel infrastructure locally.

A5.7.4 Future and impact over time

The six key outcomes of Sheffield’s Move More physical activity strategy will be assessed using routinely collected data including the Public Health Outcome Framework data, the Active Lives Survey, and the Health Survey for England. It will also be assessed via a Sheffield specific database, including objectively assessed physical activity, across the lifespan. Data from Sheffield’s Move More smartphone app provides objective data at a local level and has served as a useful indicator of baseline levels of activity in the city. Data from the app will be used to understand how best to encourage populations to be physically active, and how to reach populations at the peripheral of traditional public health campaigns.

Progress against the key outcomes identified within the plan is presented annually in the form of a written report to the National Centre for Sport and Exercise Medicine Board. This report is also translated into public facing communication to broadcast progress and champion success in raising levels of physical activity in Sheffield.

One stakeholder noted that:

“The challenge for us locally is how we cast a net over all the stuff we have going on in the city... and pool this together into one usable data picture”.

This pooling of data is something the Move More team in Sheffield is currently working on.

Annex 6 Engaging working groups

A6.1 Natural England's National Outdoors for All Working Group

A6.1.1 Introduction

Natural England's National Outdoors for All Working Group has a core membership of approximately fifty policy makers and practitioners focused on the natural environment. As part of their discussions the group thinks about targeting deprived areas to increase engagement with the natural environment, as well as the benefits that interacting with the natural environment can have for mental and physical health and wellbeing. ICF was invited to host a one-hour discussion about the Everybody Active, Every Day framework at the end of the day's sessions on Thursday 18th January 2018.

The overall theme of the day was 'Environmental Social Action' with a focus on young people and there were approximately twenty attendees. Stakeholders were from a range of organisations including Natural England, Defra, Groundwork, Intelligent Health, the National Trust, Active Devon, Dementia Adventure, Growing Health and the Woodland Trust. Of the stakeholders present, five people said they had a basic awareness of the Everybody Active Every Day framework.

A6.1.2 Active society

A6.1.2.1 Campaigns, activities and strategies

A range of national campaigns and initiatives to improve physical activity were mentioned by the stakeholders including *Active 10*, *Good Gym*, *Run Like a Girl*, *This Girl Can* and *Walking for Health*. Stakeholders were less aware of specific campaigns taking place at a local level. In the private sector, stakeholders were aware of the *Workplace Challenge*.

Stakeholders also made reference to several national strategies and publications relevant to physical activity. These included the new *Early Years Foundation Stage Framework* revised in 2017 which mentions the Chief Medical Officer's guidelines for physical activity. The guidelines recognise that early years practitioners have a key role to play in helping young children develop a life-long love of activity. The guidelines included in the framework state that children under 5 who are capable of walking should be active for at least 3 hours per day and limit the amount of time spent sitting still.

There was a consensus within the group that relatability is crucial in campaigns. The media and advertising industries often feature very physically fit people taking part in exercise which can be alienating for those that are more inactive and lack self-confidence. One stakeholder talked about the importance of "seeing people like you" doing exercise, and stressed the importance of including middle-aged mothers and ethnic minorities in campaign images. Another stakeholder stressed the importance of ensuring activities are attracting diversity and highlighted the benefits of mixed exercise groups for peer support, both in terms of abilities but also gender and ethnicity.

The discussion also covered the importance of early intervention and targeting children in order to make regular physical activity the norm. One participant noted that independent schools often more successfully put sport at the heart of what they do, and state schools can learn from this and should prioritise a sporting culture more.

A6.1.2.2 Achieving an active society

Participants thought that there was a gradual shift taking place towards embedding physical activity more into everyday life. For instance, Sport England's recognition of walking as a fundable activity was deemed to be of symbolic importance. Stakeholders discussed how there has been a perceived cultural shift towards running becoming more fashionable. Participants thought that jogging and running had become more mainstream and active wear clothing had become more fashionable.

Some stakeholders also thought that technology and the gamification of everyday exercise is making progress in driving behaviour change. They discussed how technology for measuring steps and the proliferation of mobile apps focused on physical activity, sometimes with a social or competitive element, have been increasing motivation and driving behaviour change amongst people who are typically more inactive such as middle-aged stay at home mothers. Mobile apps like 'Dragon Finder' and 'Pokemon Go' are getting people outside and more active through stealth. The general consensus was that virtual social element to exercise and a sense of 'gamification' are a rising trend that have had some level of success so far.

Stakeholders also discussed some of the challenges faced in building an active society, and lessons that can be taken forward. Stakeholders were in agreement that:

- **Community engagement is of central importance.** Some participants thought that a deeper understanding was needed about specific social, cultural and religious norms in local communities in order to better understand how to make change happen and raise physical activity within communities. One participant noted that everyone's challenges are different and there is not a 'one-size fits all approach' to driving behaviour change or shifting social norms in this area. Stakeholders agreed that consultation and co-design are key to ensure local physical activity offers are aligned with what people want and will actually engage with. It is important to reach the trusted sources in communities and support them to become agents of change.
- **Early intervention is crucial and children can be leading influencers.** Participants discussed how there is a real value in focusing on the early years and thinking about children as influencers. Children may well go home and shame their parents for a lack of exercise if there is a strong culture around being physically active in schools. Certificates and badges for participation in exercise and sports is often effective in engaging children. However, one stakeholder thought that it is important to engage with parents alongside their children to ensure a real cultural shift takes place.
- **Efforts have been disproportionately focused on big infrastructure projects.** Some stakeholders said that they were more aware of large projects and investment in the domain of active environments, but that small changes are not happening enough in terms of driving behaviour change through marketing, communications and community engagement at the local level.

A6.1.3 Active environments

A6.1.3.1 Campaigns, activities and strategies

Several national strategies were mentioned, including the Department for Transport's *Cycling and Walking Investment Strategy*, and the launch of the *Transforming Cities Fund* which one stakeholder saw as offering a strong opportunity for investment in infrastructure that will support more active travel and everyday physical exercise in urban environments. One stakeholder discussed Defra's new *25 year Environmental Plan* which has a chapter focused on connecting people with the environment to improve health and wellbeing. A

range of cross-departmental work will take place to deliver this plan, including work by the Department for Education, The Department for Transport, Public Health England and the Department for Digital, Culture, Media and Sport. Another stakeholder highlighted the importance of publications such as *Cycling Cities* for understanding how practices, infrastructure and policymaking has developed in this area over time.

A few local examples of initiatives designed to engage people more with green spaces were also discussed, including *Sheffield: The Outdoor City* and *The London National Park City* projects. Mapping and joining up spaces in cities such as London and Manchester were deemed to have been effective in encouraging more people to walk, and *Legible London* was cited as a key part of this progress.

In terms of initiatives with a broader health focus, stakeholders mentioned *NHS England's Healthy New Towns* initiative and the *NHS Forest* project. One stakeholder also mentioned the Royal Horticultural Society's *Health and Horticulture Forum* which is focused on ensuring the NHS and commissioners recognise that horticultural design and exposure to green infrastructure can reduce health inequalities and provide a cost-effective solution over time.

A6.1.3.2 Achieving active environments

Whilst stakeholders were aware of a range of initiatives taking place to design, build and maintain more active environments, they largely felt that a lot more work still needs to be done. They recognised that there had been a clear shift in recent years towards more sustainable and active travel infrastructure and that access to green spaces was good, but overall they thought that progress in some areas has been slow because it takes a long time to influence planning processes. They identified a few key areas of focus, namely:

- **Ensuring environments are safe and welcoming.** Stakeholders largely felt that a lack of progress had been made with making parks and green spaces safer and more friendly for people exercising, and that investment in these physical environments were particularly important given that park staff numbers were being cut away. Women in particular can feel unsafe after dark if there is not sufficient lighting.
- **Political boldness is required to drive progress forwards.** Several stakeholders thought that in order to instigate a real step-change more political bravery and backing is needed at regional and local levels. For instance, introducing park and rides a mile outside market town centres would make a significant difference in changing everyday physical activity behaviours. One stakeholder thought Public Health England and other national stakeholder organisations could play a more prominent role in influencing policy.

A6.1.4 Inequalities in physical activity

A6.1.4.1 Campaigns, activities and strategies

Stakeholders discussed several initiatives designed to address inequalities in activity. The discussion particularly focused on women and people with disabilities as target groups. These included *Miles Without Stiles*, which outlines a network of accessible walking routes across the Lake District National Park suitable for people with limited mobility, including wheelchair users, families with pushchairs and the visually impaired. Another stakeholder pointed to important research carried out by Sports England entitled *Getting Active Outdoors* which included a deep dive into the motivation, participation and provision of outdoor sport and recreation for people with disabilities and serves as a useful

tool for understanding barriers such as shelter and resting points, route finding and physical access to sites.

The group discussed gender inequalities and cited *This Girl Can* as a key campaign which has had a large impact in empowering more women to engage in physical activity. They also mentioned the importance of *Run Like A Girl* for broadening the image of who takes part in exercise. There was a consensus that more needs to be done to ensure women feel safe running outside.

Another stakeholder highlighted the focus on addressing childhood obesity through the Department for Education's doubling of *the PE and sport premium for primary schools* in 2017. This is ring-fenced funding available for primary schools to improve the quality of PE and sport activities they offer their children, and one stakeholder felt it had been particularly effective in increasing childhood exercise in certain geographical areas and prompting individual schools to think more about their physical activity offer.

Stakeholders mentioned *Thrive*, which works with the disabled and people with ill-health through the use of gardening and horticulture, thereby involving them in everyday exercise through a social activity.

A6.1.4.2 Tackling inequalities

Stakeholders were able to identify a range of practices taking place to address inequalities in physical activity, but thought that there was less of a sense of a whole systems approach to tackle inequalities and that there was less partnership working amongst organisations in this area. They identified several key areas of focus to drive progress forward, including:

- **Addressing inequalities in rural communities.** Several stakeholders thought that geographical inequalities were still not being sufficiently addressed, and that people living in more rural areas were particularly neglected. One stakeholder thought that people tend to have an idealistic attitude to the countryside but there is more momentum around physical activity in cities. In rural areas, people often need to drive to places more, much land is private, people are likely to be more isolated walking or running the country and less group exercise opportunities are usually on offer. The group agreed that rural communities have different needs and some of them are currently being underserved.
- **Bringing exercise opportunities into deprived areas.** Some stakeholders discussed the challenge of linking the best facilities with deprived families who are often more inactive. They stressed the importance of co-designing activities with people so that they are more likely to engage with them, and introducing things like street dances or park runs into deprived wards.

A6.2 London Physical Activity for Health Network

A6.2.1 Introduction

The London Physical Activity for Health Network (PAfHN) meets regularly to discuss and drive policy; share good practice; and improve existing knowledge of health and physical activity topics. ICF was invited to host a one-hour discussion about the Everybody Active, Every Day framework prior to the regular meeting hosted by the Institute of Sport, Exercise and Health on Wednesday 31st January 2018.

Eleven stakeholders attended the discussion, representing a number of organisations (including Sport England, London Sport and EMDUK) and local boroughs. Four of the stakeholders were relationship managers; two stakeholders were linked to public health; and one of the stakeholders represented disabilities.

At the start of the session, stakeholders were asked to introduce themselves to each other and write down examples of best practice aligning to the 'Active Society' and 'Active Environments' domains. In two smaller groups, these examples were discussed further to understand what progress is being made in these areas. Additionally, participants were asked about whether any of these interventions also address inequalities in physical activity, as well as the main challenges in the design and delivery of physical activity interventions in these areas.

A6.2.2 Active Society

A6.2.2.1 Campaigns, activities and strategies

A number of national campaigns and strategies to improve physical activity were mentioned by the stakeholders including: This Girl Can; Park Run; the Daily Mile; Healthy New Towns; and One You. Some stakeholders focused on how these were being implemented at a local level, and why this is helping to create a more active society. In this case, 'One You Hounslow' has led to a number of local initiatives that build on a national campaign, and encourage all age groups to become more active through, for example, the organisation of free health walks and family activities oriented around physical activity.

Other national campaigns referenced by stakeholders had a broader health focus. For example, one stakeholder mentioned Macmillan's Move More, which is targeted at those in recovery after cancer treatment and focuses on additional outcomes such as building confidence and self-esteem. Similarly, another campaign mentioned was 'Get Set to Go'; this is run by the charity Mind with support from Sports England, has been very successful in London. People can sign up to get free support to increase their physical activity levels and find an activity they will enjoy. Those who are active already can get involved by supporting others as a volunteer peer navigator.

Local strategies and activities that the stakeholders were familiar with were also mentioned including Get Active London which signposts people to new sports and physical activities. However, one important reflection raised was that local or small-scale initiatives tend to face the challenge of sustainability and scalability which is why there is often a focus on building on the momentum of national campaigns such as those mentioned above. This in turn can help create long-term change and build an active society.

A6.2.2.2 Achieving an active society

Stakeholders felt that a number of different elements need to be considered when trying to achieve whole-scale change and an active society. There was general consensus that:

- **Social norms are shaped by environments:** An active society starts with improving active environments – agents of change their communities are shaped by their environments and social norms are changed in part through changes in the environment.
- **‘Social prescribing’ is important:** There has been some success with changing behaviours through healthcare professionals through ‘social prescribing’. However, one participant felt there was a lot of work still to be done in developing partnerships with the NHS to tackle physical inactivity. One particular area of focus should be developing ‘soft skills’ to help improve engagement levels.
- **Systematic partnership working needs to be developed in order to instigate behaviour change at the macro level:** Some stakeholders thought there is still a *“missing conversation between NHS trusts and local authorities”*. There is often a sense that the NHS only scrutinises the work of local authorities in this area, instead of also contributing to the work. It is important to further develop integration and links between the NHS, government and local authorities in increasing physical activity levels and implementing the framework. Additionally, more work needs to be done around engaging commercial providers such as leisure centres.
- **Lifestyle change is very complex:** This complexity is not often recognised at the level of individual interventions. More understanding of need and demand is required, which often necessitates a ‘bottom-up’ approach as well as the implementation of strategies that use peer support, community champions, etc.

The stakeholders also discussed in-depth the specific challenges of building an ‘active society’, and where the most important lessons have been learnt. One important reflection was that volunteer engagement is essential for the sustained provision of projects and practice, but to date the voluntary sector has not been sufficiently tapped in to despite a general willingness to increase integration across stakeholder bodies/organisations. More efforts are needed around the recruitment of volunteers, as well as maintaining a cohort of trained volunteers over a long period of time.

Another discussion that took place was around understanding and then tapping into the other motivations for taking part in sport (beyond direct health benefits). Currently, a number of services are overly ‘clinical’ and force people to try and be physically active purely for the sake of being active. However, as one participant stressed, sport activities can offer comradeship, getting out of the house to socialise, community development etc. Replicating the model of successful programmes such as Park Run (which many people do for the social rather than physical activity element) may help to create more sustainable physical activity programmes.

A6.2.3 Active environments

A6.2.3.1 Campaigns, activities and strategies

Discussions by stakeholders tended to focus on the following two categories, with a number of points specifically made in relation to active travel / public transport initiatives and strategies in London:

- **Building new infrastructure:** The main example that stakeholders in their discussion of creating new active travel opportunities was the development of cycle superhighways in London. Other examples were also discussed such as the development of newer airports where spaces have been designed which encourage walking.
- **Making use of the existing landscape:** There was emphasis given to policies and activities which encouraged active travel within existing, heavily urbanised and busy areas. For example, one stakeholder mentioned the ‘funnelling’ policy which helps to restrict the number of cars in quieter, residential areas that can be used for cycling or walking in instead. Another stakeholder

also mentioned the working being undertaken in Waltham Forest, to creating a living map which outlines existing cycle and walking trails.

Stakeholders also provided examples of national and international best practice. National examples included the creation of new housing developments and areas in Wokingham and Cambridgeshire (which are designed to promote active living), and the structure/expansion of the Milton Keynes Redways. International best practice was also mentioned, including around active environments in Amsterdam and Copenhagen. This led to a wider discussion about the investment given to London boroughs as part of the Mini Holland scheme, which is part of a wider Healthy Streets approach. The Mini Holland initiative was highlighted as a way to replicate Dutch-style active travel infrastructure (e.g. through redesigning junctions to make them safer for cyclists and pedestrians) and to find new ways to encourage more people to cycle more safely and more often.

A6.2.3.2 Achieving active environments

There was a mixed response about the potential for London to create and sustain active environments. On the one hand, London is an unusual case as the potential for active travel in London is higher than many other cities and the public transport in place is better than many other areas of the UK. However, on the other hand, there are a number of challenges. In particular, pollution is one issue in London which is preventing people from being physically active within the city. Likewise, London also has stricter regulations about what can and can't be built, and since there has been so much development in central London already, it is often harder to create opportunities for making the environment active.

Additionally, new building projects and new towns are typically designed better with physical activity in mind. However, whilst some of these new builds are supposed to be 'affordable' in London often the prices in these areas are out of reach for many, potentially resulting in inequalities in physical activity.

Taking all this into account, more can therefore be done around influencing planning policies and infrastructure, with much more emphasis on facilitating physical activity in urban planning, and stronger partnership working and integration to ensure active travel (and active environments more broadly) is a cross-sectoral vision. A number of stakeholders point out that resources such as the Sport England Active Design guide and local needs assessments can help to enable and support change.

A6.2.4 Inequalities in physical activity

A6.2.4.1 Campaigns, activities and strategies

A number of national campaigns to tackle inequalities were discussed by the two groups of stakeholders including This Girl Can, which a number of stakeholders referenced as an example of an extremely successful brand which has filtered down to all local levels. Park Runs were also discussed as effective, as they started out predominantly as an event for seasoned runners but gradually became more inclusive, and now are engaging effectively with specific age groups (e.g. through junior park runs) and disability groups (e.g. people who are partially sighted are participating). It is also a good example of a model that is run, at the local level, by volunteers. 'Active 10', a Public Health England campaign, was also mentioned as an example of a way to promote how 'easy' it can be to fit physical activity into any lifestyle.

A6.2.4.2 Tackling inequalities

One stakeholder stressed that it was important to look at the success of national campaigns and learn from them, because things can often come back full cycle. For example, national campaigns often have potential rich sources of data which can be utilised to understand patterns of physical activity in different socioeconomic areas or among different social groups, and this data could then

be used to create new or improve existing interventions. Aligned to this is the need for more accurate reporting of data (instead of relying on self-reported measures) as this can help provide a better picture of where need is.

A number of other reflections were made including:

- The ability of organisations to provide those from lower income groups the same opportunities as those who can afford gym memberships, sports technology and the time to engage in physical activity. Incentives for those from a lower socio-economic group therefore need to be tailored and thought about separately from the things that motivate those from higher income groups.
- The private sector has embraced the inequalities agenda and addressed issues of access well – for example, many decent quality facilities for exercise are now affordable in London. One participant thought this has led to demographic changes, including higher number of women and girls attending low cost gyms. However, another participant thought that there was no robust data showing that low cost gyms are bringing in new people who were not already active; the stakeholder cited an example that free swimming didn't successfully attract large numbers of people who are not physically active. Therefore a careful balance needs to be struck.

A6.2.5 The Everybody Active, Every Day framework

Although all participants were aware of the Everybody Active, Every Day framework and the four domains, most agreed that it cannot be singled out in terms of its influence on ongoing physical activity actions and outcomes. One important point raised was that the prevention agenda is still in the early stages, but the framework has helped to put it more firmly on the health agenda.

One stakeholder stressed that, from their perspective, there has been less emphasis on implementing the whole framework across all four domains, or as “a single entity” – it is important to work across domain areas in an integrated and collaborative way rather than in silos on different domain areas as it is supposed to be a whole systems approach.

In addition, a number of the stakeholders felt that the active society domain is largely about behaviour change and that is shaped largely by the other domain areas. Finally, one stakeholder mentioned a Merton tool for evaluating progress towards EAED which will help to track achievements.

A6.3 UK Coaching's Inactive Working Group

A6.3.1 Introduction

UK Coaching's Inactive Working Group focuses on supporting the development of evidence based approaches, tools and interventions that will enable practitioners within sport, fitness and physical activity to increase activity levels of the inactive. Their terms of reference emphasise the EAED framework's focus on the inactive and ensuring that the workforce is able to meet this challenge. The group has a core membership of the following organisations:

- British Universities and College Sport (BUCS)
- Chartered Institute for the Management of Sport & Physical Activity (CIMSPA)
- English Federation of Disability Sport (EFDS)
- National Centre for Sport & Exercise Medicine (NCSEM)
- Public Health England (PHE)
- Sport England
- Streetgames
- Swim England
- The County Sport Partnership Network (CSPN)
- UK Coaching

ICF was invited to host a one-hour discussion about the Everybody Active, Every Day framework evaluation as part of the working group meeting held on the 8th March 2018. The working group discussion was facilitated by UK Coaching around the main objectives of this evaluation. The overall theme of the day was on engaging the inactive through coaching and eight stakeholders were present on the day.

A6.3.2 Active society

A range of national/local campaigns and initiatives to improve physical activity were mentioned by stakeholders including *The Birmingham Way*, *This Girl Can* (a number of local projects e.g. *This Girl Can Aylesbury Vale*), *The Active Bucks Project* and the *Workplace Challenge*.

One stakeholder mentioned that there is some progress in reaching the least active but stressed that this is *"the very start of the journey"*:

"I believe there are currently some programmes that are reaching individuals who are inactive but also connected to the community in some other way, but there is still some way to go in reaching those that aren't [connected to the community]."

Some stakeholders talked about the message of sport and physical activity and the language that is used to promote this to people. One stakeholder described this in more detail:

"Within the sector, changing the language with which sport and physical activity is promoted to the individual is continually improving. Anecdotally, awareness of the benefits to being physically active has always been high in the public consciousness, however understanding how and where to engage has been a challenge."

Stakeholders believed that there had been some progress around this messaging and cited campaigns such as *This Girl Can* which were described to have improved the image and identity of women wanting to be active:

“Changing perceptions of what it is to be physically active has been supported by national campaigns such as This Girl Can, which champions the identity of women who are doing something about it.”

There was also some discussion on the importance of coaching. One stakeholder mentioned the impact that coaching workforces can have on activity levels in terms of making physical activity relevant, accessible and engaging for the least active – this is something that they described as gradually moving forward. Speaking specifically in relation to coaching roles one stakeholder suggested that adopting a behaviours approach to identify the right people for coaching roles that focus on the people skills required, is building momentum. One stakeholder stressed the importance of coaching roles to drive up activity levels:

“People play a critical role in supporting people to create and maintain an active lifestyle so getting the right people, in the right place and delivering activity in the right way is vital.”

UK Coaching recently commissioned a YouGov Survey to understand people’s experience of receiving coaching (surveyed 2,000 adults and 1,000 children) because in many cases a programme or project usually entails someone delivering an activity. The survey incorporated those receiving coaching across both the sport and physical activity sector. Overall, the survey found that the coaching workforce was diverse in terms of gender, ethnicity and physical/mental health conditions.

A6.3.3 Active environments

Stakeholders within this working group focused particularly on their expertise and experience in the domain area of active society and there was little discussion on active environments.

A6.3.4 Inequalities in physical activity

Stakeholders described several initiatives designed to address inequalities in physical activity. Sport England’s *‘tackling inactivity design principles’* was cited as a resource that can help projects target inactive people. The resource includes information on understanding the nature and complexities of physical inactivity and takes a behavioural change approach to engage people.

Various campaigns and initiatives developed by Age UK were also cited to demonstrate the progress in targeting older adults to be more physically active. These included their *‘Fit as a Fiddle’* and *‘Inspire and Include’* projects.

Several projects developed by The English Federation of Disability Sport were mentioned in relation to taking a targeted approach to those that are the most inactive. This included the *‘Get Out Get Active’* initiative that encourages both disabled and non-disabled people to be physically active together.

Mind’s *‘Get Set Go’* programme is also targeting inequalities in physical activity through focussing on those people with mental health conditions. This programme included physical activity provision within a group-based environment to introduce people to sport and physical activity within a supportive setting. Various different sports and physical activities are offered including badminton, football, and ‘mindful’ activities such as tai chi and yoga.

Annex 7 Evaluation framework

A7.1 Intervention Logic Model

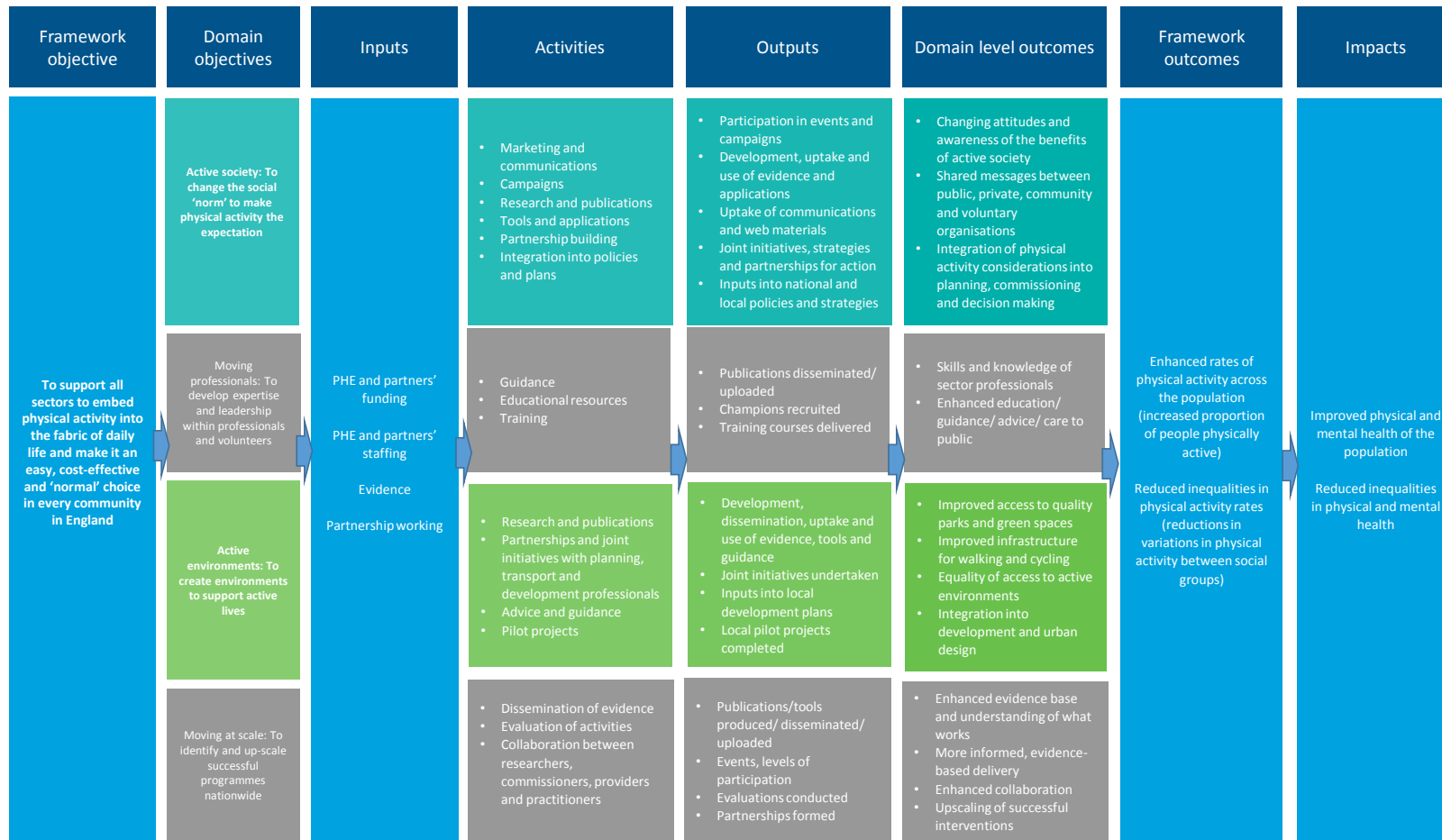
Figure A7.1 sets out the intervention logic model for EAED. This provides a theoretical reference point for the evaluation by specifying how EAED sets about meeting its stated objectives, what it expects to achieve, and how its achievements can be assessed.

The logic model specifies the four domains of the EAED framework and the activities and expected outputs and outcomes of each. This guided the evaluation of the process and impact of EAED in the **two focus domains of active society and active environments**.

The EAED framework seeks not only to enhance public health by increasing physical activity rates across the population, but also to reduce inequalities in health by **reducing inequalities in physical activity** rates. Addressing inequalities in physical activity is therefore an important outcome for the programme as a whole, and one to which all four domains of activity are seeking to contribute. The inequalities issue can therefore be examined at each stage of the intervention logic, for example by examining:

- How the objective of reducing inequalities is embedded within the objectives of the EAED framework and those of the four domain areas;
- The inputs/resources that are focused on addressing inequalities in physical activity;
- Whether and how the activities in the four domain areas are designed to address inequalities (for example by targeting evidence and communications at disadvantaged groups);
- The extent to which there are measurable outputs of these activities that help to address inequalities (e.g. rates of penetration/participation among different target groups)
- The domain level outcomes relevant to inequalities (e.g. changing awareness among target groups, inclusive marketing and communication campaigns, equality of access to green space);
- The overall progress towards the framework level outcome of reducing inequalities in physical activity.

Figure A7.1 Intervention Logic Model for EAED



A7.2 Evaluation Questions

The evaluation study contains elements of both process and impact evaluation, which required us to examine:

- The processes of implementation of EAED, how well these are working, and whether they are helping to contribute to the framework objectives; and
- The impact that the framework is having, and can be expected to have, nationally and locally, and how this can be assessed over time.

The emphasis in the evaluation of both process and impact focused on inequalities throughout the framework, and specifically within the two domains of active society and active environments.

The table below shows the research questions of this evaluation, the judgement criteria and indicators that were used to evidence and assess progress at different stages of intervention, measuring EAED inputs, outputs, activities, delivery process, outcomes and impacts.

Questions	Judgement criteria	Indicators
Prior to EAED		
1. What problem is EAED seeking to address (overall and with respect to inequalities in physical activity and public health)?	Levels of physical activity in England Evidence of public health problems linked to physical inactivity Differences in physical activity rates and associated health problems in deprived areas, different societal groups	Document review – EAED framework, supporting evidence, background documents PHE data Interviews with national and local stakeholders Review of national policies, strategies and campaigns Review of Local Health and Wellbeing Strategies Stakeholder survey
2. What were the trends in physical activity and public health in relation to inequalities before the EAED framework was developed? What would have happened in the absence of a national policy framework?	Trends in physical activity rates in England prior to 2014 Trends in inequalities in physical activity - the key areas of inequality Stakeholder views about likely trends in the absence of intervention	
EAED Framework		
3. What evidence was used in formulating the framework and defining its objectives (overall and with respect to inequalities and the two focus domains)?	Evidence referenced in EAED framework Process of formulating framework (national PHE and non-PHE stakeholder interviews) National stakeholder views on defining the objectives for EAED	

4. Are the objectives aligned with national and local policies and strategies (overall and with respect to inequalities and the two focus domains)? Are they shared by key national and local partners/stakeholders?

References in national and local strategies and policies to physical activity, inequalities, domain level priorities - specific evaluation criteria on physical activity and inequalities embedded within the strategy analysis template (strategies include 159 Health and Wellbeing Board strategies, and policy documents including: Sporting Future, Towards an Active Nation, Active workplaces, Active Britain, Active environments, Active Travel, Bringing the voluntary sector's strengths to health and care transformation, Transforming the delivery of sport and physical activity in local communities, Cycling and Walking Survey, Five Year Forward View, Built Environment Professional Education Project, the legacy from the Olympic and Paralympic Games, Moving More, Living More The Physical Activity Olympic and Paralympic Legacy for the Nation, Creating a sporting habit for life - A new youth sport strategy, Active Travel Strategy, Tackling obesity through planning and development, planning healthyweight environments, 8-Point Plan for England's National Parks, The childhood obesity: a Plan for Action and Cycling and Walking Infrastructure Strategy)

Stakeholder views regarding extent to which objectives are shared and aligned

Views from local partners/stakeholders on the alignment of the national framework to local priorities via the survey and local case studies

<p>5. How were partners and stakeholders involved in developing the EAED framework? How well did engagement represent the needs of disadvantaged groups and the two domain areas? How well did this process work?</p>	<p>Documentary evidence of process of engagement in developing framework (internal documents) Evidence of involvement of representatives of different societal groups/disadvantaged communities (internal documentation and national stakeholder interviews) National stakeholder views about effectiveness and inclusiveness of engagement process The extent to which local stakeholders were engaged in developing the framework and the extent to which they feel disadvantaged groups were represented in this engagement process (via the survey and local case studies)</p>	
<p>Resources</p>		
<p>6. What financial and human resources are being devoted nationally and locally to the delivery of the EAED framework related physical activity interventions?</p>	<p>Budgets/expenditure on EAED activities – PHE, national and local partners Staffing for EAED activities – PHE, national and local partners Expenditure and staffing on related physical activity interventions (national and local stakeholder interviews)</p>	<p>Document and data review National and local stakeholder interviews (PHE, partner organisations) Stakeholder survey</p>
<p>7. Are the available resources being targeted well?</p>	<p>Clear and well evidenced rationale for targeting scarce resources PHE staff/stakeholder views regarding targeting through national and local stakeholder interviews</p>	
<p>8. How (if at all) has the EAED framework influenced the level and allocation of resources for physical activity interventions nationally and locally?</p>	<p>Examples of allocation of resources referencing EAED framework PHE staff/ stakeholder views regarding influence of framework (through interviews and stakeholder survey)</p>	
<p>Activities</p>		

<p>9. What is being done nationally and locally to address inequalities in physical activity (compared to promoting physical activity more generally)?</p>	<p>Examples of interventions targeted at inequalities in physical activity and public health (national policies and strategies). Examples of national/local campaigns/activities as cited by national and local stakeholders (with PHE and non-PHE staff);</p>	<p>Document review (including national documents, local strategies and action plans) National and local stakeholder interviews Stakeholder survey</p>
<p>10. Are activities targeting deprived areas and particular social groups (e.g. the elderly, disabled, ethnic minorities) with low levels of inactivity?</p>	<p>Examples of interventions targeted specifically at: Areas of deprivation; The elderly; Disabled people; minority groups; other social groups. Views gathered from stakeholder survey.</p>	
<p>11. What are the challenges in design and delivery of interventions to address inequalities in physical activity?</p>	<p>Challenges identified in literature on physical activity and public health Challenges identified by national and local stakeholders through interviews</p>	
<p>12. What activities are taking place nationally and locally to achieve a more active society (changing the social 'norm' to make physical activity the expectation)? How are these addressing inequalities in physical activity?</p>	<p>Examples of campaigns and initiatives identified in literature. Stakeholder survey (questions on activities relevant to targeting active society and active environments and the extent to which these address inequalities in physical activities). National and local stakeholder views.</p>	
<p>13. What activities are taking place nationally and locally to achieve more active environments (creating environments to support active lives)? How are these addressing inequalities in physical activity?</p>		
<p>14. What difference has the EAED framework had in influencing/guiding the activities identified? What would have happened in the absence of the framework?</p>	<p>Evidenced through national and local stakeholder interviews with PHE and non-PHE staff. Targeted questions on the inequalities in physical activity agenda occurring in the absence of the framework</p>	

15. What role has PHE played in influencing/supporting the delivery of these activities?	National and local stakeholder views and views gathered from stakeholder survey	
Delivery process		
16. What progress has been made in implementing EAED and how does this compare with the expectations of PHE and stakeholders?	EAED meeting expectations of local stakeholders and progress in implementation (local survey and interviews). National stakeholder interviews (non PHE staff). PHE staff expectations (local and national)	National and local stakeholder interviews Stakeholder survey
17. How effective have different stakeholders been in collaborating both at national and local level to deliver the objectives of EAED?	Evidenced through national and local stakeholder interviews with PHE/non PHE staff. Targeted questions on collaboration and its effectiveness through the stakeholder survey	
18. Are there any gaps in delivery or areas that need greater attention (overall, with respect to inequalities, and in the two focus domains)?	Evidenced through views of stakeholders (national and local). 'Free text' box incorporated within the survey	
19. How well has PHE supported partners and the delivery process to date? Are there areas in which PHE could provide more effective support?	Evidenced through views of stakeholders (national and local). Targeted question on support from PHE within the survey.	
Outputs		
20. What have been the outputs of interventions designed to address inequalities?	Documented evidence of outputs of PHE, national and local partners' activities Examples given by stakeholders through interviews	Document review Stakeholder interviews (national and local)
21. What have been the outputs of interventions in the active society/ active environments domains?		
22. What difference has the EAED framework made to the delivery of outputs nationally and locally?		

Outcomes		
23. How can we measure the overall outcomes of EAED in addressing inequalities in physical activity and public health?		National and local stakeholder interviews Stakeholder survey
24. How can we measure the outcomes of EAED in the domains of active society and creating active environments?		
25. How can we measure outcomes with respect to tackling inequalities in these two domains?		
26. What difference is the EAED framework making in the delivery of these outcomes? What would we expect to happen if there was no EAED framework?		
27. Do you expect measurable improvements in outcomes to be delivered over time?		