

# SUMMARY OF INTELLIGENCE ON PHYSICAL ACTIVITY

[See linked sheets on **obesity** and **diet and nutrition**]

## KEY FACTS

- Physically active people have 20–30% reduced risk of premature death and up to 50% reduced risk of major chronic disease such as coronary heart disease, stroke, diabetes and cancer.
- Six out of ten men and seven out of ten women are not active enough to benefit their health.
- In the last 25 years, the distance people walk or cycle has fallen by a quarter.
- Three out of ten boys and four out of ten girls are not meeting the recommended hour a day of physical activity for children. Activity in childhood helps healthy growth and development.
- Physical activity decreases with age: seven out of ten men and eight out of ten women aged 75 years and above are inactive. Regular activity helps maintain mobility and independent living.

### Inequalities exist

- People of higher socio-economic status take part in more physical activity in their leisure time. Rates of walking are two-thirds higher in professional classes compared with unskilled manual groups.
- Low educational attainment is associated with inactivity.

## WE ARE NOW GOING TO...

### Health in the consumer society

- Work with the sports and recreational activity sectors to deliver positive, innovative messages about healthy lifestyles including physical activity.

### Children and young people – starting on the right path

- Provide a supportive environment through the Healthy Schools Programme. From 1 April 2005, a Healthy School will include time and facilities for physical activity and sport both within and beyond the curriculum.
- Support all schools in England to have active travel plans by 2010. We are supporting the *Travelling to School* initiative by funding school travel advisers and providing small grants to pay for items such as secure cycle parking and lockers.
- Work with road safety and cycling organisations to implement a new National Standard for cycle training by 2005–06, which aims to ensure that children have the skills to cycle safely on the road. To deliver this, we will: establish a formal cycle training and curriculum body; fund instructor training schemes; accredit training schemes and centres; and support local authorities, schools and parents to administer the National Standard.
- Ensure continuing professional development programmes provide teachers with the knowledge and skills to identify and support children who may be at risk from obesity and work in partnership with the health sector to provide appropriate services.
- Aim for at least 75% of schools to be in a school sports partnership from September 2005 and 100%

from September 2006. By 2006, we also aim to have at least 400 sports specialist schools and academies with a sports focus.

- Further strengthen the regime governing the sale of school playing fields by local authorities to ensure that it is an absolute last resort, that as a first priority sale proceeds are used to improve outdoor sports facilities, and that new sports facilities are sustainable for at least 10 years.

### Local communities leading for health

- Invest to link the National Cycle Network to schools. Local authorities are forecast to build over 7,000 miles of new cycle lanes and tracks by 2006.
- Following the *Sustainable Travel Towns* pilots, develop guidance on whole-town approaches to shift from cars to walking, cycling and buses.
- Commission practical guidance on how to meet the Chief Medical Officer's physical activity recommendations, including the use of pedometers.
- Invest in initiatives to promote physical activity, including: a physical activity promotion fund; regional physical activity coordinators to coordinate delivery of initiatives; guidance on what works.
- Encourage use of pedometers in clinical practice across PCTs, with coverage of all areas by the end of 2005 and test the use of pedometers in schools.
- Build on the success of the *Local Exercise Action* pilots and invest in initiatives to promote physical activity supported by guidance on best practice.
- Work with the NHS, Sport England, British Olympic Association, Greater London Authority and London 2012 Ltd to make clear the beneficial effects for Londoners and the rest of the country of increased physical activity.
- Develop best practice guidance on free swimming and other sport initiatives for publication in 2005.
- Publish a guide for PCTs and sports clubs to encourage and foster links for health improvement work with football clubs.
- Subject to responses to the current consultation exercise, recognise sport and exercise medicine as a speciality within the NHS.

### Work and health

- Produce guidance on tax-efficient bike purchase schemes to increase the use of schemes and promote cycling.
- Sport England will provide a free consultancy service to government departments on how they can encourage and support staff to be more active in the workplace.

### Health promoting NHS

- Develop a Patient Activity Questionnaire to support NHS staff and others to understand their patients' levels of physical activity and assess the need for interventions and exercise referral
- Commission the production specific guidelines for exercise referral for children

### Evidence

The Health Development Agency evidence briefings summarise evidence on the effectiveness of approaches to promote health, and include *The Effectiveness of Public Health Interventions for Increasing Physical Activity among Adults* (2004) ([www.hda.nhs.uk/documents/physical\\_activity\\_ebsummary.pdf](http://www.hda.nhs.uk/documents/physical_activity_ebsummary.pdf))

## WHAT THE CONSULTATION RAISED

The *Choosing Activity* and *Choosing Health?* consultations generated a strong response from individuals and from the private, public and voluntary sectors. Some of the key areas people identified for future action included:

- improving information and raising awareness of the benefits of activity, with the need for simple and clear messages;
- encouraging and enabling everyday activity such as walking and cycling;
- supporting activity in the community by addressing barriers such as safety, cost, and proximity and quality of local facilities; and
- supporting activity in school and for under-fives, and improving community access to school facilities.

## WHAT WE ARE DOING ALREADY

- The Chief Medical Officer's report on physical activity and health *At Least Five a Week* (2004), sets out clearly the evidence of the importance of physical activity for health.
- A cross-government Activity Co-ordination Team (ACT) was established in July 2003, led by the Department for Culture, Media and Sport and the Department of Health. This group coordinates the range of initiatives taking place across government to increase levels of physical activity and sport, many focused on disadvantaged groups.
- Physical activity is a priority within the *NHS Plan*, *NHS Cancer Plan* and National Service Frameworks for Coronary Heart Disease, Children, Older People, and Diabetes.
- Working with Sport England and the Countryside Agency, we are testing specific community initiatives in our £2.6 million Local Exercise Action Pilots.
- The Government has allocated more than £450 million for 2003–06 to transform physical education and school sport.
- £581 million funding from the New Opportunities Fund has been made available for the PE and sport programmes to improve school sports facilities.
- The Big Lottery Fund and Sport England are investing £108 million in community sport, helping to build links between clubs, schools and local communities in deprived areas.
- The *Step into Sport* project is introducing over 50,000 young people each year to sports leadership.
- The transport charity, Sustrans, in partnership with local authorities, has already completed 8,000 miles of new cycle lanes and tracks.
- The Department of Health published the *National Quality Assurance Framework on Exercise Referral Systems* (2001), which provides guidance to primary care and fitness professionals.
- We are developing a national training programme *Moving More Often*, for professionals and volunteers working with older people, designed to promote physical activity.

- To inform future work on social marketing, Sport England tested a campaign, *Everyday Sport*, in the North East to encourage people to build activity into their everyday routine.

#### Chief Medical Officer's recommendations for active living throughout the lifecourse

- Children and young people should achieve a total of at least 60 minutes of moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscle strength and flexibility.
- For general health benefit, adults should achieve a total of at least 30 minutes a day of moderate intensity physical activity on five or more days of the week.
- The recommended levels of activity can be achieved either by doing all the daily activity in one session, or through several shorter bouts of activity of 10 minutes or more. The activity can be lifestyle activity or structured exercise or sport, or a combination of these.

### WE WILL HAVE DELIVERED IF...

...the number of children and adults meeting the Chief Medical Officer's recommendations for activity increase and, more specifically

- 'increasing the number who engage in at least 30 minutes of moderate intensity level sport at least three times a week by 3%';
- 'enhance the take-up of sporting opportunities by 5 to 16 year olds so that the percentage of school children in England who spend a minimum of two hours each week on high quality PE and school sport within and beyond the curriculum increases from 25% in 2002 to 75% by 2006 and to 85% by 2008' (2004 Government PSA targets).