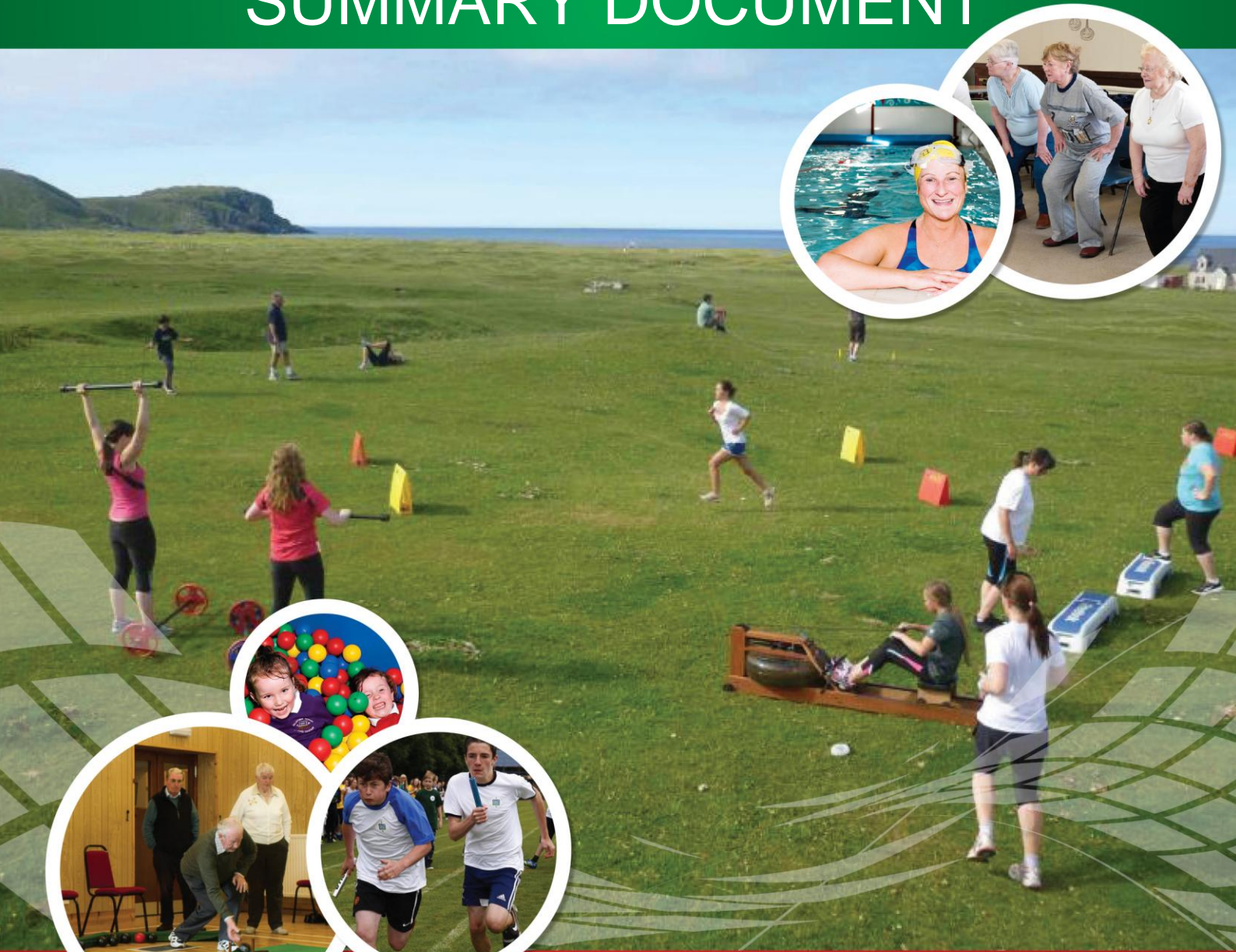


Argyll & Bute Physical Activity Position Statement

SUMMARY DOCUMENT



NHS Highland
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Argyll & Bute Health and Wellbeing Partnership



Background

The need to improve physical activity levels in Argyll and Bute was identified by the Health and Wellbeing Partnership. This will contribute to Outcome 5 of the Single Outcome Agreement, namely: people live active, healthier and independent lives. A consultation exercise with key partners involved in physical activity took place in early 2014. This document summarises the current position in relation to physical activity and provides strategic direction for future work. The key aim is to enhance partnership working to support a greater proportion of the population to be physically active.

A detailed report is available at: www.healthyargyllandbute.co.uk

Health & well-being	Community planning	Early years	Recreation & access	Volunteering	Tourism	Road safety	Education
Physical activity connects a wide range of policy areas including:							
Climate change	Environment (urban/rural)	Sustainable transport	Planning & land use	Economic development	Housing	Sport	Disability & equality

Figure 1: Policy areas which include physical activity ⁽¹⁾

Where are we now?

Physical activity plays a significant role in maintaining health and well-being across the life course and has been shown to produce a range of additional benefits beyond specific health outcomes. However, it is well recognised that despite the benefits of regular exercise, much of the population do not meet the recommended levels of physical activity.

The consultation showed there is much enthusiasm for the physical activity agenda with many services and projects currently supporting uptake and maintenance of physical activity.

The key areas identified in the consultation were:

- Widen access to opportunities for physical activity. The most commonly cited barriers were those which centred around transport which, although unsurprising given the geography, highlights the challenges for equitable service provision in more remote and rural areas.
- Develop greater partnership working especially in light of current professional pressures. A need for improved co-ordination, integration and knowledge sharing was identified, particularly in relation to greater inclusion of the third sector.

According to findings from the 2012 Scottish Health Survey:⁽²⁾

- 62% of adults met the recommended physical activity levels (men - 67%, women - 58%). Levels decreased with age.
- 70% of children (aged 2-15) met the recommended physical activity levels (boys - 73%, girls - 68%). Levels decreased with age.
- The amount of sedentary leisure time reported by adults aged 16 and over was 5.5 hours on weekdays and 6.0 hours on weekend days.
- Physical inactivity is a contributory factor to overweight and obesity. In 2012, almost two-thirds of adults (64.3%) were either overweight or obese.

Where do we want to be?

Physical inactivity is a widespread challenge at both a local and national level. The overarching aim of this position statement is to increase, and crucially maintain, the proportion of the population of Argyll and Bute that are physically active.



Recommended physical activity levels: ⁽³⁾

The early years (under 5s)

- Physical activity should be encouraged from birth through both water-based activities and floor-based play.
- Once walking unaided, young children should be active for at least three hours per day spread throughout the day.

Children and young people (5 – 18 years)

- This age-group should accumulate at least 60 minutes of moderate to vigorous intensity physical activity per day.
- Muscle strengthening exercises to be undertaken at least three times per week.

Adults (19 – 64 years)

- Adults should accumulate at least 150 minutes of moderate intensity (or 75 minutes of vigorous intensity) exercise over the course of a week and should aim to be active daily.
- Muscle strengthening exercises should be included at least twice a week.

Older adults (65+ years)

- Older adults should aim to accumulate at least 150 minutes of moderate intensity activity over the course of a week and should try to be active on a daily basis.
- Muscle strengthening exercises, combined with those which improve balance and coordination, should also be undertaken.

How do we get there?

General consensus from the consultation combined with the strategic direction of current physical activity policy has informed the following key recommendations:

- 1. Maintain provision of physical activity opportunities within & beyond the school gate.**
- 2. Facilitate greater levels of physical activity within the workplace.**
- 3. Maintain provision of opportunities for physical activity within recreational or leisure settings that are inclusive and accessible to all.**
- 4. Support physical activity for older adults and those with long-term conditions.**
- 5. Enhance the promotion of physical activity within healthcare settings.**
- 6. Promote and maintain environments which support rather than hinder physical activity.**
- 7. Facilitate greater partnership working and effective communication.**

KEY RECOMMENDATIONS

1. Maintain provision of physical activity opportunities for children and young people within and beyond the school gates:

- Ensure children are active from birth by supporting parents and carers to develop the skills and knowledge required for enabling active play and instilling active behaviours for life.
- Ensure that nurseries and childcare facilities minimise sedentary activities through their implementation of the National Care Standards – Early Education and Childcare.
- Provision of at least two hours of good quality physical education in primary schools, or two periods in secondary schools, for every child every week, across all schools in Argyll and Bute.
- Regular review of active travel action plans by all schools to increase the proportion of children travelling to school by active means.
- Ensure that a wide range of activities are provided which enable ample choice for all children and young people. Provision should attempt to address geographical inequity through, for example, the use of community hubs and local volunteers.
- Increase engagement with those children that are currently inactive. Consider use of taster sessions, consultation, ‘buddying’ or implementation of alternative activities.
- Ensure there is a balance between activities designed to be social and those which focus on competition.
- Ensure that children and young people have access to play spaces, whether they are park areas or informal spaces where they choose to play.
- Build on the progress to date of the Active Schools programme in developing the transition from school to community sport.
- Ensure that volunteers, coaches and teachers are adequately trained and supported to provide opportunities for physical activity and encourage greater partnership working between all involved.
- Encourage greater participation in volunteering and leadership projects associated with the physical activity agenda.
- Address gaps in provision of swimming lessons so that every child in Argyll and Bute has the opportunity to learn how to swim.

2. Facilitate greater levels of physical activity within the workplace:

- Development of organisation-wide physical activity plans or policies which maximise opportunities for participation and are based on employee consultation with full support from management.
- Greater management buy-in to the physical activity agenda.
- Development of organisation-wide active travel plans which support employees to incorporate active travel into their commute and within the working day.
- Provision of working environments and facilities which support physical activity.
- Ensure that workplace accessibility through active travel or public transport is maximised and the wider estate is developed to support walking and cycling.
- Use of participation in local and national events and challenges to raise interest and support longer-term provision of recreational opportunities such as the development of lunchtime walks.
- Ongoing development of the Healthy Working Lives programme.

3. Maintain provision of opportunities for physical activity within recreational or leisure settings that are inclusive and accessible to all:

- Widen access to opportunities for physical activity by ensuring that initiatives are inclusive and tailored to reflect a range of needs, abilities and interests.
- Increase provision of activities aimed at those who are currently inactive.
- Integrate opportunities for physical activity with initiatives aimed at reducing social isolation and enhancing resilience.
- Ongoing community engagement to identify prevailing local barriers.
- Build on existing partnerships to support greater access to, and use of, the natural environment for physical activity and outdoor recreation.
- Enhance the use of outdoor environments for supporting wider health and well-being objectives.

4. Support physical activity for older adults and those with long-term conditions:

- Tailor communication appropriately to ensure maximum engagement.
- Widen access to opportunities for physical activity by addressing barriers and ensuring initiatives are tailored to reflect a range of needs, abilities and interests.
- Ensure activities build confidence by beginning with low intensity activities.
- Incorporate non-endurance physical activities and provide support and follow-up to ensure continued engagement.
- Integrate opportunities for physical activity with initiatives aimed at reducing social isolation and enhancing resilience.
- Address environmental barriers to engaging with physical activity.
- Continued emphasis on delivery of falls prevention agenda and of physical activity as a key component of self-management.

5. Enhance the promotion of physical activity within healthcare settings:

- Physical activity should be incorporated into patient pathways and all staff should emphasise the importance of physical activity for patients as part of their rehabilitation and as part of ongoing prevention.
- Development and promotion of active travel plans to increase uptake and support long-term behaviour change.
- Enhance the healthcare environment and develop initiatives which provide greater opportunities for staff, patients and visitors to be more active.
- Incorporate the findings and recommendations of the physical activity pathway feasibility study into approaches for supporting delivery across primary care.
- Consider building on the learning from ArgyllActive, Lorn and Oban Healthy Options and the Bute Model, combined with current evidence, to determine optimal referral pathways from healthcare settings.
- Building design or redesign should facilitate physical activity where possible.

6. Promote and maintain environments which support rather than hinder physical activity:

- Promote individual and community developments which help to improve health, regenerate communities and enable all communities to access opportunities.
- Promote development which maximises the extent to which travel demands can be met by active travel and which reduce car dependency.
- Encourage uptake of active travel within communities through improvements to the walking, cycling and public transport infrastructure. Acknowledge local geography and adapt recommendations to support uptake in more remote and rural areas.
- Implementation of the relevant actions set out within the Cycling Action Plan for Scotland 2013.
- Ensure that environmental quality and community safety is maximised so that local neighbourhoods and facilities support physical activity.
- Continue to identify and address barriers to physical activity within local communities.
- Ensure access to greenspace is prioritised during local planning decisions.
- Consider how best to utilise school estates and local assets for improving uptake of physical activity.
- Ensure that opportunities for active play are accessible, well-maintained and appealing to local children.
- Provision of internal environments which prioritise physical activity during building design or re-design.

7. Facilitate greater partnership working and effective communication:

- Widen current partnership approaches through the use of a whole systems approach e.g. in the Community Planning Partnership (CPP).
- Enhance coordination, integration and knowledge sharing especially with the third sector.
- Clear and consistent messages at both individual and community levels.

Next Steps:

The governance of this position statement will be via the Health and Wellbeing Partnership, which is a strategic partnership of Argyll and Bute CPP.

Actions arising from this document will be progressed via the working group for physical activity which is a sub-group of the above Partnership.

Annual reports will be provided to the CPP.

Acknowledgements:

Thanks to the partners who took the time to participate in the consultation.

References:

1. The Scottish Government. *Let's get Scotland Walking - The National walking Strategy*. Available from: <http://www.scotland.gov.uk/Resource/0045/00452622.pdf>
2. The Scottish Government. *The Scottish Health Survey, 2012 edition. Volume 1: main report. A National Statistics Publication for Scotland*. The Scottish Government, 2013.
3. Department of Health. *Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers*. Available from: <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers>



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