
Report To:	Policy and Resources Committee	Date:	20 May 2014
Report By:	Brian Moore, Corporate Director Inverclyde Community Health & Care Partnership	Report No:	CHCP/29/2014/HW
Contact Officer:	Helen Watson Head of Planning, Health Improvement & Commissioning	Contact No:	01475 715369
Subject:	Active Living Strategy		

1.0 PURPOSE

- 1.1 The purpose of this report is to seek formal endorsement of the Inverclyde Active Living Strategy (attached at appendix one).

2.0 SUMMARY

- 2.1 The Inverclyde Active Living Strategy strives to encourage more individuals and families across Inverclyde to increase their physical activity through sustained positive changes to both their lifestyle and natural environment.
- 2.2 The strategy which has undergone significant development, builds upon a prolonged partnership approach encompassing relevant research, best practice and local need. Led by Inverclyde Alliance, it was approved by the Alliance Board in March 2013. The Council is the lead Community Planning agency, so it seems logical that having led the development, the Council should consider formally endorsing it as policy. The strategy seeks a culture shift in how partners promote, develop and implement initiatives designed to encourage the local population to become more physically active.
- 2.3 Furthermore, the Strategy outlines objectives designed to facilitate positive lifestyle changes across the next ten years, the vision therefore seeks to promote Inverclyde as the most active Local Authority within Scotland. In order to achieve this, eight thematic long term outcomes form the foundation of the document, each with a designated partnership lead responsible for delivery.
- 2.4 Recent guidance provided by the Scottish Government indicates the significance of localities promoting physical activity through a shared outcomes focus. This Strategy therefore goes beyond such direction promoting positive efforts to reduce health inequalities and develop a step change regarding the health and wellbeing benefits of regular physical activity.
- 2.5 The Inverclyde Active Living Strategy will be implemented by the associated Steering Group, whose membership includes relevant lead officers and Community Planning Partners. Progress will be reported within a 4 month period and will utilise Inverclyde Performs (the Inverclyde Council Performance Management System).

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Committee

- a. Note the content of this Report
- b. Formally endorse the Inverclyde Active Living Strategy

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The majority of individuals living and working within Inverclyde are not physically active enough to benefit their health. This reduction in activity levels has taken place over a number of years and can be attributed to various factors ranging from increased car use to the very design of our local communities.
- 4.2 Four in ten (39%) adults met the current physical activity recommendations with men more likely to meet recommended levels than women (45% compared with 33%). Lack of physical activity has a high correlation to overweight and obesity among the population. Across Scotland, 28% of adults and more than 14% of children were obese. More than 65% of adults and nearly 30% of children were overweight and obese combined.
- 4.3 Strong scientific evidence supports the need for everyone to be physically active in order to protect against many of Scotland's leading chronic diseases (e.g. coronary heart disease, certain cancers, obesity, diabetes, and hypertension). In addition, being regularly active is also associated with positive mental health and wellbeing. Physical inactivity coupled with the high profile rise in obesity, accounts for 11% of all global premature mortality.
- 4.4 The cost of treating both obesity and the chronic conditions associated with sedentary lifestyles is putting the health and social care system under increasing pressure, where more and more mainstream funding is having to be diverted from other budgets to accommodate this increase spend in healthcare. This trend is unsustainable and needs to be reversed within the next generation in order to manage the associated costs.

5.0 PROPOSALS

- 5.1 The development of this strategy has been from the outset a progressive partnership approach. Within Inverclyde it is recognised that a wealth of individuals and organisations have a responsibility for increasing physical activity across the local community. A steering group was initiated to oversee the development of this document and then assume subsequent delivery responsibility.
- 5.2 The Active Living Strategy has been compiled through intensive partnership working, with each partner accepting responsibility for delivering change within their service area. It is important to note that increasing physical activity levels have been a national challenge for many years. In order for this strategy to be effective adequate time must be invested to allow the outcomes to mature and develop.
- 5.3 The overarching vision of the document is described as:
"Inverclyde will have the most active population in Scotland by 2022"
- 5.4 This ambitious vision reflects the level of commitment which the strategy brings both from its partners and wider organisational supporters. The decline in physical activity rates has been a progressive lengthy trend spanning over 50 years and the solution to this must be equally progressive and hence requires time investment.
- 5.5 This strategy will look towards whole population increases in physical activity, as well as focus within specific populations who are among the least active. This will ensure that reducing health inequalities becomes an integral component of future working in order to address and subsequently reduce the inequality gap. This will allow communities, groups and individuals to be targeted in a way which promotes fairness, achieves access for all, and finally, ensures a high level of success.
- 5.6 Work will correlate across a number of key areas. Eight strategic themes have been identified which aim to link the short, medium and long term outcomes with the need to target specific populations.

These are described as; Workplaces, Greenspace, Sport and Leisure, Education, Health Improvement, Built Environment, Communication and finally Community Engagement and Capacity Building. The above strategic design bears very similar resemblance to the draft structure of the Scottish Government's Physical Activity Implementation plan due in early Spring 2014.

- 5.7 The working group responsible for the development of this document will direct efforts towards a parallel implementation plan to deliver upon the associated outcomes necessary for its success. This will also therefore note the key delivery actions against which progress will be measured.
- 5.8 The working group will report directly to the Health Inequality and Environment Single Outcome Agreement Delivery Groups as well as to the Inverclyde Alliance Board when necessary. Progress will be reported on a 4 monthly basis with a fuller performance appraisal concluded annually.
- 5.9 In order to accurately inform the above, all actions will note current baseline data to allow performance measures to be attributed. Moreover, partners recognise that new mechanisms will be developed or established to allow local activity levels to be recorded across the eight strategic themes.
- 5.10 Each strategic theme relates to a core remit within the working group and therefore a lead organisation will be assigned to each of the eight areas. The respective lead will be responsible for the long term delivery of that area. This will aid in the sustained drive of the strategy as well as document each partner's continued commitment.
- 5.11 This strategy provides tangible evidence of efforts to increase physical activity and reduce subsequent health inequalities. Moreover it ensures sustained commitment to delivering firm commitments as set within the Single Outcome Agreement.

6.0 IMPLICATIONS

Finance

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (if applicable)	Other Comments
NHS: G64222	Health Improvement and Commissioning – Eat Up	Jan 2014	£30,000 – current CHCP Physical Activity budget (non recurring)		Some resource investment will be required across the timeline of the strategy in terms of staff time. It is anticipated that financial support will be sought from additional external sources as well as possible dedicated CHCP non recurring funding streams if these are available.

Legal

7.2 None

Human Resources

7.3 None

Equalities

7.4 EQIA completed.

Repopulation

7.5 Builds upon positive local image.

8.0 CONSULTATIONS

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 None

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Background:

The majority of individuals living and working within Inverclyde are not physically active enough to benefit their health. This reduction in activity levels has taken place over a number of years and can be attributed to various factors ranging from increased car use to the very design of our local communities.

The *Inverclyde Active Living Strategy* seeks to respond to this negative health trend through sustained investment and effort over the course of the next ten years. In order to achieve this it is necessary to track a holistic approach which influences a range of opportunities, encouraging the population of Inverclyde to be more active more often throughout their daily lives.

Such an approach will begin from early years and focus on those within the local area who are in greatest need. Achievement of this requires the strategy to group long term outcomes within defined areas which not only link to the vision of this document, but more importantly associate with the corporate objectives of Inverclyde Council, Community Health Care Partnership (CHCP) and Inverclyde Alliance partners.

Never has the need been greater to encourage individuals to be more regularly active. It is of little coincidence that the epidemical rise in obesity witnessed across the westernised world, coincides with a significant reduction in physical activity levels.

Operational partnerships within the community of Inverclyde are a strong local resource which this strategy aims to develop and widen. The Inverclyde Alliance (CPP) Single Outcome Agreement has adopted a Nurturing Inverclyde approach and its vision, agreed and signed up to by all the partners is to focus on:

‘Getting it Right for Every Child, Citizen and Community’.

The organisations who make up the partnership are committed to ensuring that all our children, citizens and communities are safe, healthy, achieving, nurtured, active, respected, responsible and included. This Active Living Strategy supports the delivery of all of these wellbeing outcomes, with a particular emphasis on healthy and active.

In order to maximise such positive components, the *Inverclyde Active Living Strategy* also associates with four Strategic Outcomes of the Inverclyde Alliance Single Outcome Agreement¹:

The health of local people is improved, combating health inequality and promoting healthy lifestyles

All our young people have the best start in life

Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations

The area's economic regeneration is secured, economic activity in Inverclyde is increased and skills development enables both those in work and those furthest from the labour market to realise their full potential

As previously indicated, the need for this strategy is evident however, the opportunity for success has also never been more apparent. Successful implementation of this document within Inverclyde will not only set a leading trend nationally, but also and more importantly, significantly increase the health and wellbeing of the local population through gradual lifestyle adaptations.

Setting the Scene:

Scotland as a nation is physically inactive, unfit and increasingly overweight or obese². Two thirds of the Scottish population are putting their wellbeing at risk because they are not sufficiently active enough in order to benefit their health³.

Strong scientific evidence supports the need for everyone to be physically active in order to protect against many of Scotland's leading chronic diseases (e.g. coronary heart disease, some cancers, obesity, diabetes, and hypertension)². In addition being regularly active is also associated with positive mental health and wellbeing⁴.

Physical inactivity coupled with the high profile rise in obesity, accounts for 11% of all global mortality⁵.

These two risk factors have become more widespread in recent years due to the prevalence of high car use merged with environments which support so called "convenience lifestyles". Architectural and urban design often inadvertently supports unhealthy environments⁶ (see figure 1).

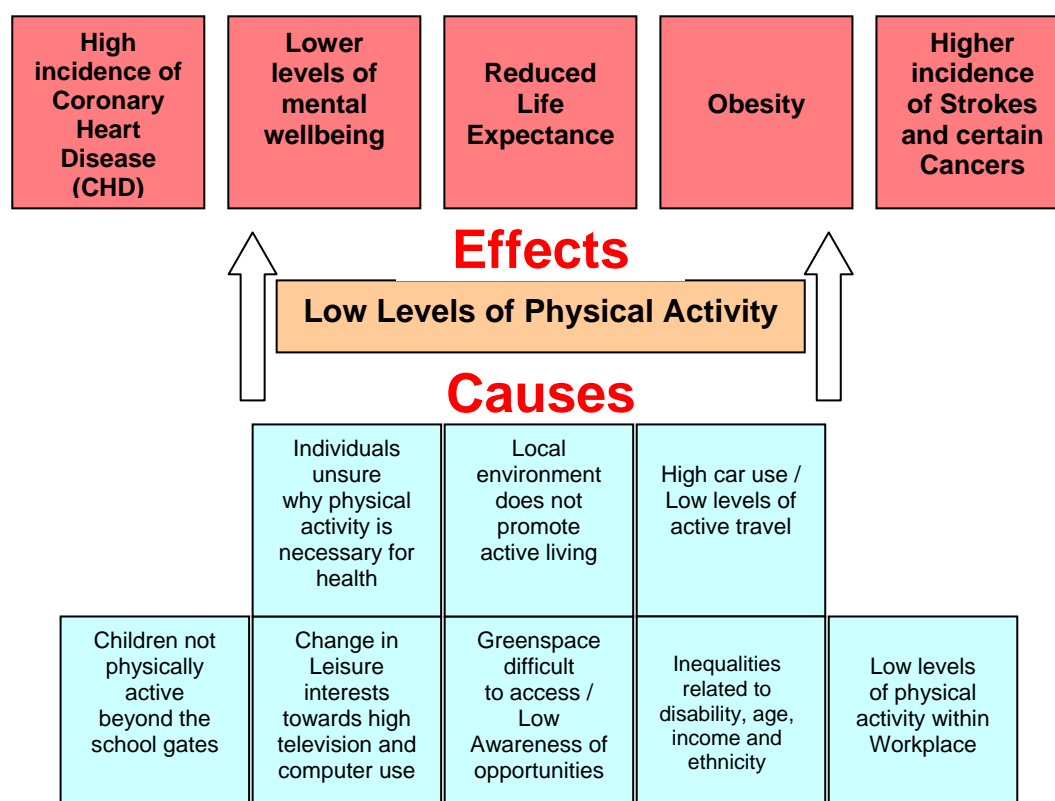


Figure 1 – Cause and Effect Model: Physical Activity

This *Active Living Strategy* aims to tackle the declining rates of physical activity as well as support partner organisations to make sustainable long term changes that will reverse the trend. In order to achieve this, the strategy will focus on a number of key areas which not only raise awareness of the

problems faced, but challenge the day to day routines of those living within Inverclyde.

There is no single component which will fundamentally lead to an increase in physical activity, nor does the responsibility lie with a single organisation or agency. The priority is to promote ease of access to allow individuals to become active in a convenient and appropriate environment.

The *Active Living Strategy* has been compiled through intensive partnership working, each responsible for delivering change within their service area. It is important to note that increasing physical activity levels has been a national challenge for many years. In order for this strategy to be effective therefore, adequate time must be invested to allow the outcomes to mature and develop.

The rationale is not to offer short term solutions to the above concerns. Nor is it to introduce radical ideas with limited evidence base which will fade in the years to come.

We propose, over time, to invest in the local environment which will see a gradual shift away from inactive lifestyles in order that those who work and live within Inverclyde are encouraged to be physically active throughout their everyday lives.

This document is therefore composed in two parts. The first indicates the need for such an approach and details the following:

- **Physical Activity Recommendations** – Highlights current national guidance regarding population and age classification
- **Current Levels of Physical Activity** – Details the size and scale of the problem faced both nationally and locally
- **Overweight and Obesity** – Identifies the link between low levels of physical activity and the rise in obesity
- **Benefits of Physical Activity** – Identifies the opportunities this strategy presents through an understanding of the importance of regular activity
- **Active Living** – Defines the term and its value within this strategy

The second aspect expands the development process behind the strategy while indicating its strategic relevance and direction:

- **Strategy Infrastructure** – Indicates the growth and evolution of the strategy indicating key partners and resources
- **Strategic Objectives** – Defines the overarching vision of the document as well as its strategic priorities
- **Implementation** – Outlines the manner in which the long term outcomes will be taken forward and monitored through a performance management framework

Physical Activity Recommendations:

Physical activity is a broad term to describe movement of the body that uses energy. It can be as simple as walking, cycling or doing housework. Some people think about getting active as getting fit, and assume that it means vigorous physical activity. It doesn't⁷.

The amount of physical activity we should be doing can be defined as⁸:

- For children under 5, physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).
- Children and Young People (5-18 Years) should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours per day
- Adults (19-64 Years) should undertake at least 30 minutes of moderate physical activity on at least 5 days of the week. 3 x activities per week of strength and balance exercises is also recommended.
- Older Adults (65+ Years) should undertake at least 30 minutes of moderate physical activity on at least 5 days of the week. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

Evidence suggests that the proportion of adults who have a complete knowledge of the above recommendations can be classed as low⁹. A higher proportion of adults however are able to identify the duration (30 minutes accumulated) and frequency (at least 5 days per week) components separately.

Moderate physical activity is defined as that which⁸:

**Increases heart rate,
May result in some sweating and
Encourages an individual to take deeper breaths**

The important indicator however is that individuals should still be able to hold a conversation.

Generally activity can be classified into four types:

Stamina	Flexibility	Strength	Balance
Brisk walking, gardening or swimming will keep lungs, heart and circulation in good shape	Vacuuming, yoga or DIY will keep you supple	Climbing stairs, digging in the garden or carrying shopping helps keep muscles and bones strong	Dancing, t'ai chi or keep fit classes

Figure 2 – The Four Types of Physical Activity
NHS Health Scotland (2008)
Energising Lives – A guide to promoting physical activity in primary care

Current Levels of Physical Activity:

National

The Scottish Health Survey (SHeS)³ indicated the following:

Four in ten (39%) of adults met the current physical activity recommendations with men more likely to meet recommended levels than women (45% compared with 33%). The proportions of men and women meeting recommended activity levels varied significantly with age as seen in figure 3.

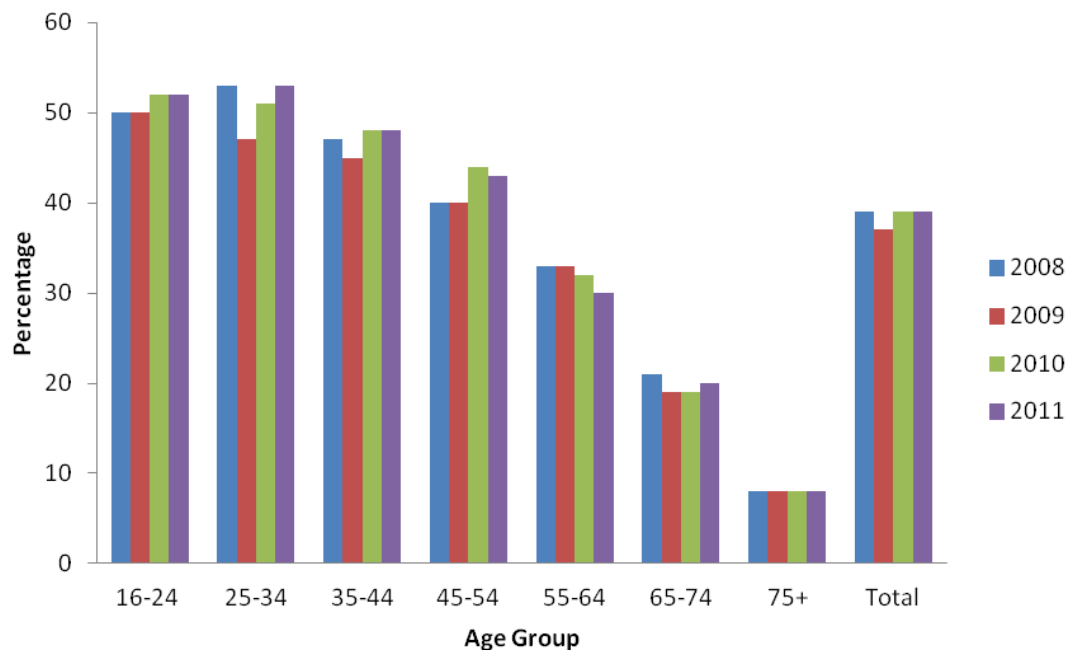


Figure 3 – Percentage of adults aged 16–74 meeting the recommendations by age

Among men, the proportions meeting recommendations fell from 63% of those aged 16-24 to 11% of those aged 75 and over. Among women those aged 25-34 were most likely to meet the recommendation (45%), the proportion meeting the recommendation then declined by age to 6% for those aged 75 and over.

Among children the levels of physical activity increased gradually until a recent plateau. In 1998, 65% of children aged 2-15 were physically active at the recommended level (excluding school-based activity, which was not measured prior to 2008). This increased to 69% in 2003, but has been 64%-65% from 2008 onwards.

In 2011, 73% of children (76% of boys and 70% of girls) met the physical activity recommendations *including* school-based activity. Although there was little change for boys between 2008 and 2011, the proportion of girls meeting the recommendations appears to have increased from 64% in 2008.

Local

Data shows that 51% of adults meet recommended activity levels within Greater Glasgow and Clyde¹⁰. Men at 45% were more likely to meet the recommendation than women at 28%.

Local data for Inverclyde¹⁰ presented a more positive response indicating 56% of adults met the recommended levels of physical activity.

The proportion of respondents who met the target for physical activity tended to decrease with age – from 67% of those aged 16-44 to 28% of those aged 65 and over.

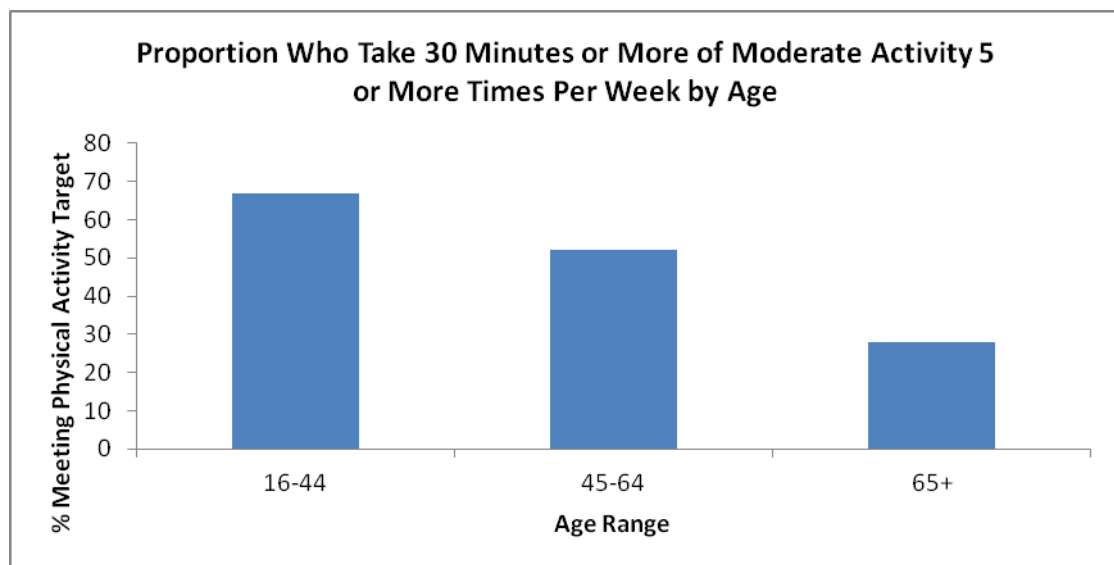


Figure 4 – Percentage of adults aged 16–75+ meeting physical activity targets by age within Inverclyde

Overweight and Obesity:

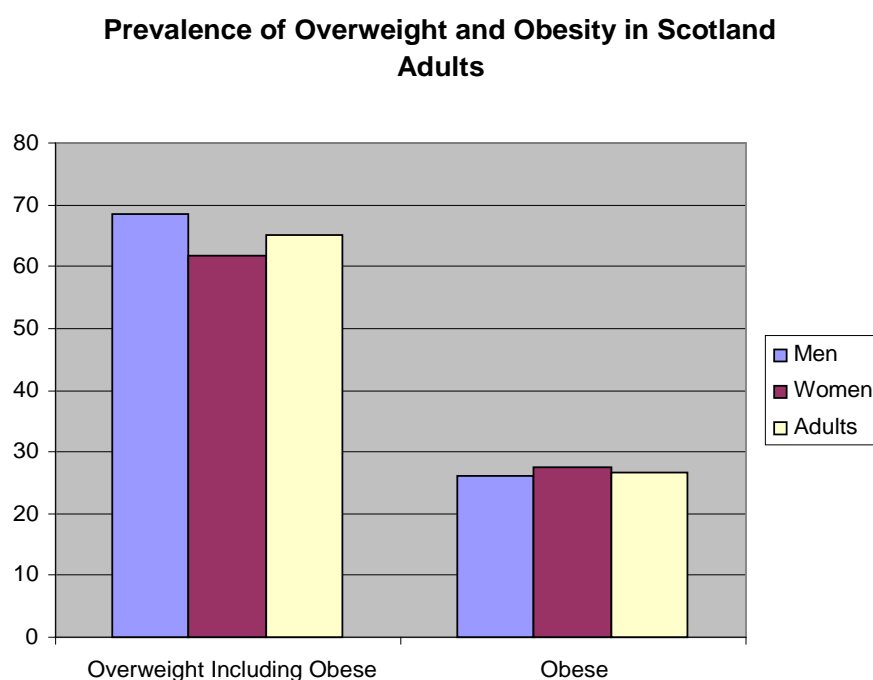
Scotland has one of the highest levels of obesity in the OECD countries; only the USA and Mexico having greater levels¹¹. Population-wide obesity levels in Scotland are measured by the Scottish Health Survey.

Across Scotland, 28% of adults and more than 14% of children were obese. More than 65% of adults and nearly 30% of children were overweight and obese combined.

Therefore an **adult of healthy weight** living in Scotland today is in the **minority**.

There is a clear linear pattern of increasing obesity with increasing deprivation in adult women in Scotland. It is predicted that such a correlation between deprivation and obesity may soon become apparent for adult men and children¹¹.

Occurring at the same time as the decline of physical activity, there has been an increase in the number of high calorie, high fat foods consumed by the population¹².



**Figure 5 – Prevalence of Overweight and Obesity in Scotland
Preventing Overweight and Obesity in Scotland
A Route-map Towards Healthy Weight (2010)**

Prevalence of Overweight and Obesity in Scotland Children Aged 2 - 15

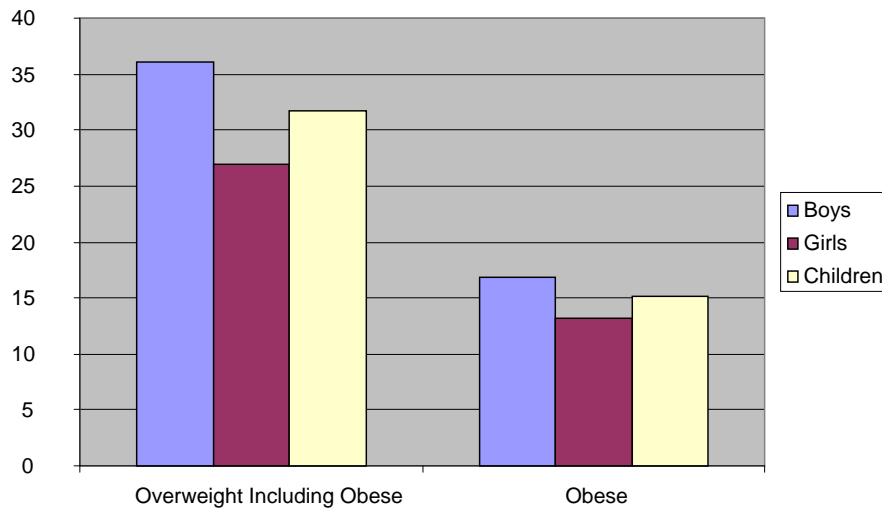


Figure 6 – Prevalence of Overweight and Obesity in Scotland (Children)
Preventing Overweight and Obesity in Scotland
A Route-map Towards Healthy Weight (2010)

Like physical activity where individuals overestimate how active they are, a similar behaviour is noticed when individuals are asked about their weight. A recent publication indicated that people who are overweight will often state that they think they are of normal weight, while in the same study, 78% of parents with overweight or obese children thought their child's weight was normal¹³.

The cost of treating both obesity and the chronic conditions associated with sedentary lifestyles is putting the health and social care system under increasing pressure, where more and more mainstream funding is having to be diverted from other budgets to accommodate this increase spend in healthcare.

Put simply, the associated long term costs of obesity and sedentary lifestyles will put health and social care spending at a point which is unsustainable.

Benefits of Physical Activity:

Being physically active is essential for good health and constitutes an effective intervention for many conditions. The strongest effects however are seen in prevention with regular activity decreasing the risk of:

Cardiovascular Disease (CVD)

Despite falling death rates spanning the last 20 years, CVD continues to be a major cause of mortality and morbidity in Scotland. Inactive people have almost double the risk of having a heart attack than their active counterparts¹⁴. Studies have shown that 37% of CHD deaths can be attributed to physical inactivity, which compares with 19% of CHD deaths attributable to smoking¹⁵.

Type 2 Diabetes

Individuals who are physically active are 33-50% less likely to develop type 2 diabetes than inactive people. The greater the amount of activity taken the lower the risk of developing the disorder¹⁶.

Mild Anxiety and Depression

Physical activity has the capacity not only to add years to life, but also to increase quality life years through reduced risk of mental disorders, improved quality of life and psychological wellbeing¹⁷.

Additional benefits of physical activity are summarised as:

- *perception of mental wellbeing*: physical activity (particularly moderate activity like walking) is linked with improved self perception of mental wellbeing;
- *self esteem*: physical activity is linked to positive effects on self esteem and self perceptions;
- *cognitive function*: there is some evidence that physical activity can promote some aspects of cognitive functioning such as memory, reasoning, problem solving and spatial awareness – this work has particularly emphasised the potential for physical activity to contribute to educational attainment within young people and to maintain good cognitive functioning in older people;
- *sleep*: those who are active tend to fall asleep faster and sleep longer and deeper than those who are inactive – the likelihood of having sleep disorders is lower amongst those who are active;
- *stress & anxiety reduction*: those who are active tend to have reduced levels of stress and anxiety.

There is also evidence that physical activity can be effective in alleviating some symptoms in those individuals with clinically defined mental health problems: for example, as an effective treatment for mild, moderate and potentially severe clinical depression; helping people with other mental health

problems, such as improving the mental wellbeing of people with a diagnosis of schizophrenia and, supporting recovery from alcohol & drug misuse¹⁸.

The evidence base supporting the benefits of moderate physical activity is robust and convincing. Individuals who are physically active enjoy increased life expectancy, reduced risk of chronic illness (including CHD, Stroke and type 2 Diabetes) and increased mental wellbeing.

Table 1 - The relationship between physical activity and health outcomes

Health outcome	Nature of association with physical activity	Effect size	Strength of evidence
All-cause mortality	Clear inverse relationship between physical activity and all-cause mortality.	There is an approximately 30% risk reduction across all studies, when comparing the most active with the least active.	Strong
Cardiorespiratory health	Clear inverse relationship between physical activity and cardiorespiratory risk.	There is a 20% to 35% lower risk of CVD, CHD and stroke .	Strong
Metabolic health	Clear inverse relationship between physical activity and risk of type 2 diabetes and metabolic syndrome.	There is a 30% to 40% lower risk of metabolic syndrome , and a 35% to 50%* lower risk of type 2 diabetes in at least moderately active people compared with those who are sedentary.	Strong
Energy balance	There is a favourable and consistent effect of aerobic physical activity on achieving weight maintenance.	Aerobic physical activity has a consistent effect on achieving weight maintenance (less than 3% change in weight). Physical activity alone has no effect on achieving 5% weight loss, except for exceptionally large volumes of physical activity, or when an isocaloric diet is maintained throughout the physical activity intervention. Following weight loss, aerobic physical activity has a reasonably consistent effect on weight maintenance.	Strong Strong Moderate
Musculoskeletal health	Bone: There is an inverse association of physical activity with relative risk of hip fracture and vertebral fracture. Increases in exercise and training can increase spine and hip bone marrow density (and can also minimise reduction in spine and hip bone density).	Bone: Risk reduction of hip fracture is 36% to 68% at the highest level of physical activity. The magnitude of the effect of physical activity on bone mineral density is 1% to 2%.	Moderate (weak for vertebral fracture)
	Joint: In the absence of a major joint injury, there is no evidence that regular moderate physical activity promotes the development of osteoarthritis. Participation in moderate intensity, low-impact physical activity has disease-specific benefits in terms of pain, function, quality of life and mental health for people with osteoarthritis, rheumatoid arthritis and fibromyalgia.	Joint: Risk reduction of incident osteoarthritis for various measures of walking ranges from 22% to 83% . Among adults with osteoarthritis, pooled effect sizes (ES) for pain relief are small to moderate, i.e. 0.25 to 0.52. Function and disability effect sizes are small: function ES = 0.14 to 0.49 and disability ES = 0.32 to 0.46.	Weak Strong
	Muscular: Increases in exercise training enhance skeletal muscle mass, strength, power, and intrinsic neuromuscular activation.	Muscular: The effect of resistance types of physical activity on muscle mass and function is highly variable and dose-dependent.	Strong
Functional health	There is observational evidence that mid-life and older adults who participate in regular physical activity have reduced risk of moderate/severe functional limitations and role limitations.	There is an approximately 30% risk reduction in terms of the prevention or delay in function and/or role limitations with physical activity.	Moderate to strong
Cancer	There is an inverse association between physical activity and risk of breast and colon cancer.	There is an approximately 30% to 50%* lower risk of colon cancer and approximately 20% lower risk of breast cancer .	Strong

Source: Adapted from Department of Health and Human Services (2008) *Physical Activity Guidelines Advisory Committee Report*, Washington, DC: US Department of Health and Human Services.

Active Living:

Leisure time pursuits have been relatively stable or may have increased slightly in recent years within westernised countries, however physical activity at work, at home, and from commuting has decreased¹⁹. Physical activity which was once part of our daily lives has been designed out of our normal routines. Examples of this include:

- sedentary jobs taking the place of manual labour
- car usage replacing walking and cycling,
- elevators and escalators have significantly reduced stair use
- television and video consoles have displaced active leisure opportunities

Furthermore the design of our streets, buildings and neighbourhoods make physical activity unnatural and difficult to accomplish. There is also evidence to suggest that individuals who have a physical or mental disability may have unequal access to physical activity opportunities²⁰.

Health professionals must therefore work with urban designers, architects and planners to reverse the design trends that have contributed to declining physical activity¹⁹. Creating opportunities where individuals can be physically active may help reduce many prominent chronic illnesses as well as contribute to long term environmental regeneration.

Neighbourhood design can impact upon physical activity and health in a number of ways. Features such as shared site ownership between walkers, cyclists and car users, access to greenspace and clutter free environments all contribute to this agenda.

This document looks to build upon best practice not only within the UK but beyond in order to foster physical activity by designing spaces, streets and communities that encourage walking, cycling and other forms of active transportation. Active Living is deemed an essential component for the next generation in order to improve health and reduce associated inequalities.

Our aim with this strategy is to lead the way in Scotland and promote a vibrant environment which encourages individuals to enjoy their surroundings while changing their behaviour and developing an active way of life.

Strategy Infrastructure:

The development of this strategy has been from the outset a progressive partnership approach. Within Inverclyde it is recognised that a wealth of individuals and organisations have a responsibility for increasing physical activity across the local community. A Steering Group was initiated to oversee the development of this document and then assume subsequent delivery responsibility.

The following organisations form the core steering group of the *Active Living Strategy*:

- **Inverclyde Council**
 - **Education, Active Schools and Sports Development**
 - **Safer and Inclusive Communities**
 - **Regeneration and Environment**
- **Community Health and Care Partnership**
- **NHS Greater Glasgow & Clyde**
- **Your Voice – Inverclyde Community Care Forum**
- **Inverclyde Leisure**
- **NHS Health Scotland**
- **Clyde Muirshiel Regional Park**

The group set out with the aim of increasing physical activity within Inverclyde however where this strategy is unique, is that it looks to invest in the external environment throughout the long term. The following vision is therefore appropriate:

***“Inverclyde will have the most
active population in Scotland by 2022”***

This ambitious prediction reflects the level of commitment which the strategy brings both from its partners and wider organisational supporters. The decline in physical activity rates has been a progressive lengthy trend spanning over 50 years and the solution to this must be equally progressive and hence requires time investment.

It will be necessary to accurately record local physical activity rates over the next ten years in order that progress towards the above aim is captured and tracked accordingly.

Strategic Objectives:

As previously indicated the overarching aim of this strategy is to increase physical activity levels consistently across Inverclyde. In order to achieve this it is necessary to be aware of the health related inequalities which exist and therefore impact upon individual lifestyle choices.

This strategy will look towards whole population increases in physical activity, as well as focus within specific populations who are among the least active. This will ensure that reducing health inequalities becomes an integral component of future working in order to address and subsequently reduce the inequality gap.

This will allow communities, groups and individuals to be targeted in a way which promotes fairness, achieves access for all and finally ensures a high level of success.

In order to deliver the *Active Living Strategy* a number of short, medium and long term outcomes will be established. These outcomes will form the working foundation of this strategy and be noted in a separate development plan.

Work will correlate therefore across a number of key areas. Seven strategic themes have been identified which aim to link the short, medium and long term outcomes with the need to target specific populations. In addition an overarching premise will capture the community planning and coproduction focus through a specific theme focused on community engagement and capacity building.

Each strategic theme reflects a high level outcome of the strategy. These are noted as:

Strategic Theme 1 – Workplace:

“Inverclyde employers advocate physical activity and support the facilitation of an active Inverclyde workforce”

Strategic Theme 2 – Greenspace:

“All Inverclyde residents and visitors will have opportunities to access and participate in a range of quality physical activities within greenspace and the Inverclyde green network”

Strategic Theme 3 – Sport and Leisure:

“All Inverclyde residents will have equal opportunities to access and participate in a range of quality sport and leisure experiences”

Strategic Theme 4 – Education:

“Early years, children and young people within Inverclyde will achieve the national physical activity targets by 2022”

Strategic Theme 5 – Health Improvement:

“Health inequalities are lower due to increased participation rates in physical activity and the population of Inverclyde is benefiting from the associated health outcomes”

Strategic Theme 6 – Built Environment:

“The built environment within Inverclyde facilitates quality accessible opportunities for physical activity and will encourage residents and visitors to be more physically active”

Strategic Theme 7 – Communication:

“The opportunities and benefits to accessing physical activity are effectively promoted across Inverclyde to both visitors and residents”

Overarching Theme – Community Engagement and Capacity Building:

“Community engagement and capacity building forms the foundation of all efforts to increase physical activity levels by concentrating on the assets of local communities”

The diagram overleaf (figure 7) displays each thematic area and its corresponding responsibility to the delivery of the strategy. Moreover the development plan will focus outcomes within certain age related parameters. These are also noted within Figure 7.

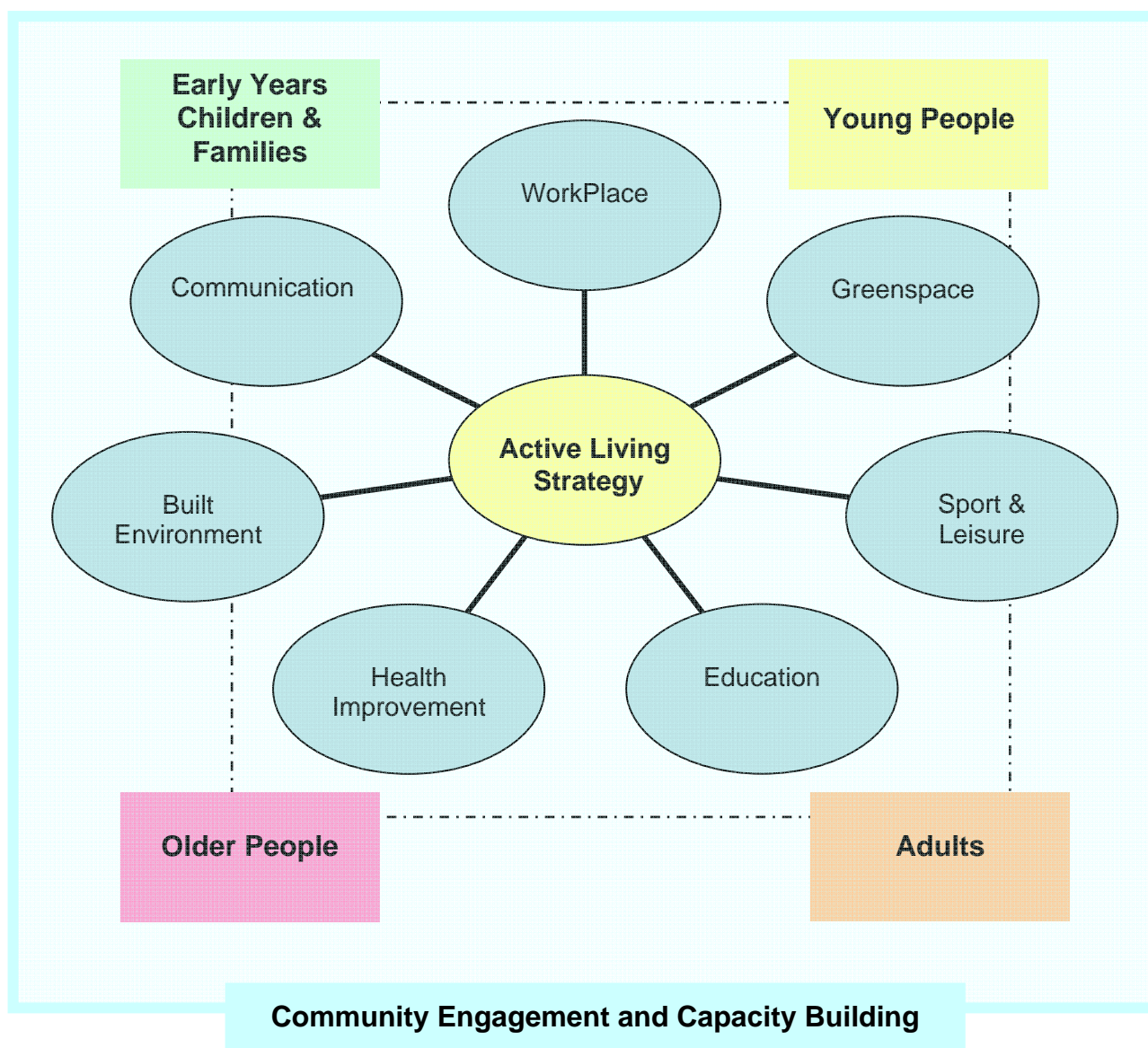


Figure 7 –Active Living Strategy Themes

All outcomes within the *Active Living Strategy* development plan have been evidence based as far as possible.

The current financial climate does not lend itself well to the launch of a new strategy, particularly one which challenges current practice and looks to deliver long term behaviour change. Only those outcomes deemed to represent good value have been considered within this document. Good value does not necessarily correspond to financial spend; rather it is a balance between the outcome cost versus potential long term savings related to health and social care.

Implementation:

This strategy aims to build upon existing work and develop new approaches to the way Inverclyde Council, CHCP and its partners promote and sustain efforts to increase physical activity across the immediate population.

The working group responsible for the development of this document will direct efforts towards a parallel implementation plan to deliver upon the short, medium and long term outcomes necessary for its success. This will also therefore note the key delivery actions against which progress will be measured.

In order to grasp the stages involved, logic models will be utilised to quickly note the key stages and areas of focus. The model overleaf provides an overview of the full strategy. The individual themed outcomes are then listed to provide a full impression of the work planned across the strategy.

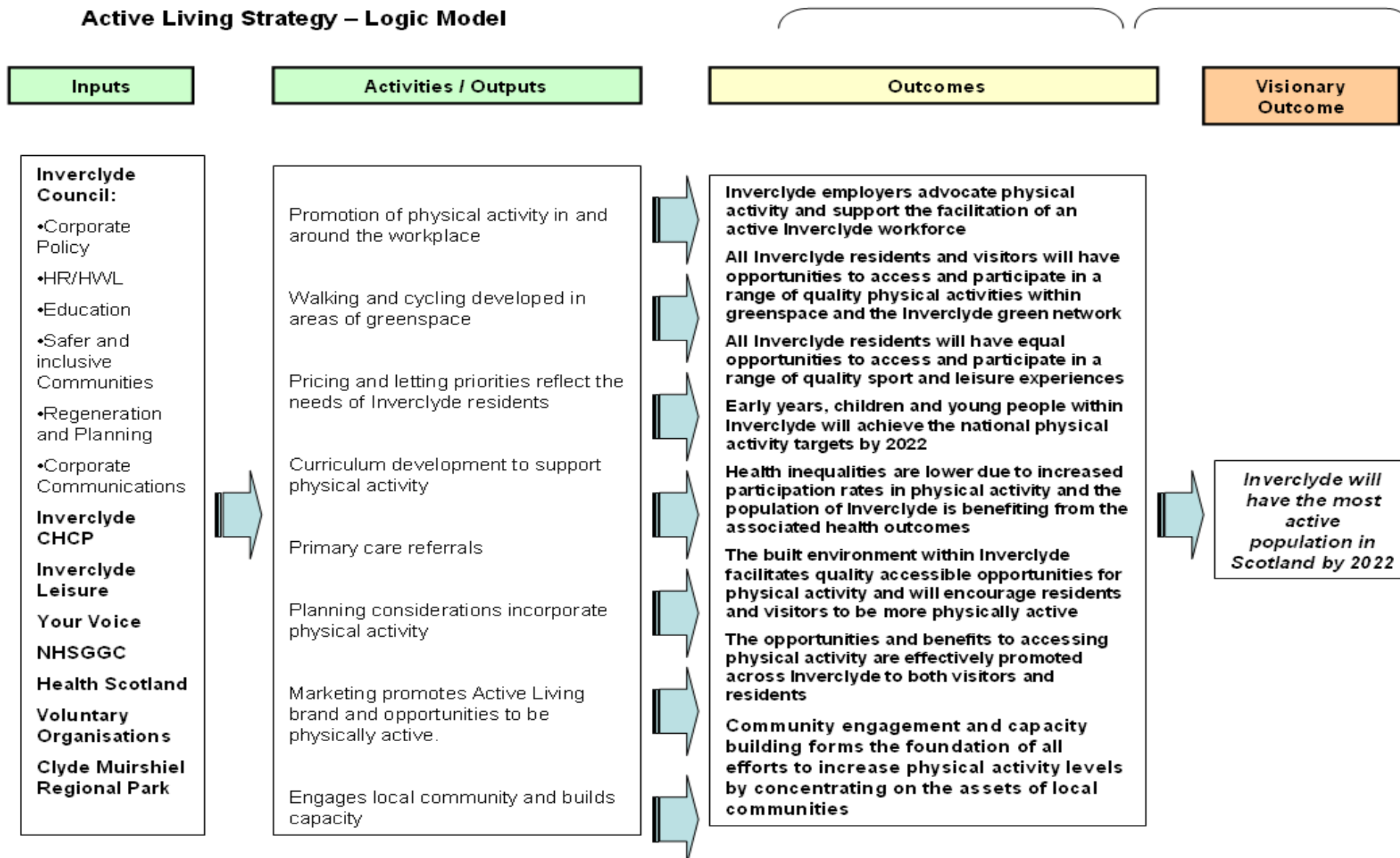
The working group will report directly to the Health Inequality and Green Charter and Environment Single Outcome Agreement Delivery Groups as well as to the Inverclyde Alliance Board when necessary. Progress will be reported on a 6th monthly basis with a fuller performance appraisal concluded annually.

In order to accurately inform the above, all actions will note current baseline data to allow performance measures to be attributed. In addition partners recognise that new mechanisms will be developed or established to allow local activity levels to be recorded across the seven strategic themes.

Each strategic theme will have its own devolved priorities, however some actions may overlap due to the distinct partnership approach undertaken and the similarity of relevant outcomes.

Each strategic theme relates to a core remit within the working group and therefore a lead organisation will be assigned to each of the eight areas (including the overarching theme). The respective lead will be responsible for the long term delivery of that area. This will aid in the sustained drive of the strategy as well as document each partners continued commitment.

Active Living Strategy – Logic Model



Workplace

Theme	Strategic Outcome	Long Term Outcomes
Workplace	Inverclyde employers advocate physical activity and support the facilitation of an active Inverclyde workforce	<p>Inverclyde employers identify, promote and increase physical activity opportunities in and around the workplace, including the introduction and utilisation of flexible working policies</p> <p>Inverclyde employers maximise and improve their current facilities to facilitate increased participation in physical activity and ensure that physical activity opportunities are a key consideration in all estate development plans</p> <p>Workplaces encourage employees to use forms of active travel to and from work and throughout the working day in order that sedentary behaviour is reduced and daily physical activity levels are increased</p> <p>All Inverclyde employers are encouraged to achieve Bronze, Silver and Gold award accreditation in the Governments Healthy Working Lives Awards programme</p> <p>Regular events take place within Inverclyde workplaces to promote physical activity to all employees and individuals recognise the importance of leading active lifestyles</p>

Greenspace

Theme	Strategic Outcome	Long Term Outcomes
Greenspace	All Inverclyde residents and visitors will have opportunities to access and participate in a range of quality physical activities within greenspace and the Inverclyde green network	<p>The Greenspace resource is improved within areas of greenspace to better facilitate activities such as walking, cycling and community gardens</p> <p>Inverclyde residents and visitors value and use areas of greenspace for health promoting activities</p> <p>Inverclyde residents and visitors make regular use of greenspace for commuting, play and leisure activities</p> <p>Residents and visitors to Inverclyde are aware of the greenspaces in their areas and know how to access them</p>

Sport and Leisure

Theme	Strategic Outcome	Long Term Outcomes
Sport and Leisure	All Inverclyde residents will have equal opportunities to access and participate in a range of quality sport and leisure experiences	<p>Inverclyde has a larger pool of volunteers and coaches delivering physical activity and sport</p> <p>Inverclyde sport and leisure facilities are accessible to all, and a cohesive and equitable letting policy across all facilities and community schools is in place in line with the Community Plan, Corporate Plan and School Estate Plan</p> <p>The number of children, young people, teenage girls and older adults regularly participating in physical activity, sport and leisure is increased</p> <p>Inverclyde has an operational community sport hub which allows for all needs to be catered for, from physical activity participation to opportunities for talent identification in sport</p> <p>Awareness of the benefits of regular physical activity including participation in sport & leisure activities has increased recognition throughout the Inverclyde population</p>

Education

Theme	Strategic Outcome	Long Term Outcomes
Education	Early years, children and young people within Inverclyde will achieve the national physical activity targets by 2022	<p>All Inverclyde children and young people receive 2 periods of quality curricular physical education per week</p> <p>Every primary and secondary cluster within Inverclyde has an identified physical education specialist and Active Schools Coordinator</p> <p>All education staff are aware of the physical activity recommendations and the Curriculum for Excellence physical activity and sport, outcomes and experiences. Where appropriate, staff are confident in the delivery of physical activity and sport</p> <p>80% of Inverclyde children will meet the national physical activity recommendations by 2022</p> <p>All educational establishments within Inverclyde will provide enjoyable experiences and achievements on a daily basis by offering different kinds of energetic physical activity opportunities for outdoor learning available at their place of learning and in the wider community</p>

Health Improvement

Theme	Strategic Outcome	Long Term Outcomes
Health Improvement	Health inequalities are lower due to increased participation rates in physical activity and the population of Inverclyde is benefiting from the associated health outcomes	<p>Increasing physical activity is a key outcome within Inverclyde Council and CHCP's strategic planning frameworks</p> <p>The number of children and young people who are a healthy weight is increased across all age groups</p> <p>Health and Fitness Professional's are aware of Health Referral programmes & their pathways are maximised to establish consistent & transparent processes across Inverclyde</p> <p>The physical activity recommendations and benefits of regular physical activity are more widely known across the population of Inverclyde</p>

Built Environment

Theme	Strategic Outcome	Long Term Outcomes
Built Environment	The built environment within Inverclyde facilitates quality accessible opportunities for physical activity and will encourage residents and visitors to be more physically active	<p>The 'school journey' is physically active and takes place in a safe and environmentally friendly way</p> <p>By 2022 80% of school children will utilise a form of active travel to and from school</p> <p>An intranet communication resource (Glow) is available to promote active school travel to all teachers, pupils and parents with all schools and educational establishments having an effective travel plan by 2015 which promotes walking and cycling</p> <p>Safe and environmentally friendly precincts (residential and shopping areas) encourage more people to walk / cycle</p>

Communication

Theme	Strategic Outcome	Long Term Outcomes
Communication	The opportunities and benefits to accessing physical activity are effectively promoted across Inverclyde to both visitors and residents	<p>Opportunities to be physically active within Inverclyde are marketed in a unified, cost effective and sustainable way</p> <p>A communication strategy has been developed which promotes active living as well as structured opportunities to become physically active</p> <p>An new Inverclyde Active Living Brand is identified and promoted across Inverclyde to residents and visitors</p>

Community Engagement and Capacity Building

Theme	Strategic Outcome	Long Term Outcomes
Community Engagement and Capacity Building	Community engagement and capacity building forms the foundation of all efforts to increase physical activity levels by concentrating on the assets of local communities	<p>Community engagement is utilised as a key tool in order to agree physical activity priorities and inform local community of strategy progress</p> <p>Inverclyde seeks to build capacity among the local community by improving opportunities for individuals to be physical active</p> <p>Inverclyde takes advantage of local community assets by maximising opportunities for individuals and groups to be involved in physical activity, sport and play</p> <p>Partnerships are established across the voluntary sector which build asset based co productive models for physical activity within the community of Inverclyde</p>

Appendix 1 - Evidence Base:

Workplace

- Paths for All – Workplace Walking Project:
<http://www.pathsforall.org.uk/pfa/walk-at-work/walk-at-work.html>
- Healthy Working Lives: <http://www.healthyworkinglives.com/>

Greenspace

- NHS Health Scotland (2010). Green Prescription Schemes - Mapping and Current Practice:
<http://www.healthscotland.com/documents/4300.aspx>
- Greenspace Scotland. The links between greenspace and health: a critical literature review
<http://www.greenspacescotland.org.uk/SharedFiles/Download.aspx?pageid=133&mid=129&fileid=85>
- Greenspace Scotland 2008. Greenspace and quality of life
<http://www.greenspacescotland.org.uk/SharedFiles/Download.aspx?pageid=133&mid=129&fileid=85>
- Forestry Commission Scotland (2009). Branching Out – Greenspace and Conservation on Referral:
[http://www.forestry.gov.uk/pdf/FCS_BranchingOut_ExecSum.pdf/\\$FILE/FCS_BranchingOut_ExecSum.pdf](http://www.forestry.gov.uk/pdf/FCS_BranchingOut_ExecSum.pdf/$FILE/FCS_BranchingOut_ExecSum.pdf)

Sport and Leisure

- <http://www.highland.gov.uk/leisureandtourism/sportsfacilities/highlife/>
- <http://www.scottishsportsassociation.org.uk/images/stories/pdf/sporting%20manifesto.pdf>

Education

- <http://www.sportscotland.org.uk/NR/rdonlyres/727DCC00-C9FB-4B32-BF40-26F3D440CC88/0/Developingaworldclasssportingsystem.pdf>
- <http://www.sportscotland.org.uk/ChannelNavigation/Resources/TopicNavigation/Publications/Developing+a+world+class+sporting+system.htm>
- <http://www.sportscotland.org.uk/NR/rdonlyres/B7887A2B-CBFB-4BBA-92AC-9729FE916596/0/CoachingScotland.pdf>

- <http://www.sportscotland.org.uk/NR/rdonlyres/55E5B549-E79E-44F6-A2B7-8003625DF865/0/Thepotentialofsport.pdf>
- http://www.ltscotland.org.uk/Images/pe_dvd_booklet_tcm4-651368.pdf
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Health Improvement

- Moray Council (2007). Living an Active Life – Physical Activity, sport and Health Strategy for Moray 2007-2012:
<http://www.moray.gov.uk/downloads/file2236.pdf>
- NHS Greater Glasgow and Clyde (2007). Lets make Glasgow More Active: A physical activity strategy for Glasgow 2007-2012
- Pringle, A. Cooke, C. Gilson, N. Marsh, K and McKenna, J (2010) Cost-effectiveness of Interventions to Improve Moderate Physical Activity: A study in nine UK sites. Health Education Journal, 69 (2), pp. 211-224.
- Boen, F. Maurissen, K. and Opdenacker, J (2010) A simple Health Sign Increases Stair use in a Shopping Mall and Two Train Stations in Flanders, Belgium. Health Promotion international, 25 (2), pp. 183-191.
- National Public Health Service for Wales (2007). “Active Merthyr” – A Four Year Active Living Strategy & action Plan for Merthyr Tydfil 2007 – 2011:
<http://www.merthyr.gov.uk/NR/rdonlyres/B53EA61B-B567-452B-9183-D6303EFD6D35/5959/ACTIVEMERTHYRFinal.doc>

Built Environment

- NHS Health Scotland (2008). Commentary on NICE Public Health Guidance 8: Promoting and creating built environments that encourage and support physical activity:
<http://www.healthscotland.com/uploads/documents/7280NICEPHG008HScomentaryFullText27Jun08.pdf>
- 20s Plenty for Us Campaign (2010): <http://www.20splentyforus.org.uk/>
- Living Streets (2009). Policy Briefing 02/09 – 20mph brings streets to life:
<http://www.livingstreets.org.uk/>
- Scottish Government (2010) Designing Streets – A Policy Statement for Scotland:
<http://www.scotland.gov.uk/Resource/Doc/307126/0096540.pdf>
- New York City Department of Design and Construction (2010). Active Design Guidelines:

http://www.nyc.gov/html/ddc/html/design/active_design.shtml

- Local Government Group (2011). Plugging Health Into Planning: Evidence and practice.
- Spatial Planning and Health Group (2011). Steps to Healthy Planning: Proposals for action.
- Greenspace Scotland (2008). Greenspace and Quality of Life: A critical literature review:
<http://www.greenspacescotland.org.uk/upload/File/greenspace%20and%20quality%20of%20life%20literature%20review%20aug2008.pdf>

Communication

- Go Barrhead Project: <http://www.gobarrhead.co.uk/>

Community Engagement & Capacity Building

- <http://www.scdc.org.uk/what/national-standards/>

References:

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- ² NHS Health Scotland (2008). Energising Lives – A guide to promoting physical activity in primary care.
- ³ The Scottish Government (2011). The Scottish Health Survey 2011
- ⁴ The Scottish Government (2009). Five-year review of 'Let's Make Scotland More Active' – A strategy for physical activity February 2009
- ⁵ World Health Organisation (2010). Global Recommendations on Physical Activity for Health
- ⁶ New York City Department of Design and Construction (2010). Active Design Guidelines:
- ⁷ The Scottish Executive (2003). Let's Make Scotland More Active: A strategy for physical activity. Physical Activity Task Force February 2003
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- ⁹ NHS Health Scotland (2010). Know, Feel, Do? Health behaviour change in Scotland, 1996 to 2007
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- ¹³ Scottish Public Health Observatory (2010). Knowledge, Attitudes and Motivations to Health, 2008 and 2009
- ¹⁴ Department of Health (2004). At Least Five a Week.
- ¹⁵ McPherson K, Britton A, Causer L. (2000). Coronary Heart Disease. Estimating the impact of changes in risk factors. London: The Stationery Office.

¹⁶ Department of Health (2004). At Least Five a Week.

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¹⁸ NHS Health Scotland (2008). Physical Activity and Mental Health: the role of physical activity in promoting mental wellbeing and preventing mental health problems - An Evidence Briefing May 2008.

¹⁹ New York City Department of Design and Construction (2010). Active Design Guidelines:

²⁰ Physical Activity and Health Alliance (No Year Given). Physical Activity and Inequalities – Physical Activity Briefing Paper.