



A Review of Everybody Active Every Day - Five Years On

Final Report

21 April 2020

Submitted to: Public Health England

Dr Aisha Ahmad and Matt Rayment

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Final Report

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

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Executive summary

This is the final report for the review of Everybody Active Every Day (EAED), the national physical activity framework for England. ICF was commissioned by Public Health England (PHE) (February – November 2019) to undertake an independent review of the framework, five years on from its publication.

The Everybody Active Every Day (EAED) framework was published in October 2014 to respond to the growing inequalities in physical and mental health. The framework aims to improve the physical and mental health of the population and reduce health inequalities by increasing physical activity levels across the population.¹ It takes an evidence-based approach to increasing physical activity and calls for action across four specific domains of: active society, moving professionals, active environments, and moving at scale. Through these domain areas, the framework aims to support all sectors to embed physical activity into the fabric of daily life and make it the easy, cost-effective, and 'normal' choice for every community in England.

This review of EAED has three key objectives:

- To assess progress towards the implementation of EAED through action with professionals at national and local level;
- To review progress of implementation of EAED through evidence-based practice; and
- To co-produce strategic actions to accelerate the scale and impact of EAED over the next five years (collaboratively with national and local stakeholders).

Methods

This review draws on the following data:

Document and policy review:

- 47 Health and Wellbeing Board (H&WB) strategies (from a total of 159);
- 27 Clinical Commissioning Group plans;
- 39 national policy and strategy documents.

National and local stakeholder interviews:

- The views of 243 national and local stakeholders including:
 - 20 national stakeholder interviews, including representatives from Department of Health and Social Care (DHSC), Department of Culture, Media and Sport (DCMS), Department of Transport (DfT), Sport England, Academy of Medical Royal Colleges (AoMRC), Royal College of Nursing (RCN) and Chartered Institute for the Management of Sport and Physical Activity (CIMSPA).
 - 95 local stakeholder views gathered from nine case studies (Birmingham, Doncaster, Dorset, Essex, Islington, Lincolnshire, Rochdale, Surrey and York).
 - 17 national / local stakeholder views gathered through a national workshop.
 - A wider public consultation survey gathered the views of 111 national / local stakeholders.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

Key findings

Overall progress of implementing the Everybody Active Everyday vision

Globally, there has been slow progress in increasing physical activity levels, with only 23% of adults meeting WHO's global recommendations of 150 minutes of activity². However, the most recent release of Sport England's Active Lives Survey shows that the proportion of the population who are inactive in England has decreased from 25.6% to 24.8% (between November 2015 and May 2019), demonstrating promising progress. From a healthcare perspective, there are increasing resource constraints on treatment services in England, while local authorities face pressures to provide statutory services with reduced resource. However, despite this, not only has the physical activity message managed to maintain its profile nationally and locally, but physical activity rates have increased.

Several steps have been taken in the UK to increase physical activity at population level. These include:

- The production of national recommendations and guidelines on physical activity across different groups including children under 5 years old, children and young people aged 5 – 18 years, adults 19 – 64 years, older adults 65+ years and for disabled adults.
- Monitoring and surveillance of physical activity across the key sectors of health, education, sport and transport.
- Funding specifically allocated for physical activity promotion within health, education, sport, transport, urban planning and the environment sectors.
- Policies and action plans to promote physical activity within health, education, sport, transport, urban planning and the environment sectors. The UK factsheet (Physical Activity Factsheets for the 28 European Union Member States of the WHO European Region, 2018) includes key reference to the EAED framework and its four domain areas. The EAED framework has provided overall strategic direction to efforts to promote physical activity in the country.
- Key target groups addressed within national policies including those from lower socioeconomic groups, pregnant / breastfeeding women, minority ethnic groups, older people, people with disabilities and people with chronic diseases.
- Health professionals including medical doctors, nurses, physiotherapists and others being trained in physical activity and health.
- Physical activity within schools not only taking place during physical activity lessons but also during school breaks, after school and through active travel to and from school.
- There is active travel to and from the workplace and physical activity is also taking place at the workplace.
- Utilising a range of different national media outlets to raise awareness of national campaigns such as This Girl Can and Active 10, including through television, radio, newspapers, social media, public events, and public figures.

Over the last five years, there has been increased awareness of the importance of physical activity through national and local policy, strategies (e.g. Towards an Active Nation), campaigns (e.g. This Girl Can and We are Undefeatable), stakeholders and professionals. Our findings show an overwhelmingly positive response from EAED stakeholders, who felt it set a clear agenda for action, based on a strong evidence base. Despite this, an area of

² Global Action Plan on Physical Activity 2018-2030, World Health Organisation, available: <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf?ua=1>

opportunity identified in the review is the need to integrate physical activity more prominently into health policy.

There is consensus across stakeholders that partnership working is vital to increase physical activity across the population. This reflects the vision for improved partnership working and collaboration laid out in several national and international policy documents. At the local level, there is evidence of closer working relationships and collaborative approaches between Local Authority (LA) departments, including planning, sport and leisure, education and the voluntary and community sector. There is general agreement among stakeholders that building partnerships and developing trust across departments can take time. However, this can lead to joint commissioning across different policy areas and the increasing importance of this was mentioned by many national and local stakeholders within this review.

Progress in achieving an active society

There has been positive progress over the last five years to increase physical activity across sectors, both strategically and through campaigns and interventions. Stakeholders recognise the importance of embedding physical activity in the agendas of different sectors and appealing to groups that are typically less active. Physical activity is increasingly featuring in national strategies and plans, including wider policy areas, such as active travel and active societies. This review highlights the local activation of such plans and strategies which have provided the right context for action. However, over the next five years, more could be done to ensure that physical activity is given prominence especially within health policy.

Participation in events and campaigns shows promise, ranging from the national campaigns influencing attitudes, such as 'This Girl Can' and the '10-minute Shake Up', to local initiatives, like the 'Daily Mile' in schools. Joint initiatives and partnerships for action have been key to the successful activation of some of these campaigns locally, while there is a general view among both national and local level stakeholders that the messaging of these campaigns to the general public is transitioning away from directly promoting sport and 'intensive' exercise. Instead, new models that focus on communicating the benefits of incorporating small, lifestyle changes to be more active are being utilised. Stakeholders highlighted the positive impact these campaigns had on attitudes towards physical activity, and how initiatives like 'This Girl Can' are helping to tackle barriers to staying active. Tailored messaging to address inequalities in activity levels has also been used in other national campaigns.

Progress in making environments more conducive to active living

The review shows increased awareness of the importance of physical activity for professionals working within transport and planning. The various examples of national campaigns and investment commitments from government show the prominence given to making environments more conducive to active living. This is reflected in national and local strategies that reference the need to create the right environments to support active living and was the most referenced domain area in national and local policies. However, more could be done to further embed physical activity within government strategies and to design new developments in a way that encourages and facilitates physical activity.

There is evidence of national initiatives being activated through local level action, such as targeted walking and cycling campaigns, as well as more general initiatives across local areas to encourage active travel. There are local examples of developers and designers understanding the need to make the built and natural environments more conducive to active living. However, actions going forward could include more collaboration with developers and designers to ensure physical activity is firmly on their agenda.

The active environment domain is regarded as the most important area to be able to change physical activity at the population level, requiring long term planning and investment.

Stakeholders emphasised the need to ‘act now’ to ensure physical activity considerations are firmly on the agenda.

Progress in mobilising professionals

Creating sector advocates and using the contact that professionals have with people to promote physical activity is increasingly gaining recognition within national and local policy documents. There has been good progress in embedding physical activity within the healthcare sector through the Moving Healthcare Professionals Programme (MHPP), and there are elements of this approach developing in other sectors, such as education, sport and leisure.

It is positive that many of the policy documents reviewed in the education, transport, and sport and leisure sectors mention guidance and / or educational resources for professionals. Within these, the role of professionals in different sectors is increasingly recognised as an important catalyst for change in increasing physical activity.

This review highlights positive examples of a joined-up approach between the sport, leisure and health sectors. Examples include responsive approaches to health sector needs where health professionals and the non-medical workforce are upskilled to improve engagement and confidence when working with people who are inactive or have long term conditions. However, the general view among stakeholders is that many professionals are not yet well informed to deliver the physical activity message, with a more concerted effort required across sectors over the next five years. Developing professional physical activity networks would help provide an outlet for mutual exchange and information sharing among advocates across sectors.

Progress in moving at scale

The moving at scale domain of the EAED framework calls for action to identify and upscale successful programmes nationwide to make physical activity an easy and ‘normal’ choice in every community. In order to achieve large-scale change, there is a need to understand what interventions work and for which target groups.

Progress in achieving the objectives of the moving at scale domain interlink with progress in all other domain areas. There was general agreement among stakeholders that the moving at scale domain sits as a cross-cutting theme across the other EAED domains. There are positive examples of physical activity monitoring and data collection in key sectors, such as health, education, sport and transport. Sport England’s physical activity evaluation framework tool is a useful tool for gathering physical activity data. However, many stakeholders suggest the need for developing a more robust evaluation and monitoring tool which could enable programmes to consistently gather and assess outcomes.

Stakeholders generally report that there is still limited understanding about interventions that work. They suggested the need for a systems-based approach which understands the key systems required as prerequisites before interventions can be replicated. For example, the whole systems approach taken in Doncaster had a commitment to tackle inactivity from a range of organisations (see page 26). Priorities for the next five years

The review has identified opportunities to progress the overall physical activity agenda in the next five years, and to take action in the each of the four EAED domain areas:

Opportunities for the next five years

Overall opportunities for the future: Integration of physical activity in strategies and policies

1. PHE and partners could progress the physical activity agenda and help to address physical activity inequalities by advocating for greater prominence of physical activity within government policies and strategies. This could include supporting the need for clearer signposting to relevant physical activity strategies and plans. These government policies and strategies include those created by the Department for Transport, Department of Health and Social Care (NHS Long Term Plan), the Ministry for Housing, Communities and Local Government (National Planning Policy Framework), and the Department of Education. To further this policy agenda, a working group could be established consisting of PHE, Sport England, professional bodies and national charities, such as the Royal Town Planning Institute, Academy of Medical Royal Colleges, Royal College of General Practitioners, Sustrans and the Richmond Group.
2. Local policy makers could be supported by developing guidance on national policy requirements and the implications for local level policy and strategies. A guide on integrating physical activity and addressing inequalities within local Health and Wellbeing Board strategies and/or Clinical Commissioning Group plans could include the benefits of physical activity and the potential that integrating physical activity within these plans can have on increasing activity levels. This guide needs to be supported by advocates who understand the local context, can develop relationships and can link physical activity to local priorities.
3. New health structures, such as Integrated Care Systems, need to be supported to work with NHS England and the Local Government Association. This is so they can support Clinical Commissioning Groups and Health and Wellbeing Boards to ensure that every updated and new Plan / Strategy gives prominence to physical activity and underrepresented groups within the prevention agenda.

Overall opportunities for the future: Guidance on collaboration and partnership working

4. Research could be undertaken to map all of the national and local partners that need to be engaged to get physical activity on the agenda (including partners relevant to addressing inequalities in physical activity). This could be followed by guidance material on developing effective partnerships that are committed to addressing physical inactivity. The guidance could include a map of PHE and its partnerships, and best practice approaches for engaging key target groups, such as Clinical Commissioning Groups and transport / planning professionals. This could encourage a shared agenda across sectors both nationally and locally, highlighting key stakeholder gaps that will require a concerted effort by local advocates in order to address inactivity.
5. Integrated Care Systems and Local Health and Wellbeing Boards could work with Active Partnerships to develop physical activity professional networks to work towards a shared vision for increasing physical activity across sectors and for key target groups. These networks could also include community representation to assist with understanding the barriers and motivations to physical activity for those least active.

Overall opportunities for the future: Understanding available resources for the scale of the challenge

6. Completing local physical activity needs assessments in collaboration with Active Partnerships could help to identify key target groups, pockets of deprivation, local area needs and financial/human resources for physical activity across different sectors. This could form an important step in aligning the priorities and focus across sectors (e.g. through connecting physical activity to climate change, transport,

economic development), understanding what is needed to increase physical activity levels locally, assisting with the planning and commissioning of services, and identifying areas for joint commissioning.

Achieving an active society

7. There is an opportunity for PHE and partners to build on the work undertaken by Active Partnerships in collaboration with large corporations and employers to develop targeted interventions/schemes, such as 'active workplaces'. These require organisations to make a pledge towards encouraging physical activity promotion to their employees and the public.
8. There is a need to capitalise on the benefits of technology and use it to connect people with opportunities to be physically active, including by targeting inactive groups. For example, this could include increased promotion and usage of Sport England's Open Data work to boost physical activity.
9. Future campaigns need to take a targeted approach to focus on those most inactive. This should include advanced planning, incorporating behavioural insight, engagement with professionals and providers at all levels with clear calls to action for professionals, and co-ordinating with other interventions, events and opportunities to engage in physical activity. There is a cross-cutting action across domain areas for more market research to understand the needs and barriers of inactive groups. This can inform societal campaigns, actions to create the right environments, and information and guidance for professionals.

Developing active environments

10. PHE and Sport England are encouraged to continue to promote the Active Design principles to MHCLG and professional bodies. This is to ensure it remains on the radar of planners, designers and developers, including the Royal Town Planning Institute, Royal Institution of Chartered Surveyors, Royal Institute of British Architects, Chartered Institute of Housing, Chartered Institution of Highways and Transportation, National Housing Building Council, and Home Builders Federation. There is an opportunity for partners to promote this agenda and advise on these principles for new development and existing infrastructure – this links back to the need for creating the right policy environment for action.
11. Efforts are needed to work with planners and developers to collate and share case studies regarding the practical application of active design principles. There is an opportunity for these case studies to be hosted on PHE / Sport England webpages as well as sources familiar to planners/developers, to show the importance of adopting the principles.
12. The production of active spaces guidance designed to improve physical activity rates and address health inequalities would be useful. The guidance could include making green and blue space more accessible and safer (in partnership with green and blue infrastructure networks), from providing adequate lighting to having facilities (toilets, benches, ramps) to support the public to be physically active. This guidance could also include active travel considerations into the design of settlements.

Mobilising professionals

13. PHE and Sport England could build on the success of the Moving Healthcare Professionals programme by developing **sector specific** guidance on developing physical activity champions in the planning, design and transport sectors. There is an opportunity for PHE to develop training programmes and events collaboratively with the DfT and professional bodies, including the Royal Town Planning Institute. This

could help promote the importance of sectoral advocates for pushing the physical activity agenda forward and focusing on the most inactive groups.

14. Easily understandable guidance is needed on how physical activity is relevant to the agendas of professionals working in transport, planning, design, schools, and workplaces. This could include the need to address inequalities in physical activity through adopting targeted approaches. This guidance needs to communicate the message that physical activity *is a priority* rather than an “*add-on*” for national and local partners (for example, by citing its economic, physical and mental health, environmental and community benefits).
15. There is an opportunity for Integrated Care Systems and new health structures to jointly deliver on local physical activity strategies and plans, addressing inequality gaps collaboratively. For example, this could include developing data summaries including rates of inactivity and associated costs across these footprints.
16. Exploratory research jointly commissioned by health and sport organisations is needed to further understand the links that can be made between the physical activity workforce and interventions in primary and secondary care - this will also support the social prescribing agenda and the need to focus on groups that are most inactive.
17. Efforts to encourage collaboration between social prescribing link workers, sport and leisure, and transport is needed. This has the potential to increase physical activity levels for inactive groups, such as those with long term conditions. For example, including social prescribing link workers on local physical activity networks could help harness initial discussions to jointly deliver on local plans and targets.
18. PHE and Sport England could explore the work of Clinical Senates. Understanding how they operate and what opportunities are available for collaboration could be useful for sustaining physical activity champions within primary and secondary care.
19. PHE and partners could undertake research to build on the work of Active Partnerships in mapping the professional workforce across the health, social care, sport, planning, design, transport, education and environment sectors, to identify and understand the key stakeholders that need to be engaged. This will also help to understand the professionals engaged thus far and identify what more is needed for engagement across these sectors. An example could be developing guidance and offering training to professionals in the transport and planning sectors.

Moving at scale

20. PHE, Sport England and local partners could continue to build a protocol for understanding and sharing what works in the local context to get inactive people active. This could include detail on methodologies, such as the benefits of qualitative evidence, key enablers and the reasons for success / failure. This resource could be hosted on an easily accessible webpage to support local areas to share their learning across the country.
21. Action is needed to promote and encourage more evaluation among professionals from sport and leisure, schools, health, transport and planning. An example tool could be Sport England’s physical activity evaluation toolkit. Promotion could include a what, why and how the benefit of capturing evidence on physical activity participation across sectors is useful. This is to ensure consistency and standardisation, along with demonstrating how it will allow change and impact to be measured at individual, programme, organisational and population level.
22. PHE and partners could consider further research into the importance of developing the ‘right systems’ in order to facilitate an increase in physical activity levels and to

narrow the inequalities gap, as outlined in the Global Action Plan for Physical Activity (e.g. environment, professional support, partnership, information and awareness, social attitudes).

1 Introduction

Everybody Active Every Day (EAED) is the national physical activity framework for England, published in October 2014 to respond to the growing health inequalities in physical and mental health, and aims to improve the physical and mental health of the population and reduce health inequalities by increasing physical activity levels across the population.³ It takes an evidence-based approach to increasing physical activity and calls for action across four specific domains of: active society, moving professionals, active environments, and moving at scale. Through these domain areas, the framework aims to support all sectors to embed physical activity into the fabric of daily life and make it the easy, cost-effective, and 'normal' choice for every community in England. The EAED framework is supported by an evidence document⁴ and a resource document for MPs.⁵

This report presents the findings from a review of the Everybody Active Every Day (EAED) framework, five years on from publication. The research follows an earlier review of the EAED framework in 2017 (completed by ICF) which explored progress in relation to inequalities in physical inactivity and two specific domains of active society and active environments. A two-year update review of EAED was also completed by PHE in 2017.⁶

The specific objectives of this review are:

- To assess progress towards the implementation of EAED through action with professionals at national and local level (moving professionals' domain);
- To review progress of implementation of EAED through evidence-based practice (moving at scale domain); and
- To co-produce strategic actions to accelerate the scale and pace of impact of EAED over the next five years (collaboratively with national and local stakeholders).

1.1 Research framework

An intervention logic model was developed to help guide the review.⁷ The intervention logic model sets out EAED's objectives, what it intends to achieve and how these achievements will be assessed. This formed the basis for designing the research questions to guide the review and inform the approach to developing strategic actions to accelerate the scale and pace of impact.

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

⁴ Everybody active, every day - What works – the evidence
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

⁶ Everybody Active, Every Day: Two years on, An update on the national physical activity framework, available:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601298/Everybody_active_every_day_2_years_on.pdf

⁷ Adapted from the framework logic model in the 2017 EAED review: Ahmad, A and Rayment M (2017), A Review of the Implementation of Everybody Active, Every Day at National and Local Level – Final Report, ICF Consulting Services Ltd, London. Available: <https://www.icf.com/insights/health/everybody-active-every-day>

Figure 1.1 below sets out the intervention logic model for the EAED framework (see Annex 1 for the research questions of the review). This outlines the overall and domain specific objectives of the framework and their associated outcomes and impacts. It highlights the short- and medium-term outcomes to be achieved through a range of activities and outputs, delivered across all domain areas. Although outputs and outcomes in physical activity behaviours do not follow a set time period, we would expect to see progress in achieving the short-term outcomes of the EAED framework over the five years since publication. We would also expect to see some progress in setting the foundations for achieving medium-term outcomes, likely to be achieved in the next five to ten years (10-15 years from EAED's publication).

The specific focus of this review is on the overall progress of the EAED framework and on two specific domains of moving professionals and moving at scale:

- **Moving professionals** – this domain aims to develop expertise and leadership within different professions to encourage them to embed physical activity into their daily work. This is supported by inputs, including PHE and partner resources (financial and staffing) and partnership working. Specific outputs for this domain include educational resources and training for professionals, including the physical activity clinical champions programme of work, delivered by PHE in partnership with Sport England. The early outcomes that allow us to draw initial conclusions on EAED's influence will include: increased confidence and motivations of professionals in the short-term; and behaviour change evidenced by increased promotion of physical activity and health professionals increasingly using physical activity as a treatment option, in the medium-term.
- **Moving at scale** – this domain cuts across the other three domains of active society, active environments and moving professionals, to identify and upscale interventions that work. The specific outputs from this are likely to include: evaluation of activities; dissemination of evidence; and partnerships between commissioners, providers, practitioners and researchers. Although outcomes in enhancing rates of physical activity at the population level and reducing inequalities in physical activity will take many years to realise, in the short-term, outcomes will include more informed evidence-based practice and identification of interventions for upscaling. In the medium-term, these outcomes will translate into successful interventions being delivered at scale and physical activity perceived as the normal choice.

Figure 1.1 Intervention logic Model

Framework objective	Domain objectives	Inputs	Activities/Outputs	Short term outcomes	Medium term outcomes	Framework outcomes	Impacts
<p>To support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective and 'normal' choice in every community in England</p>	<p>Moving Professionals: To develop expertise and leadership within professionals and volunteer sectors to embed physical activity into the fabric of daily life</p>	<p>PHE and partners' funding</p> <p>PHE and partners' staffing</p> <p>Evidence</p> <p>Partnership working</p>	<ul style="list-style-type: none"> Guidance Educational resources Training Publications disseminated/uploaded Champions recruited Training courses delivered 	<ul style="list-style-type: none"> Increased awareness of the benefits of physical activity Increased confidence and motivation of professionals in health and social care, sport and education Increased skills and knowledge of professionals 	<ul style="list-style-type: none"> Champions actively ensuring physical activity is on the agenda Increased leadership among professionals across sectors Health professionals increasingly using physical activity as part of treatment Enhanced education, guidance, advice and care to the public 	<p>Positive and measurable change happening at every level of society</p> <p>Enhanced rates of physical activity across the population (increased proportion of people physically active)</p> <p>Physical activity embedded into everybody's everyday life</p> <p>Reduced inequalities in physical activity rates (reductions in variations in physical activity between social groups)</p>	<p>Improved physical and mental health of the population</p> <p>Reduced inequalities in physical and mental health</p>
	<p>Active society: To change the social 'norm' to make physical activity the expectation</p>		<ul style="list-style-type: none"> Marketing and communications Campaigns Research and publications Tools and applications Partnership building Integration into policies and plans 	<ul style="list-style-type: none"> Participation in events and campaigns Development, uptake and use of evidence and applications Uptake of communications and web materials Joint initiatives, strategies and partnerships for action Inputs into national and local policies and strategies 	<ul style="list-style-type: none"> Changing attitudes and awareness of the benefits of active society Shared messages between public, private, community and voluntary organisations Integration of physical activity considerations into planning, commissioning and decision making 		
	<p>Active environments: To create environments to support active lives</p>		<ul style="list-style-type: none"> Research and publications Partnerships and joint initiatives with planning, transport and development professionals Advice and guidance Pilot projects 	<ul style="list-style-type: none"> Development, dissemination, uptake and use of evidence, tools and guidance Joint initiatives undertaken Inputs into local development plans Local pilot projects completed 	<ul style="list-style-type: none"> Improved access to quality parks and green spaces Improved infrastructure for walking and cycling Equality of access to active environments Integration into development and urban design 		
	<p>Moving at Scale: To identify and up-scale successful programmes nationwide to make physical activity an easy and 'normal' choice in every community</p>		<ul style="list-style-type: none"> Dissemination of evidence Publications and tools produced, disseminated and uploaded Evaluation of activities Collaboration and partnerships between researchers, commissioners, providers and practitioners 	<ul style="list-style-type: none"> Enhanced evidence base and understanding of what works More informed, evidence based delivery Enhanced cross-sectoral collaboration Identification of successful interventions for upscaling 	<ul style="list-style-type: none"> Successful interventions are delivered at scale, making a difference to physical activity at national, regional and local levels Physical activity is seen as an easy and normal choice in every community 		

1.2 Research methodology

This review takes a mixed method approach and includes a document review, national and local stakeholder interviews, a national stakeholder workshop and a national stakeholder survey. Findings from these methods were triangulated to ensure that the review captured the richness and complexity of information and views relevant to the different domain areas of the Everybody Active Every Day framework. Our approach is further explained below.

1.2.1 Document review

A document review was carried out to understand to what extent policies and strategies are consistent with EAED's objectives, with a specific focus on the moving professionals and moving at scale domains. This review aimed to identify whether actions are being taken to increase physical activity at a strategic level and to review progress of evidence-based practice.

Findings from the 2017 review of 159 Health and Wellbeing Board (H&WB) strategies highlighted that the majority recognised the need for action to increase physical activity at the local level. Although there was limited reference to the EAED framework within the local strategies the two domains of active society and active environments, which formed the focus of the 2017 review, were reflected in the actions and strategic vision of many strategies.

The document review for the current study included an updated assessment of the 159 Health and Wellbeing Board (H&WB) strategies reviewed in detail in the 2017 EAED review; a review of a cross-section of Clinical Commissioning Group (CCG) plans; and an assessment of national level policy / strategy documents.

1.2.1.1 Health and Wellbeing Board strategies

Of the 159 Health and Wellbeing Board (H&WB) strategies identified in the 2017 EAED review, 81 strategies were identified to be out of date; 45 of these H&WBs had published new strategies and two had refreshed their existing strategies, resulting in a total of 47 strategies that were reviewed in detail (from the latest publicly available strategies from Health and Wellbeing Board websites).

A template (see Annex 2) was used to summarise information from these strategies regarding the themes and key focus areas of the EAED framework. This included: emphasis on physical activity in relation to local strategic priorities and actions; reference to any of the four domain areas of the EAED framework; and reference to specific physical activity campaigns. Each local strategy document was reviewed using these criteria.

1.2.1.2 Clinical Commissioning Group (CCG) plans

The moving professionals' domain objective includes the upskilling of professionals across a range of different sectors. Health professionals are particularly important in enhancing the rates of physical activity through their everyday work. This domain area has also included PHE's work on the physical activity clinical champions programme to create networks of expertise within health professionals. A review of a cross-section of CCG plans was therefore undertaken, with the aim of understanding the prominence of the physical activity agenda within the health sector, at a local level.

A selection of 27 CCG plans from different regions of England was reviewed to explore their alignment with the EAED framework (from a total of approximately 191 CCG plans). The review was based on the same criteria adopted for the H&WB strategies reviewed (see Annex 2).

1.2.1.3 National policy and strategy documents

A sample of 39 national policy and strategy documents relevant to moving at scale, moving professionals and the framework as a whole were reviewed against a set of criteria (see Annex 3). These strategies were reviewed to address the different range of research questions in relation to the evaluation framework and research questions.

1.2.2 National and local stakeholder views

Primary data were gathered through:

- 20 national stakeholder interviews, including representatives from Department of Health and Social Care (DHSC), Department for Digital, Culture, Media and Sport (DCMS), Department for Transport (DfT), Sport England, Academy of Medical Royal Colleges (AoMRC), Royal College of Nursing (RCN) and Chartered Institute for the Management of Sport and Physical Activity (CIMSPA). See Annex 4 for the interview guide.
- 95 local stakeholder interviews, across nine case study areas: Birmingham, Doncaster, Dorset, Essex, Islington, Lincolnshire, Rochdale, Surrey and York. This enabled us to gather the views and experiences of local stakeholders working in public health, planning, transport, sport and leisure, education, health and Voluntary and Community Sector (VCS) organisations. See Annex 5 for the interview guide.
- A national workshop capturing the views and insight from 17 national / local stakeholders including representatives from DCMS, Sport England, Active Partnerships, local authorities, academia, Richmond Group, AoMRC, and Public Health teams.
- A national stakeholder survey, which received responses from 111 national / local stakeholders including internal Public Health England stakeholders and external stakeholders from organisations including: local authorities, charities, Active Partnerships, social enterprises, businesses, Arm's length bodies, NHS Trusts, professional bodies, independent physical activity providers, Clinical Commissioning Groups (CCG) and central government. See Annex 6 and 10 for the survey questions and analysis.

The interviews, case studies, workshop and online consultation gathered the views and experiences of national and local stakeholders regarding progress in increasing physical activity in England in the last five years, and the role of the EAED framework. They identified challenges, barriers and success factors, and obtained the views of stakeholders regarding future priorities for action at local and national level.

1.3 This report

The remainder of this report is structured as follows:

- **Chapter 2** discusses the overall progress of implementing the Everybody Active Every Day vision.
- **Chapter 3** discusses progress in achieving an active society.
- **Chapter 4** discusses progress in making environments more conducive to active living.
- **Chapter 5** discusses progress in mobilising professionals.
- **Chapter 6** discusses progress in moving at scale.
- **Chapter 7** sets out future opportunities that PHE and its partners could pursue to further the implementation of EAED in the next five years.

2 Overall progress of implementing the Everybody Active, Every Day strategy

Progress in increasing physical activity over the last five years should be understood within the context of the reduced budgets at the national and local level and the increasing pressure placed on the healthcare sector and local authorities, to provide the right services, with limited resources. Although it will take many years to see improvements in physical activity rates, five years on from the launch of the EAED framework, we would expect to see progress in the following short-term outcomes:

- **Increased awareness:** Increased awareness and understanding of the benefits of physical activity across the population.
- **National and local policy:** Prominence of the need to increase physical activity in all communities within national policy, for example, in health and social care, education, sport and leisure, transport and planning policy. We would also expect to see evidence of actions to increase physical activity filtering through from national policies to local policies and strategies.
- **Active society:** Development of national campaigns targeting the nine protected characteristics⁸, and local level initiatives and programmes focusing on the activity levels of traditionally inactive groups. Public participation in events and campaigns should be evident.
- **Active environments:** Increased awareness of the importance of physical activity for professionals working within transport and planning, and developers and employers understanding the need to make the built and natural environments more conducive to active living. We would also expect to see evidence of national and local pilot projects to make physical activity more accessible.
- **Moving professionals:** Increased awareness and understanding of the need to increase physical activity among professionals in the health and social care, sport, education and planning and transport sectors. We would expect to see evidence of increased confidence, motivation, skills and knowledge of professionals across sectors to champion the physical activity agenda.
- **Moving at scale:** We would expect to see evidence of partnerships at the sectoral level and between researchers, commissioners, providers and practitioners. Evaluation of activities and interventions to enhance the evidence base of what works, and increased dissemination of evidence should be expected five years on from the publication of EAED.

2.1 Progress in increasing physical activity levels

There are several population level surveys which are useful in providing national, regional and local data on physical activity levels:

- Health Survey for England (NHS Digital)
- Active Lives Survey (Sport England)
- National Travel Survey (Department for Transport)

⁸ Age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

■ Labour Force Survey

Stakeholders commonly cited the National Travel Survey and the Active Lives Survey in showing the changes taking place in physical activity rates. For example, trends in walking and cycling measured through the National Travel Survey show a 3% increase in car usage between 2015 and 2018 though walking trips have been increasing every year since 2015. The survey also shows that the numbers of cyclists is stable, though the average length of trip is increasing. Furthermore, the Active Lives Survey shows that the proportion of the population who are inactive decreased from 25.6% to 24.8% (between November 2015 and May 2019) for adult inactivity (decreased by 122,900 in 12 months). The survey also shows a 0.9% increase in the number of adults reporting they are active (150+ minutes weekly). Significant changes in physical activity levels across the population will take many years to be seen and many national stakeholders suggested that there is little evidence of increases in physical activity over the last five years, though this does not imply that EAED is not achieving its aims:

“If you look at the data of people being active since 2015, it hasn’t changed that much. But I’m not sure this means that the framework isn’t working, but maybe it’s because the data and outcomes aren’t aligned.” (national stakeholder).

“The numbers aren’t shifting yet but that doesn’t mean that the programme [EAED] isn’t gaining some traction and starting to work, but it probably means that it is not yet at a scale, and with enough of a track record to be shifting numbers significantly... I just don’t think it’s had the impact yet that I’m sure it will do over time.” (national stakeholder).

“All change takes time, but you do need a body that has the respect to give the big messages and then people kind of try and work it out from there. I like PHE’s life course approach.” (national stakeholder).

“What we do know, is that all the big campaigns and all the big movements to try and increase physical activity haven’t affected national figures, activity isn’t increasing. We know it’s a miracle cure, a silver bullet of prevention.” (national stakeholder).

“I’m pretty certain it is the right thing to do but I just don’t think it’s had the impact yet that I’m sure it will do over time.” (national stakeholder).

At the local level, stakeholders suggest that physical activity campaigns and activities show slight increases in physical activity at a programme level. For example, the Living Streets Walk to School outreach programme in Birmingham reports an increase of around 23% in walking rates in the first five weeks of schools starting the programme; and schools taking part in the Daily Mile initiative also report increased activity across the whole school (see section 3.2). This demonstrates that concerted effort at the local level through targeted initiatives like these can change physical activity rates locally, but these are not sufficiently widespread to make a difference to national statistics. The challenge lies in having robust data gathering and measurements in place to understand the outcomes of these initiatives and whether behaviours are sustained. These local level interventions and activities, across the four domains of the EAED framework, are discussed in Chapter three.

The following sections of this chapter focus on the overall progress of EAED in terms of the awareness and usefulness of the framework, its strategic influence at national and local level, and its influence on resources, collaboration and partnership working.

2.2 Awareness of the Everybody Active Every Day framework and its strategic influence

Over the last five years there has been increased awareness of the importance of physical activity by the public through national campaigns (e.g. This Girl Can) and among stakeholders and professionals. However, action to increase physical activity by professionals must be understood within the context of the constrained resources and increasing pressures in different sectors. For example, from a healthcare perspective there are increasing resource constraints on treatment services whilst local authorities face pressures to provide statutory services with reduced resource. It is positive that in this highly resource-constrained environment the physical activity message has managed to maintain its profile nationally and locally which shows that there is 'buy in' at various levels.

Our findings show an overwhelmingly positive response from stakeholders (who were aware of EAED), that it set a clear agenda for action, based on a strong evidence base. For example, according to one national stakeholder, *"there aren't many places where you've got a good summary of the latest evidence base, where you've got a credible voice like PHE"*. Across data sources, there is a strong acknowledgement of the need to increase physical activity to improve the health and wellbeing of the population. Those aware of EAED agreed that it had, together with the government's Sporting Future strategy, shifted the focus to targeting inactive groups. Most stakeholders suggested that EAED was helpful when it was first launched *"because there's wasn't anything at the time"* but since then new strategies have been published. National strategies and EAED are mostly viewed as being well aligned, with the latter providing a more detailed approach for local areas:

"EAED is useful for local authorities that want to know how to go about focusing on physical activity, whereas Sporting Future doesn't provide this same level of detail. The resources and toolkits around EAED are also useful for local authorities. Sporting Future complements the more detailed work that PHE are doing through EAED and it's well aligned to Sporting Future." (national stakeholder).

One identifiable gap in national policy is that physical activity is not listed as a priority within actions relating to prevention and health inequalities in the NHS long-term plan (published in 2019). Whilst the plan focuses on obesity, which arguably ties in with physical activity, it is not identified as an important priority in and of itself. In comparison, the Prevention Green paper (July 2019) *Advancing our health: prevention in the 2020s*⁹ includes action that reflects the EAED domain areas, for example calling for greater opportunities for active travel and safe physical activity environments. One stakeholder highlighted how the prominence given to physical activity within health policy translates across health-based organisations:

"The headline priority in terms of the NHS long-term plan is obesity, not physical activity, so it's not seen as a priority, so for it to become a priority [locally] it needs to be linked more explicitly to obesity otherwise the funding and resources won't be directed to it. Physical activity is not explicitly on the NHS agenda at the moment." (national stakeholder).

This shows the importance of future action for PHE and partners to progress the physical activity agenda by advising of the need for greater prominence of physical activity within government policies and strategies including those of the Department for Transport,

⁹ Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819766/advancing-our-health-prevention-in-the-2020s-accessible.pdf

Department of Health and Social Care (NHS Long Term Plan) and the Ministry for Housing, Communities and Local Government (National Planning Policy Framework).

Findings show that the physical activity message and the EAED agenda is reflected nationally, locally and internationally. It is positive that most of the national policies and strategies reviewed in this study include the need to increase physical activity, with 36 of the 39 documents containing information on activities to increase physical activity and one in five national strategy and policy documents mentioning the framework by name. Most notably, the WHO Global Action Plan on Physical Activity (GAPPA) shares some stark similarities with all four of EAEDs domain areas, following PHE's input in the GAPPA working group which suggests that EAED has also had significant international influence (see Annex 9 for the full analysis of the national strategy and policy review). Although it is difficult to assess EAED's direct influence on these policies and strategies, its purpose and agenda for increasing physical activity through a whole system approach can be seen at various levels and across different sectors including health and social care, planning and design, and the sport and leisure sectors.

The extent to which EAED is actively referred to by national and local stakeholders is limited, though there is evidence of action which is well aligned to the EAED framework nationally and locally. Although the level of attribution to the EAED framework is difficult to know, findings show that local and national stakeholders across different sectors buy into the value of increasing physical activity, which suggests that professionals are on the same journey and EAED has provided national direction for putting physical activity on the agenda across different sectors, as described here by a national stakeholder:

"It feels like physical activity is much higher on the agenda than it has been. There is more alignment, for example across government you've got the DfT who are doing a lot more around travel and active travel, we have a lot more commitment at a policy level, things like the prevention green paper, we hope that there will be inclusion of physical activity which hasn't happened previously. There seems to be more advocacy, more co-ordination and a bit more of a coherence across a whole range of different organisations." (national stakeholder).

Evidence shows that local level strategies and policies also reflect EAED's ambitions to increase physical activity and in doing so, reduce inequalities in physical activity and wider health inequalities. For example, in two-thirds of the Health and Wellbeing Board (H&WB) strategies reviewed for this study, increasing physical activity to improve public health was cited as a key contributing factor to at least one strategic priority and was a main strategic priority in over a quarter of strategies. In comparison, only 15% of the CCG plans reviewed have physical activity as a key element in their strategic priorities.

Findings from this review highlight that many local areas have developed their own physical activity frameworks and strategies to increase physical activity and these reflect their local contexts, priorities and ambitions. These include Active Dorset's physical activity strategy¹⁰, Active Essex's strategy¹¹ and the Greater Manchester Moving strategy.¹² Box 2.1 provides an overview of Doncaster's Physical Activity and Sport Strategy which also highlights EAED's strategic influence, at local level.

¹⁰ Active Dorset Strategy 2017-2021, available at: <https://www.activedorset.org/uploads/active-dorset-strategy-2017-2021.pdf>

¹¹ Active Essex strategy, available at: <https://www.activeessex.org/wp-content/uploads/2017/06/Active-Essex-Changing-1-Million-Lives-Strategy.pdf>

¹² Greater Manchester Moving strategy, available at: <https://www.actiontogether.org.uk/sites/actiontogether.org.uk/files/GM%20Moving%20Plan%202017-2021.pdf>

Box 2.1 'Get Doncaster Moving': Doncaster's Physical Activity and Sport Strategy¹³

The Get Doncaster Moving Strategy, published in 2018, sets out a whole systems approach and framework for action to get more people moving and has commitment from a range of organisations that form the Get Doncaster Moving Network (described below). It includes a set of detailed actions targeting early years, children and young people, adults and families and older adults, as well as some actions applying to all adults.

Target groups: It prioritises inactive people, people on low incomes, disabled people and people with a long-term limiting illness and keeping children and young people active. Priorities are partly focused on a set of specific geographic areas in Doncaster in which to work with communities to provide long term opportunities to be active.

Actions: A group of 100 (usual attendance 40-50) organisations comprising the 'Get Doncaster Moving Network' are directly involved in the delivery of the Get Doncaster Moving Strategy. The network meets 4 times a year to coordinate borough-wide plans, meet other network members, and share learning across organisations. It has played a key role in developing the physical activity and sport strategy and providing a sounding-board for Sport England's Local Delivery Pilot.

Progress is being measured against six key performance indicators. The council hosted a 'Get Doncaster Moving Summit' in spring 2018 providing networking opportunities to engage both stakeholders and providers in this programme which is aimed at encouraging increased activity and healthy choices.

Strategic influence of EAED: The strategy aligns with all domain areas of EAED, which has clearly had an influence given that the strategy has a whole page dedicated to EAED.

In summary, the EAED framework sets a clear agenda for increasing physical activity. It is evident that EAED has been influential in adjacent policy areas at the national level, and to a degree these are filtering through at the local level, as discussed above. However, more importance and prominence could be given to promoting physical activity within national policy and strategy documents to provide a more facilitating policy framework across sectors. One notable gap identified is the limited prominence given to increasing physical activity within national, and subsequently in the local health space, especially when prevention and reducing health inequalities is high on the health agenda.

Opportunities for integrating physical activity in strategies and policies over the next five years include:

¹³ Doncaster physical activity and sport strategy, available at: <https://getdoncastermoving.org/uploads/read-the-full-gdm-strategy.pdf>

1. PHE and partners could progress the physical activity agenda and help to address physical activity inequalities by advocating for greater prominence of physical activity within government policies and strategies. This could include supporting the need for clearer signposting to relevant physical activity strategies and plans. These government policies and strategies include those created by the Department for Transport, Department of Health and Social Care (NHS Long Term Plan), the Ministry for Housing, Communities and Local Government (National Planning Policy Framework), and the Department of Education. To further this policy agenda, a working group could be established consisting of PHE, Sport England, professional bodies and national charities, such as the Royal Town Planning Institute, Academy of Medical Royal Colleges, Royal College of General Practitioners, Sustrans and the Richmond Group.
2. Local policy makers could be supported by developing guidance on national policy requirements and the implications for local level policy and strategies. A guide on integrating physical activity and addressing inequalities within local Health and Wellbeing Board strategies and/or Clinical Commissioning Group plans could include the benefits of physical activity and the potential that integrating physical activity within these plans can have on increasing activity levels. This guide needs to be supported by advocates who understand the local context, can develop relationships and can link physical activity to local priorities.
3. New health structures, such as Integrated Care Systems, need to be supported to work with NHS England and the Local Government Association. This is so they can support Clinical Commissioning Groups and Health and Wellbeing Boards to ensure that every updated and new Plan / Strategy gives prominence to physical activity and underrepresented groups within the prevention agenda.

2.3 Collaboration and partnership working

Different partners and organisations need to work together to increase physical activity to ensure that resources are used more efficiently, to reduce duplication of efforts, to embed physical activity into different sectors and make the most of synergies between different policy agendas, to improve physical activity rates using expertise from different areas of work and to progress towards achieving a whole system approach. *“Change requires all of us to take action: no single agency or organisation can respond to the challenge alone”* so increasing physical activity needs to be on everyone’s agenda (EAED, page 12).

A vision for collaboration and partnership working to increase physical activity is clearly articulated across a range of national and international policy documents. These range from the World Health Organisation Global Action Plan on Physical Activity through to the UK government’s intention to increase cross-departmental working articulated in Sporting Future, and the role of social prescribing link workers that will facilitate collaboration between health care and the voluntary and community sector.

There is consensus across stakeholders that partnership working is vital to increase physical activity across the population because *“people have been working in silos trying to fix this stuff and it hasn’t worked.”* At the national level stakeholders suggested that there is more alignment

across government agendas, with more commitment: *“there is definitely a will to do more work together across central government.”* The national stakeholder survey found that just under a third of respondents (32%) felt that there is cross-government sign up to increase physical activity. Many stakeholders report that although cross-government sign up has increased over the last few years, particularly between organisations like Sport England and PHE, there has been limited progress in other areas. One stakeholder talked about the positive work and partnership between PHE and Sport England and suggested that this partnership needs more visibility, so local areas are also aware. Arguably, the EAED framework and PHE’s connected work in moving this agenda forward, has harnessed collaboration between public health and sport locally. There was a general view among stakeholders that more could be done to encourage cross-government working and joined-up thinking to ensure that physical activity is on the agenda of all government departments.

“There is some clear progress in some government departments, but it currently doesn’t feel joined-up across all government departments.”

“There’s a shift to considering much broader agendas and partners than the traditional; particularly whole systems considerations that take into account the totality of factors that may impact on physical activity behaviour.”

At the local level there is evidence of closer working relationships and collaborative approaches between Local Authority (LA) departments including planning, sport and leisure, education and the voluntary and community sector. For example, in Rochdale, the Sport England Local Delivery Pilot (LDP) has encouraged the link between sport and leisure (including voluntary and community providers), public health and schools, as increasing activity among children was one of the key local priorities. The Sport England LDPs are a new approach to addressing the inactivity challenge and the LDP areas are trialling new and innovative ways of building healthier and more active communities across England, bringing together a broad range of organisations such as schools, social enterprises, parenting groups, park operations, GPs and leisure centres. However, one identifiable gap is the limited relationships with health stakeholders, especially Clinical Commissioning Groups (CCGs). This is reflected in the wider priorities of CCGs as outlined in their plans. For example, from the 27 CCG plans reviewed in this study, over half (14) mention the need for physical activity, and actions to enhance rates of physical activity feature within 6 of these plans. To respond to this a possible opportunity area for action could include Integrated Care Systems and Local Health and Wellbeing Boards working with Active Partnerships to become more involved in developing physical activity professional networks in order to work towards a shared vision for increasing physical activity across the health sector. This would also encourage CCGs to give greater prominence to physical activity within their plans. Stakeholders suggested that collaboration and partnership working are also linked to available resources. For example, partnership working across different organisations is more evident in areas that have Sport England funding as part of the Local Delivery Pilots (LDPs)¹⁴ and stakeholders stressed that this funding not only provides resource for activity, but more importantly, for building relationships and exploring ‘what works’ in getting their target groups more active. Resources allocated for building relationships and gaining trust across organisations were highlighted as highly valuable and regarded as money well spent *“because it can take years to gain trust and trust can be the catalyst for progress. Central to this is the attempt to understand people”* (local stakeholders).

¹⁴ Four of the nine case studies completed for this review were Sport England Local Delivery Pilots including: Birmingham, Doncaster, Essex, Rochdale.

Opportunities for guidance on collaboration and partnership working over the next five years include:

4. Research could be undertaken to map all of the national and local partners that need to be engaged to get physical activity on the agenda (including partners relevant to addressing inequalities in physical activity). This could be followed by guidance material on developing effective partnerships that are committed to addressing physical inactivity. The guidance could include a map of PHE and its partnerships, and best practice approaches for engaging key target groups, such as Clinical Commissioning Groups and transport / planning professionals. This could encourage a shared agenda across sectors both nationally and locally, highlighting key stakeholder gaps that will require a concerted effort by local advocates in order to address inactivity.
5. Integrated Care Systems and Local Health and Wellbeing Boards could work with Active Partnerships to develop physical activity professional networks to work towards a shared vision for increasing physical activity across sectors and for key target groups. These networks could also include community representation to assist with understanding the barriers and motivations to physical activity for those least active.

2.4 Resources

As referenced in the EAED framework having the right resources in place across different sectors is pivotal for increasing physical activity across the population. However, the framework states that this does not necessarily require new investment, but can be achieved by using existing resources more efficiently, *“It’s about maximizing the potential of the many assets we already have in parks, leisure facilities, community halls, and workspaces, and thinking differently about the way we commission and plan public sector services so that being active is at the core of everything we do every day.”* (EAED, page 18).

A vision for joint commissioning is clearly articulated in WHO’s Global Action Plan on Physical Activity (GAPPA) and through the UK government’s intention to increase cross-departmental working in *Sporting Future*. Around a quarter of local stakeholders also stated that increasing physical activity is not necessarily about increased investment, but effective inter-linked ways of using existing funds. These stakeholders came from a behaviour change perspective whilst on the other hand, stakeholders within the environment and planning sectors stressed the need for additional resources which would enable them to do more to create active infrastructures. Further research to map national and local partners that need to be engaged to increase physical activity, and local physical activity needs assessments and guidance material on effective partnerships could help support joint commissioning in the future.

Examples of the financial resources committed by sector, for the selection of documents reviewed for this study is provided in Table 2.1 below (see Annex 9 for a detailed analysis).

Table 2.1 Financial resources committed¹⁵

Sector	Selection of key financial resources committed
Healthcare	<ul style="list-style-type: none"> ■ Department of Health - £30m capital grant to establish the National Centre for Sport and Exercise Medicine (<i>Inspired by 2012: the legacy from the Olympic and Paralympic Games</i>)
Education	<ul style="list-style-type: none"> ■ Departments for Education, Health, and Culture, Media and Sport (DfE, DH, DCMS) - £450m between 2013-16 for the Primary Physical Education and Sport Premium. From 2018 funding has been increased to £320m per year (<i>Prevention is Better Than Cure: Our vision to help you live well for longer</i>) ■ Departments for Transport and Children, Schools and Families (DfT, DCSF) - £7.5m per year to local authorities to enable them to employ school travel advisers who work with schools (<i>Active Travel Strategy</i>)
Sport and Leisure	<ul style="list-style-type: none"> ■ Sport England - £265m between 2016-21 to tackle inactivity (<i>Towards an Active Nation</i>) ■ Sport England - £100m investment between 2018-21 in 12 local delivery pilot areas (<i>Sporting Future – second annual report</i>)
Travel and Planning	<ul style="list-style-type: none"> ■ Department for Transport - £1.2b between 2016-21 to invest in cycling and walking (<i>Cycling and Walking Investment Strategy</i>) ■ Department for Transport - £1.7b committed to the Transforming Cities Fund, including investment in infrastructure to support active travel (<i>Prevention is Better Than Cure: Our vision to help you live well for longer</i>)

Source: ICF analysis of 39 national strategy and policy documents.

It is positive that nearly half of the 39 documents reviewed mention the importance of joint commissioning and partnership working to increase physical activity, and data gathered from interviews and case studies also support the importance of this. However, there is little evidence of joint commissioning for physical activity resource taking place at the local level. For example, joint commissioning between CCGs and local authority services is increasingly taking place for delivering healthcare services either through sharing human resources or establishing joint committees to support joint-commissioning in the future, but there is little evidence to suggest that this has incorporated physical activity services to reduce to inactivity.

In the education sector, several national stakeholders mentioned the need for greater accountability for the PE and sport premium given to schools, which should ensure expenditure on activity rather than supporting wider school budgets, as this resource has the potential of creating change in physical activity rates.

“The allocation of the PE and sport premium is around £15-20k per school for a year. There needs to be greater accountability around how this is spent – some are doing good work to use it effectively to help people get more active, others are buying equipment but not engaging.

¹⁵ This is based on the shortlist of 39 documents reviewed for this study and is not comprehensive of funding commitments overall.

Sometimes they might use it to subsidise the wider school budget and it's then not used for activity. There is very good and bad practice.” (national stakeholder).

At the local level, stakeholders had mixed views about whether resources are sufficient for the challenge of increasing activity levels. Stakeholders suggested that much of the local investment for physical activity comes from Sport England. For example, in Surrey, Sport England invested just under £2.5 million in organisations such as schools, the County Council, leisure centre programmes, and sports clubs (between 2018 and 2019). At the local level, over the last few years there has been an increase in resource for targeting inactive groups; this reflects the focus of Sport England’s £265 million committed to targeting inactivity between 2016 - 21.

Opportunities for understanding available resources for the scale of the challenge over the next five years include:

6. Completing local physical activity needs assessments in collaboration with Active Partnerships could help to identify key target groups, pockets of deprivation, local area needs and financial/human resources for physical activity across different sectors. This could form an important step in aligning the priorities and focus across sectors (e.g. through connecting physical activity to climate change, transport, economic development), understanding what is needed to increase physical activity levels locally, assisting with the planning and commissioning of services, and identifying areas for joint commissioning.

2.5 Challenges

Stakeholders reported several challenges in terms of the overall progress of increasing physical activity rates:

- A recurrent challenge expressed by local area stakeholders related to the limited and uneven human resources dedicated to increasing physical activity. For example, some local authority areas have designated physical activity leads or even small teams, whilst other areas do not have this. This was deemed as pivotal for facilitating partnerships across different sectors and an important resource for pushing the physical activity agenda forward.
- *“Manpower is challenging, some areas don’t have sports / leisure teams or even people [committed to increasing physical activity].” (local stakeholder).*
- Stakeholders also commented that there is considerable ‘good will’ of people offering their time, because there is a shared recognition that increasing physical activity is a priority area. This is also reflected in data from Sport England that show that nearly 15% (14.9%) of the population take part in volunteering within the sport and physical activity sector.¹⁶ Even so, there is a common frustration among stakeholders around the feasibility of delivering on local plans and ambitions with limited financial resources.
- Developing strong partnerships is pivotal to joint commissioning but having the time to develop partnerships is often described as challenging. Stakeholders expressed the view

¹⁶ See <https://www.sportengland.org/our-work/workforce/volunteering/our-vision-for-volunteering/> for more information and to access Sport England’s volunteering strategy.

that resources need to be available to allow key people the time to develop networks and partnerships which reinforces the need to provide consistent human resources.

In summary, despite budget cuts and the increasing emphasis on 'doing more for less', the importance of increasing physical activity rates has maintained its profile. There is financial investment across government including by the DHSC (Public Health grant), DfT, DfE and Sport England and by local authorities. These resources are not specific to sport and physical activity, and are small compared to the scale of the challenge. This points to the importance of joint commissioning to increase physical activity, which has so far been limited.

The value in collaborative working is evident at the national and local level but more could be done to link physical activity to other agendas to further connect sectors e.g. connecting with the mental health priorities of CCGs. Efforts need to be directed towards engaging the health sector with other local authority departments that work to increase physical activity rates – this will ensure that there is a more joined-up approach.

3 Progress in achieving an active society

Creating an active society means changing attitudes towards physical activity so that it becomes ‘the norm’ – an easy choice integrated into day-to-day life. This means policy decisions and the decisions of every organisation and individual need to integrate physical activity, targeting typically less active groups and supporting behaviour change. Action from all sectors is needed to achieve this, and therefore engagement with the agenda across areas of education, transport and planning, health and social care, government and the private sector is essential. Ultimately, the aim is to make physical activity “*a routine part of daily life in England*” (EAED framework).

Assessing the progress of this domain in the **short-term**, over the **last five years**, would include evidence of:

- Physical activity featuring in national and local policies and strategies.
- Recognition of the importance of tackling inequalities in physical activity and initiatives to address them.
- Development, uptake and use of evidence.
- Development and uptake of communications and web materials.
- Participation in events and campaigns.
- Joint initiatives, strategies and partnerships for action.

We would also expect to see some progress in setting the foundations for achieving **medium-term** outcomes for the **next 5 to 10 years**, including:

- An increase in attitudes and awareness of the benefits of an active society.
- Evidence of widespread action to address inequalities in physical activity.
- Shared messages between public, private, community and voluntary sector organisations.
- Integration of physical activity considerations into planning, commissioning and decision making.

3.1 Progress in physical activity becoming the social norm: national initiatives to get the nation moving more

An active society, where physical activity is seen as being a normal part of everyone’s lives, is key to increasing overall physical activity levels. Stakeholders recognise the importance of embedding physical activity in the agendas of different sectors and appealing to groups that are typically less active. There have been several successful national campaigns with aims that align with this domain area and receive mention in both national- and local-level strategies and policy documents.

This review found that campaigns with the most visibility have included Change4Life, Make Every Contact Count and This Girl Can, all of which aim to support an active society by promoting behaviour change. Both Change4Life and Make Every Contact Count promote increasing physical activity as one of several behavioural changes that can be made to improve overall health, with the latter specifically focusing on how health and social care professionals can support this

agenda in their daily interactions with the local community. This Girl Can aims to address the barriers to participation in sport for women and girls – a group with higher levels of inactivity. Sport England’s recently launched We Are Undefeatable campaign (August 2019) supports people with long term conditions to stay active, and although it was not explicitly mentioned by stakeholders, there was a focus within local areas on activity to support people with long term conditions to increase their activity levels.

Some national stakeholders highlighted the positive impact on attitudes towards physical activity of such campaigns. It was noted that sometimes messaging fails to appeal to those who are inactive and focuses on those who are already engaged. However, initiatives that help to tackle the barriers to staying active such as This Girl Can are helping to change this:

“The school kids’ stuff is going well. I think with all of this there are pockets where some really good work has occurred, so the programme ‘This Girl Can’ I think has been really good but I think it’s tackling the barriers to people getting out there and doing stuff, and barriers to being sweaty, being fat, and not having the time.”
(national stakeholder)

One stakeholder described how sport governing bodies and charities are now focusing on those that are most inactive, which reflects the NHS Insight led work:

“National Governing Bodies and sport development charities have been adapting their delivery to focus on the unengaged and the inactive and how they can move away from focusing on the core market (those already active, playing sport and love it) and thinking about targeting underrepresented groups.” (national stakeholder)

Similarly, there is a general view among both national and local level stakeholders that the messaging to the general public is transitioning away from directly promoting sport and ‘intensive’ exercise to new models that focus on communicating the benefits of incorporating small, lifestyle changes to be more active. For example, this can include encouraging people to take short walks on their lunch breaks, or to walk to school or work a few times a week, and tailored messaging to people with different health conditions about ways they can be more active. Supporting small behaviour changes like these is felt to have an overall greater impact on those who are least engaged, or who feel that *“physical activity isn’t ‘for [them]”*.

“We have some consistent messaging around physical activity, we’ve moved away from talking about 150 minutes and moderate intensity activity, we know that doesn’t work so there’s no point going on about it. What we need to do is take more of a behaviour change approach and encourage people to move more every day.”
(national stakeholder).

“There’s lots of great things that are happening, we’ve had something called the Active Soles, where everyone has permission to wear trainers to work, a huge campaign across greater Manchester which has been really effective, trying to change that whole culture of sedentary behaviour around the workplace ... it’s been going on for the last few months.” (national stakeholder).

Tailored messaging to address inequalities in activity levels has been used in other national campaigns. For example, the 2016 Together We Will campaign aimed to support disabled people to be more active; the Who Says campaign launched in July 2019 aims to tackle the misconceptions of disability and sport and physical activity with its first phase providing resources and guidance to dispel negative

perceptions; and UK Active is launching This Mum Moves,¹⁷ to support pregnant women and new mothers to be more active. For some stakeholders, however, initiatives over the last five years have still not been enough to address inequalities between different groups in physical activity levels, despite the increasing focus on messaging about achievable lifestyle changes. This is also reflected in the stakeholder survey, with only 28% of people agreeing that “progress has been made in changing the social 'norm' to make physical activity the expectation”.

“My conclusion would be that there is yet to be any evidence of the inequality gap closing.” (national stakeholder).

This points to the importance of centralising inequalities within campaigns, interventions and national and local plans to explicitly address the gap in inequalities within actions going forward. The effectiveness of future campaigns will be maximised if they are planned well in advance, incorporate behavioural insight, involve engagement with professionals and providers at all levels, and are co-ordinated with other interventions, events and opportunities to engage in physical activity.

3.2 Progress in physical activity becoming the social norm: achieving an active society at the local level

At a local level, progress towards an active society is not extensively mentioned in policy documentation, with only around a quarter (26%) of the 47 Health and Wellbeing Board (H&WB) strategies reviewed¹⁸ mentioning actions relating to this domain area. Actions range from promoting positive attitudinal and behaviour changes in schools and increasing the opportunities available for physical activity, to broader aims for ‘cultural transformation’ around getting active. Related national campaigns similarly receive some recognition, with Make Every Contact Count mentioned in 26% of (H&WB) strategies, followed by One You (13%), Active Mile (9%) and Change4Life (6%) which support behaviour change at an individual level.

The national stakeholder survey showed mixed views about whether the local public health and physical activity data is sufficient to design targeted interventions – 44% agreed that they have the local data they need whilst just under a third (29%) felt they did not (23% of responses were neutral).

Local case studies similarly demonstrate that action is taking place to make physical activity a normal part of everyday life, though there are differences in the approaches being taken to achieve this. In some areas, related initiatives are primarily focused on getting children more active to create a lifelong habit, for example, while in other areas there is greater focus on changing the behaviours of older adults at greater risk of inactivity and long-term health conditions. Such campaigns could capitalise on the benefits of technology and use it to connect people with opportunities to be physically active. For example, this could include promotion of Sport England’s Open Data work to boost physical activity.

Box 3.1 Rochdale’s ‘Healthy Heroes’,¹⁹ Daily Mile and Daily Toddle

¹⁷ <https://www.ukactive.com/news/ukactive-kicks-off-this-mum-moves-project-with-first-insights-from-mothers-and-healthcare-professionals/>

¹⁸ At the point of conducting the 2017 Everybody Active Every Day review there were 159 Health and Wellbeing Board Strategies. Only Strategies that were new or updated since 2017 were reviewed (30% of all Health and Wellbeing Board Strategies).

¹⁹ <http://rochdale.gov.uk/features/Improve-your-childs-health/Pages/healthy-heroes-resources.aspx>

Healthy Heroes: The 'Healthy Heroes' family was launched in 2017, and was created and designed in consultation with children and teachers, and involves a cartoon family and life-size mascot, 'Rochelle'. Rochelle makes appearances at events, schools and children's centres, supermarkets, daily mile sessions in schools and sporting stadiums. As part of this campaign resources are distributed and include recipe cards, healthy hero certificates, colouring sheets, infographics and banners.

The mascot is actively publicised through local media with press releases and appearances on the front pages of newspapers; she has become well known in the borough. She appears at local festivals and events and schools are also requesting visits to take part in the daily mile with children.

Daily mile²⁰: One of the approaches to increasing physical activity in Rochdale is through the daily mile, which is a national programme to encourage schools and nurseries to embed about 15 minutes of running into their day and *"it's everywhere in Rochdale and children in different schools know it's just part of life now."* Schools contextualise this to their own contexts, incorporating music, undertaking the daily mile in different areas of the school (the school hall or the playground), using different timings and different ways of motivating children of different age groups. Many other councils have shown an interest in this and Rochdale has been sharing its experiences and learning with others.

Daily toddle: As part of this Rochdale has also introduced the 'daily toddle' initiative targeting toddlers and encouraging them to walk to the children's centres rather than using a pushchair. Some children's centres have between 800 -1,000 people visiting every month, which means a reach of around 1,500 children. This initiative directly responds to obesity targets that children's centres have in increasing activity levels and reducing obesity rates before children start school. The initiative includes a daily toddle passport, stickers and promotional material given to children's centres, which reward children with small toys funded through their own centre's petty cash. A 'passport' is given to each child who is then rewarded with stamps after each activity. This has been successful in keeping children motivated and they are well engaged and *"eager to get their stamps when they come in"*.

Key target groups for this activity include Bengali, Pakistani, Eastern European and White British families. Centres have found that minority groups are eager to learn but find it particularly challenging engaging White British families: *"Bengali, Pakistani and Eastern Europeans take away ideas and want to learn"*.

Box 3.2 LiveWell Dorset²¹

LiveWell Dorset is a free service funded and run by Public Health Dorset. It was brought 'in-house' in 2018 after previously being commissioned externally, and since then there have been significant changes made to optimise it. It aims to support people to make sustained changes to their behaviour by providing lifestyle advice and coaching. The service is promoted through marketing and community engagement activities, and clinicians are encouraged to signpost patients to it. Residents can then choose to sign up online, call or email the service and there is ongoing work to enable medical professionals to refer into it directly.

²⁰ More information available at: <https://thedailymile.co.uk/>

²¹ www.livewelldorset.co.uk

LiveWell is made up of advisors, who signpost individuals to relevant groups and activities, and coaches, who provide individuals with 6 x 20 minute sessions to set realistic goals and support individuals to identify and overcome challenges through a personalised plan. There are four pathways which can be activated for individuals who sign up: Get active, lose weight, stop smoking and drink less. The 'get active' pathway aims to increase physical activity among inactive residents.

As part of Active Dorset's Active Ageing project that targeted inactive 55-65 year olds, education and training was provided to LiveWell advisors and coaches to increase the proportion of eligible (inactive) people activating this pathway. Between January and March 2019, 81% of those eligible activated the physical activity pathway (up from 39% in the period from April to June 2018).

There is a high level of agreement among both national and local stakeholders that cross-sector strategic engagement with the physical activity agenda is necessary to achieve an active society. Evidence suggests that this continues to improve, with increased partnership working towards common objectives. In some areas, links between active partnerships and council public health teams are particularly strong, involving shared projects targeting inactive groups (e.g. LiveWell Dorset and Surrey Get Active 50+). However, there are still difficulties in gaining buy-in from other areas, such as health care, which are not always conducive to promoting cultural change. This is also reflected in CCG plans, of which only two of the 27 reviewed included actions relating to the active society domain area.

"The Sustainability and Transformation Plan was key in identifying physical activity as a priority. It's a huge step getting the system to recognise its importance, it meant something needed to be done about it at a system level. Senior stakeholders need to believe in it, and we need that authority for successful interventions. But it takes time to filter down to a lower level." (local stakeholder)

Box 3.3 Surrey Get Active 50+ and Otago (Active Surrey)

The Get Active 50+ project aimed to engage the 50+ age group in physical activity. It was a large two-year project that began in 2016 with around £450,000 of funding, with half from Sport England and half from Borough and District Councils and Public Health in the County Council. It provided discounted, beginner-level activities for the 50+ age group across different sports, such as walking football, aerobics, 'couch to 5k' jogging groups and bowls. Part of the project aimed to make these activities self-sustaining in order to continue after the funding ended, which was achieved for an estimated 80% of the activities.

One of the key activities provided as part of the project was Otago – strength and balancing classes designed to prevent falls in older people. These involve 23 exercises using items such as ankle weights and chairs, resulting in significantly improved mobility after around 15 sessions.

An evaluation of the project found that 4,793 people in Surrey took part in over 26,000 sessions, with 66% of participants being female and 40% being inactive. Training to upskill the workforce for the sessions in areas such as Otago, boccia and safeguarding was also delivered to 75 professionals. After the project the proportion of inactive participants dropped to 20%.²²

The project aligns with the Active Society domain area in aiming to support people to integrate regular physical activity into their lifestyles, and addresses inequalities

²² <https://www.surreyi.gov.uk/dataset/getactive50impactreport>

by promoting opportunities specifically for older age groups that are typically less active.

Overall, progress towards an active society is visible through changes to messaging promoting physical activity and targeting inactive groups, increased engagement from other sectors and specific initiatives and campaigns designed to encourage active habits and behaviour change. However, making an active lifestyle ‘the norm’ ultimately requires significant collaboration from professionals across all areas (for example, transport and planning to aid active travel; health and social care professionals in direct contact with the general population). While there have been improvements, there is still a lack of joined-up thinking which is hindering growth for this domain area.

“As a social norm, physical activity has become more normalised among some social groups – it’s reflected in social community activities like parkrun, This Mum Runs and pram walking sessions...Where there’s less progress is trying to reach groups where physical activity is not a priority...the way they communicate about physical activity should be more considered – I’ve been involved with the infographics for health professionals and they use complex language.”

3.3 Challenges and success factors

Stakeholders reported several challenges in achieving an active society, as well as suggestions and examples for how these can be overcome:

- **Supporting long-term behaviour change** – a frequently mentioned challenge is supporting people to maintain an active lifestyle once they have been successfully engaged through initiatives to increase physical activity. Funding is generally short term with an expectation for immediate results, which is not consistent with supporting long-term lifestyle changes. To address this, initiatives should look to be more sustainable, aim to become self-sufficient or have strong networks that provide an “exit route” when funding ends.
- **Cross-sector collaboration** – greater collaboration between different sectoral areas would help to improve the effectiveness of initiatives that aim to normalise physical activity for the whole population, but getting buy-in is difficult as “everyone has different priorities”. A particular area of contention among stakeholders is around transport and planning, with problems experienced around infrastructure relating to physical activity (such as green space, parks and sports facilities) being “ad-hoc and disjointed, just to tick a box” rather than being designed inclusively with inactive groups in mind.
- There is a challenge in trying to increase physical activity so that it is the social norm when environments are not conducive to this. This also highlights the links between the EAED domain areas, where the lack of accessible environments can be a barrier to an active society.

“It’s all very well having lots of activity in a local park but if there are no public toilets then you’re excluding a large part of the population.” (local stakeholder)

- From a health care perspective, there are also challenges in changing the mindset of clinicians, because they are a key access route to people that are inactive, though there have been some successes to this end (e.g. physical activity clinical champions). For stakeholders, the key to addressing this is

through tailoring the physical activity message to the agendas of different audiences.

- **Understanding inactive target groups** – there is often an emphasis on providing more opportunities for physical activity, without a full understanding of the specific needs and challenges in engaging groups that these opportunities are aimed at – *“what motivates people, what are the challenges for disabled people to get out of bed, get out of the house and connect socially?”* There is also a lack of understanding about those who are difficult to target because they are unaware of, or ambivalent towards, existing campaigns and initiatives, and of specific groups in local areas. Stakeholders described that if this was better understood, work could be undertaken to address secondary reasons for inactivity. In light of this, actions going forward could include heightened awareness of NHS Insight resources and the need for market research to understand the motivations and barriers of different groups in society.

“We need to understand the secondary reasons for inactivity. When people in deprived areas are worried about their next meal or they’re in a crisis, it won’t be the right time to join a running club.” (local stakeholder).

- **Local ethnographic and geographic challenges** – these can impact the success of initiatives targeting inactive groups: the proportion of people from a specific group may be very small compared to the general population and spread out over a large local authority area. This is particularly problematic for rural local authority areas as targeted activities are not necessarily easily accessible for everyone that is being targeted, so there is an additional barrier for them to overcome.

“It depends on the make-up of the borough or the district. There isn’t necessarily a central location to hold a club.”

In summary, there has been positive progress over the last five years to increase physical activity across sectors, both strategically and through campaigns and interventions. Physical activity increasingly features in national and local strategies, which has provided the right context for action in these areas, though more could be done to ensure that physical activity is given more prominence in strategies in the key target areas, especially within health policy.

Participation in events and campaigns shows promising practice, ranging from the national campaigns influencing attitudes such as This Girl Can, to local initiatives like the Daily Mile in schools. National campaigns also need to be co-ordinated and linked up with people at the local level which will ensure they gain interest locally. Joint initiatives and partnerships for action have been key to the success of some of these local campaigns, for example through local activation of campaigns such as One You, and although local areas report positive outcomes from such programmes, the challenge lies in upscaling these, where possible, so they are reaching a greater number of people and those who are least likely to be active.

Active society: opportunities for action over the next five years include:

7. There is an opportunity for PHE and partners to build on the work undertaken by Active Partnerships in collaboration with large corporations and employers to develop targeted interventions/schemes, such as ‘active workplaces’. These require organisations to make a pledge towards encouraging physical activity promotion to their employees and the public.

8. There is a need to capitalise on the benefits of technology and use it to connect people with opportunities to be physically active, including by targeting inactive groups. For example, this could include increased promotion and usage of Sport England's Open Data work to boost physical activity.
9. Future campaigns need to take a targeted approach to focus on those most inactive. This should include advanced planning, incorporating behavioural insight, engagement with professionals and providers at all levels with clear calls to action for professionals, and co-ordinating with other interventions, events and opportunities to engage in physical activity. There is a cross-cutting action across domain areas for more market research to understand the needs and barriers of inactive groups. This can inform societal campaigns, actions to create the right environments, and information and guidance for professionals.

4 Progress in making environments more conducive to active living

The active environments domain of the EAED framework calls for action to create environments to support active living. Progress in the **short-term**, over the last five years would be expected to include evidence of:

- Physical activity embedded into policies and strategies relating to planning, transport, development and the environment.
- Increased awareness of the importance of physical activity for professionals working within transport and planning.
- Increased understanding of developers and employers about the need to make the built and natural environments more conducive to active living.
- Investment in infrastructure (e.g. walking and cycling infrastructure, parks and green spaces, sports facilities).
- Evidence of national and local pilot projects to make physical activity more accessible.
- Integration of physical activity into new development plans.

We would also expect to see some progress in setting the foundations for achieving **medium-term** outcomes for the next 5-10 years, including:

- Improved access to quality parks and green spaces.
- Improved infrastructure for cycling and walking.
- Equality of access to active environments.
- Integration into development and urban design.

This chapter includes discussion around the national and local policies and strategies and national and local campaigns and interventions to make environments more conducive to having active lives.

4.1 Progress in making environments that support active living: national policies and strategies

The national policy and strategy document review found that 15 (38%) of the 39 documents reviewed include action that reflects the active environment domain of the EAED framework. For example, part of the Cycling and Walking Infrastructure Strategy (Department for Transport, 2017) focuses on 'Better Streets - places that have cycling and walking at their heart' which focuses on an environment that supports these activities. The Department for Transport announced an investment of £1.2 billion for cycling and walking between 2016-21 to increase rates of physical activity and sustainable travel.

In adjacent policy areas, through the Healthy New Towns programme (launched in 2015), the NHS is playing a leading role in shaping the future of the built environment. In 2019 the government set out the principles and practice for 'Putting Health into Place' through guidelines for how local communities should plan and design a healthy built environment.

The Public Health England Strategic Plan states that place-based planning is *"already beginning to have an impact ... local authorities lead on place-based*

planning, bring together all of the local partners, work to a joint strategic needs assessment and through statutory health and wellbeing boards.” (page 10).

There was general agreement among stakeholders that national policies need to give more prominence to physical activity and make physical activity provision a requirement (e.g. in the National Planning Policy Framework, 2019).

“Health and wellbeing is in national planning policy but it’s not very detailed and can get interpreted in different ways.” (local stakeholder).

Findings from this review show that action relevant to this domain is not only evident in direct policy documents and adjacent policy areas but also shows international influence, with stark similarities with the World Health Organisation’s Global Action Plan on Physical Activity 2018-2030, where one of the WHO’s four objectives is on ‘active environments: creating the right spaces’.

4.2 Progress in making environments that support active living: local level strategies and policies

Improving local environments to support physical activity is mentioned in almost half (47%) of all H&WB strategies, and is the most frequently referenced EAED domain area. Actions refer to developing, utilising and promoting areas of open space and alternative transport options. Notably, mentions of increasing active travel among residents are particularly frequent. Other actions include maximising the use of parks and green space to increase physical activity, investments in infrastructure and integrating physical activity into strategic planning. Among these strategies several campaigns of relevance to the active environment domain are mentioned:

- **Street Play / Play Streets** is an initiative by Play England which encourages local authorities to temporarily close streets at regularly weekly or monthly intervals with the aim of getting children outside to meet one another and play actively, with parents acting as traffic marshals.
- **Walk to School Week and Walk Once a Week (WOW)** are campaigns by Living Streets, a charity promoting everyday walking. Both campaigns are challenges to promote walking to school, on all five days during the Walk to School Week and at least once a week for a year as part of WOW.

Whilst it is positive that local H&WB strategies are beginning to include actions to make environments more conducive to physical activity, actions within Clinical Commissioning Group (CCG) plans are more limited; two of the 27 plans reviewed for this study mention creating environments to support physical activity. Actions are general rather than specific and mention improving the availability of open and green spaces and building public health into regeneration and transport projects such as provision of new health facilities to encourage active travel.

Case study findings show that national and local strategies are providing a more facilitating policy framework, evident in local areas developing their own walking and cycling strategies. This shows the strategic influence of the national Cycling and Walking Infrastructure Strategy (Department for Transport, 2017) which is enabling implementation at the local level. Local examples include the City of York Cycling City Strategy (2008) and the Get Doncaster Walking Strategy (2018; see Box 4.1 for detail). It is evident that the active environments domain is dependent on the right policies and strategies. It is positive that national and local policy are consistent with the EAED framework, but more explicit and detailed requirements for physical activity need to be incorporated within these. These need to incorporate stronger

messages around the benefits of creating environments that encourage active living and linking them with other agendas relevant to the policy frameworks. Future action could also include efforts to work with planners and developers to collate and share case studies of the practical application of incorporating physical activity considerations into policies and strategies within the environment, transport and planning and design sectors.

Box 4.1 Doncaster Walking Strategy²³

The Get Doncaster Walking Strategy 2018 outlines the action needed over a ten-year period for a town that is designed for people to walk more as part of their day-to-day lives.

Using national and local evidence, including consultation with residents and stakeholders, a working group across the sector developed the following four key ambitions for Doncaster:

1) to improve the quality of where people walk; 2) people feel safer walking; 3) walking is an enjoyable way to discover Doncaster; 4) make walking the first choice for short journeys. Each of these ambitions has a set of six associated actions.

The strategy was co-produced internally by the council's transport and public health teams, which is relatively uncommon. *"Somewhat unusually we wrote the walking strategy entirely in-house which means there is increased buy-in for delivering it. People want to make sure it is delivered because they helped shape it."* (Transport stakeholder).

The plan for measuring impact is based on a set of indicators for pedestrian safety, walking for travel and walking for leisure.

The strategy aligns with the EAED domain of 'active environments', with a range of stated actions focused on changes to infrastructure and spaces such as reviewing signage around transport interchanges, ensuring appropriate signage and wayfinding along key walking routes and identifying pedestrian accident data hotspots and exploring appropriate measures to improve pedestrian safety.

Doncaster Council also completed and approved a new Doncaster Cycling Strategy at the end of 2019.

Another promising example of incorporating physical activity into local level strategies is the Essex Design Guide, which was updated in 2018 to incorporate health and wellbeing and active design (physical activity) into all sections of the guide (the planning team won the Healthy Places Sport England award for incorporating physical activity into the Essex Design Guide). This reflects the strategic influence of PHE's work in this area and the Active Design guide developed by PHE and Sport England, which responds to the aims and actions proposed in the active environment domain of the EAED framework. In Essex, there is a whole body of work carried out to embed these principles into planning:

- Responding to planning applications to offer support in getting health planning into planning policy – how to use the built and natural environment to increase physical activity.
- Using health impact assessment tools to look at the positives of development as well as the unintended consequences and how to use them to address health inequality.
- Increasing active travel opportunities and reviewing school applications in how to increase cycling and walking to school.

There was agreement among stakeholders interviewed that developers and designers are not sufficiently embedding physical activity considerations into their

²³ Available at: <https://getdoncastermoving.org/uploads/read-the-get-doncaster-walking-strategy.pdf>

plans, though one notable example is in Essex where developers are beginning to understand the need to make environments conducive to an active lifestyle.

“Developers and designers are thinking about this from the beginning, they’re doing a lot of this stuff but not being recognised for it ... they’re already going to be making sure that places are connected, and people can walk and cycle.” (local stakeholder).

4.3 Campaigns and initiatives to make environments more conducive to active living

National and local campaigns and interventions are well aligned to the active environment domain and show that there is increasing awareness about the need to use the natural and built environment to increase people’s level of physical activity. One national stakeholder stated that the synergies between the transport, health and environmental agendas are now well embedded. National and local stakeholders stated that this domain has the most potential to significantly increase physical activity at the population level because it is embedding cycling and walking into every daily life rather than placing the onus on individuals to take part in additional physical activity.

At the national level, the DfT is providing £1 million of funding over 2-3 years for the Big Bike Revival delivered by Cycling UK, although this is a relatively small compared to spending on cycling and walking infrastructure. The programme engages with a network of cycling clubs and aims to bring bikes back into use, including reconditioning old bikes and helping to enhance rates of physical activity including in harder to reach groups. National stakeholders stated that although the results from a range of interventions are positive at local level (e.g. Local Sustainable Transport Fund, Living Streets, Walk to School, Big Bike Revival, Cycle City Ambition Fund) the progress at population level is limited. This suggests a need to scale up successful interventions.

Several stakeholders suggested that behaviour change models are not changing rates of physical activity at the population level, and that making changes to the environment has the potential to change this. However, many stakeholders also recognised the need for dual action on creating the right environments but also interventions that influence social attitudes and behaviour. For example, behaviour change activities and interventions (such as active travel initiatives) need to be accompanied by measures to ensure that environments also support physical activity, through changes in infrastructure and the design of new developments. Thus, stakeholders have mixed views about whether the environment is a barrier to physical activity or social attitudes.

“Environment is the way forward and should form the focus as behaviour-based stuff is so well explored and it hasn’t worked, so it’s time to move on. Make activity the easy choice, it needs to be socially engineered through planning ... if the cards are so stacked against you that you have to use extreme will power to be active, then it will never work. So, we need to socially engineer physical activity into people’s lives and make physical inactivity socially unacceptable.”

Stakeholders stressed the importance of making walking / cycling the easy choice rather than just the healthy choice. Policies and strategies could do more in facilitating this, for example through planning regulations that *“don’t just make statements saying, ‘planning should have regard to etc’ but make things in these documents compulsory.” (local stakeholder).*

Targeted action to encourage people that are least likely to cycle (e.g. lower socioeconomic groups, areas of deprivation, ethnicity, age and gender) have been delivered in partnership with local organisations who have good links with their local communities. Local case studies in York and Birmingham show a wide range of cycling interventions aimed at groups least likely to cycle. For example, Bike Bells in York encourage more females into cycling (see Box 4.2) and the Big Birmingham Bikes²⁴ programme runs various projects such as 'Inclusive Cycling' targeting people with disabilities, 'Learn to Ride' programmes, 'Bike Banks' and have 18 cycle centres across Birmingham. The Big Birmingham Bikes scheme reported a range of positive outcomes:

- Over 17,800 people trained to ride a bike.
- 20 self-run community cycling groups.
- 42 instructors and 88 trained ride leaders (including 58% from Black, Asian, and Minority Ethnic (BAME) communities).
- 43% of people replaced 1+ mile car journeys with cycling.²⁵
- 7,000 free bikes offered, and 250,000 miles cycled on free bikes.
- 73% reported increased confidence in cycling.²⁶

Box 4.2 York's cycle initiatives

Context: York has been a cycling city since 2009 and since then has always been successful in obtaining DfT funding.

Targeted activities and interventions:

Bikeability

City of York Council (CYC) Road Safety Team deliver the National Standards Bikeability Programme in York. It is offered to all primary and secondary schools in York, and only one secondary school is yet to take part. Training is offered free of charge, and bikes can be provided by the Council for those who do not have access to one. Bikeability is not on the curriculum in the same way that swimming is, cycle training is an additional extra which the schools are choosing to fit in. The majority of the training is delivered 'on road' in real life situations and gives children lifelong transferable skills that are broader than just cycling skills.

CYC also offer the popular Urban Cycle Skills which are 1-1 teaching sessions for adults or families to learn and develop skills to ride in traffic, which leads to an increase in confidence and enables more people to ride more safely and happily for commuting and recreation.

Bike Belles²⁷

The initial concept of the Bike Belles programme started in 2014 through involvement with Sustrans but funding ceased in 2016 and it is now completely volunteer led, with around 15 volunteers. The programme targets females and aims to encourage more females and more families into cycling and approximately 100

²⁴ More information available at: <https://theaws.co.uk/activities/big-birmingham-bikes/#>

²⁵ N = 249 survey responses.

²⁶ N = 404 survey responses.

²⁷ More information available at: <https://yorkbikebelles.community/>

people a month taking part in their activities. The key objective was to increase cycling and walking, connect people and protecting the natural world.

Although it initially started as an offer to encourage female cycling, it has since developed into families and friends cycling. For example, they also run the 'Cycling Without Age'²⁸ programme to engage older people and connecting them to the city, directly responding to other agenda's such as reducing social isolation. This programme includes special electric-assist bikes which have room for two at the front and a pedaller at the back to offer rides to those less able. Local stakeholders stated that the key is being able to provide "*the regularity of provision*" to sustain participation.

United Bikes

United Bikes is a community led project that offers support to migrant communities citywide. One initiative was to offer learn to ride and cycle training for women at York Mosque. It was delivered in partnership with the Councils Sustainable Transport Team who provided additional cycle trainers, bikes and support, and the Women's Group at the mosque who provided encouragement, support and childcare for each other. Local stakeholders described the huge rewards: "*we taught women to ride who had never even touched a bike before ... and every single one of them can now ride ... they were just amazing, it's so rewarding seeing them ride*".

Resources: York offers cycle route maps that have been planned and published for people to take up new routes because they have a comprehensive cycling network.

Local areas have varying levels of campaigns aligned to the active environments domain, including initiatives in transport and the built and natural environment. For example, Dorset has various interventions including Activate Coast and Countryside and Walking for Health; and Birmingham has a city-wide Living Streets walk to school programme (see Box 4.3 for more detail). Many stakeholders suggested the need to take drastic and bold steps to make environments more conducive to physical activity though this was always regarded by stakeholders as challenging. For example, the extent of the challenge ahead can be seen from the ambitious and bold move taken in Birmingham to close parts of a major A road for one day which had to be postponed because of major opposition (see Box 4.4). Despite action at the policy level and through the various campaigns and programmes to make environments more conducive to active living, just under a third of survey respondents (32%) felt that progress has been made in creating environments to support active lives whilst 26% felt that progress has not been made. These stakeholder opinions may relate to differences in experience in different locations; in some areas environments may be becoming more conducive to physical activity than in other areas. The gaps identified include the need to focus on educating employers to make working environments conducive to physical activity and more work to encourage active travel. An opportunity area in this domain area could include the development of active spaces guidance designed to improve physical activity rates and address health inequalities. This guidance could include making green space more accessible and safer, from providing adequate lighting to having facilities (toilets, benches) to support the public to be physically active.

Box 4.3 Living Streets Walk to School outreach – Birmingham City Council²⁹

²⁸ More information available at: <https://yorkbikebelles.community/events/cyclingwithoutage/>

²⁹ More information available at: <https://www.livingstreets.org.uk/wow>

The Living Streets Walk to School outreach programme is supported by £1 million of investment from the DfT, committed in its Cycling and Walking Investment Strategy. The Government outlined plans to have 55% of primary school children walking to school by 2025. The new funding benefits local authority areas that partner with Living Streets on the Walk Once a Week (WOW) initiative - the year-round walk to school challenge. Living Streets aims to encourage more children that can walk to school to do so and to make it the natural choice for short journeys.

The WOW initiative is a scheme where primary school children who walk, cycle, scoot or Park and Stride to school at least one a week get a badge, with 11 different badges to collect over the year, each with a different theme (designed by children). The scheme tackles a number of issues: clean air, reduction in the number of cars causing congestion outside schools and increasing children's physical activity rates.

The approach with schools includes delivering a whole school assembly on the benefits of walking to school and explaining the online travel tracker where children are asked to log their journeys every day. This *"very quick interactive tool"* is explained to children and teachers. Schools are also offered pre-prepared letters to send to parents notifying them that the school is taking part in the scheme and outlines the various benefits of walking to school.

The scheme also includes working with parents to plan their journey if they live far or if they have pressures around getting to work and explore options for Park and Stride³⁰ (parking further away from schools and walking for 10 mins or getting off public transport a few stops sooner to walk the rest of the way). In Birmingham, some schools have set up formal Park and Stride arrangements with local shops and supermarkets so parents can use these sites to park their cars and walk children the remainder of the journey to school.

With continued funding, Living Streets are able to involve more schools in WOW each year. In Birmingham, there are currently (as of July 2019) 42 schools signed to take part in the WOW scheme and participating schools report an increase in walking rates in the first five weeks. Between April 2019 - July 2019 the initiative has reported a 28% increase in active travel, 22% decrease in car use and a 16% increase in Park and Stride rates.

Box 4.4 Birmingham's A38 (M) closure for International Car Free Day

Parts of the seven lane A38 (M) in Birmingham, which sees around 87,000 motorists daily, were due to be closed on Sunday 22nd September 2019 to turn it into an urban park³¹. This was proposed as part of the Local Delivery Pilot's 'International Car Free Day' and was a collaboration between Birmingham City Council, The Active Wellbeing Society and Sport England. The day was to include opportunities to play games, walk and cycle and have fun. However, due to the huge opposition from motorists around needing to get around the city to hospitals and elderly family members the plans have been delayed until spring 2020.

This example shows a positive step of connecting the climate change agenda to raise awareness around the need to be physically active to improve people's health

³⁰ More information available at: <https://www.livingstreets.org.uk/media/2035/park-and-stride-print.pdf>

³¹

https://www.birmingham.gov.uk/news/article/427/section_of_a38_aston_expressway_to_become_paved_park_for_car_free_day

and wellbeing, while also highlighting the significant challenge in changing existing norms and lifestyles.

4.4 Challenges and success factors

Stakeholders reported several challenges in creating environments that support active living, as well as suggestions and examples for how these can be overcome:

- **The right environments and the right attitudes** – One of the challenges expressed by stakeholders nationally and locally was around the usage of cycle lanes, where changes in infrastructure to include more cycle lanes will not directly influence the numbers of people cycling rather than driving: *“you can add cycle lanes, but people might still drive their cars.”* (local stakeholder). This points to the importance of not only providing the right environments and facilities for people to be active but that there needs to be a joined-up approach to combining these efforts with behaviour change interventions that highlight the benefits of physical activity and can cultivate attitudes to make physical activity the norm.
- **Limited data on the usage of green space** – Another challenge noted was around the lack of information on residents using green space, how they use it and their motives for doing so. Stakeholders suggested that not having this information makes it difficult to define explicit outcomes for interventions that aim to increase physical activity through the use of green space. Many stakeholders also expressed frustration regarding the large area of local authority green space that is not being utilised and could be developed and used to help people be more physically active.

In summary, the above evidence shows action relevant to the active environment domain that is consistent with the aims of the EAED framework and shows that EAED has helped to create a shared understanding and agenda. The above discussion shows that some professionals working within transport and planning have awareness of the importance of physical activity for those who are most inactive. The various examples of national campaigns and investment commitments from government show the prominence given to making environments more conducive to active living though many stakeholders suggested this is not enough and that more needs to be done to embed physical activity within government strategies. There is evidence of local level action through targeted campaigns and activities for those least active but also across local areas more generally to encourage an increase in active travel. There are a few local examples of developers and designers understanding the need to make the built and natural environments more conducive to active living, though much more collaboration with developers and designers is needed to ensure physical activity is firmly on their agenda. Although there is some progress towards achieving the ambitions of the active environments domain, stakeholders suggested that more needs to be done to integrate physical activity in policy frameworks, in levels of investment and around integrating physical activity ‘requirements’ rather than ‘considerations’ into new developments. This domain was regarded as the most important to be able to change population level activity levels. For example, stakeholders highlighted that over the next few years there will be many new homes and communities built. This requires long term planning and investment, so we need to act now to ensure these have physical activity considerations embedded within them.

Active environments: opportunities for action over the next five years include:

10. PHE and Sport England are encouraged to continue to promote the Active Design principles to MHCLG and professional bodies. This is to ensure it remains on the radar of planners, designers and developers, including the Royal Town Planning Institute, Royal Institution of Chartered Surveyors, Royal Institute of British Architects, Chartered Institute of Housing, Chartered Institution of Highways and Transportation, National Housing Building Council, and Home Builders Federation. There is an opportunity for partners to promote this agenda and advise on these principles for new development and existing infrastructure – this links back to the need for creating the right policy environment for action.
11. Efforts are needed to work with planners and developers to collate and share case studies regarding the practical application of active design principles. There is an opportunity for these case studies to be hosted on PHE / Sport England webpages as well as sources familiar to planners/developers, to show the importance of adopting the principles.
12. The production of active spaces guidance designed to improve physical activity rates and address health inequalities would be useful. The guidance could include making green and blue space more accessible and safer (in partnership with green and blue infrastructure networks), from providing adequate lighting to having facilities (toilets, benches, ramps) to support the public to be physically active. This guidance could also include active travel considerations into the design of settlements.

5 Progress in mobilising professionals

The moving professionals domain of the Everybody Active Every Day (EAED) framework calls for action to develop expertise and leadership within professionals to embed physical activity into the fabric of daily life. This domain is about building knowledge about the importance of increasing physical activity for the *“hundreds and thousands of professionals and volunteers who work directly with the public every day”* (EAED, page 15) and taking advantage of the contact these professionals have with the public. Making the most of ‘making every contact count’ and developing physical activity advocates in all sectors is particularly key in achieving the outcomes of this domain.

Progress in upskilling and creating sector advocates in the **short-term**, over the last five years would be expected to include evidence of:

- The importance of developing sector advocates for physical activity being stressed within policy and strategy documents.
- Publications disseminated and uploaded around upskilling professionals and the important role they have in championing physical activity.
- Guidance and educational resources and training delivered to upskill professionals on the importance of increasing physical activity rates.
- Training courses and recruitment of physical activity champions in the healthcare sector³².
- Increased awareness of the benefits of physical activity among professionals.
- Increased confidence and motivation of professionals in health and social care, sport and education, transport and planning and the VCS to promote physical activity messages.
- Increase in the skills and knowledge of professionals around the benefits of physical activity.

We would also expect to see some progress in setting the foundations for achieving **medium-term** outcomes for the next 5-10 years, including:

- Recruitment of physical activity champions in adjacent policy areas (e.g. education, transport and planning, sport and leisure and the Voluntary and Community Sector).
- Champions actively ensuring physical activity is on the agenda.
- Increased leadership among professionals across sectors.
- Health professionals increasingly using physical activity as part of treatment options.³³
- Enhanced education, guidance, advice and care to the public.

³² This has been independently measured through the evaluation of the national Moving Healthcare Professionals Programme of work that aligns to the moving professionals’ domain area of the EAED framework.

³³ This can be measured through the outcomes of the national Moving Healthcare Professionals Programme.

5.1 National policies, strategies and programmes to mobilise professionals

More than two thirds of the national policy and strategies reviewed for this study reference actions that are well aligned to the moving professionals domain of the EAED framework, outlined in Table 5.1 below. It is positive that 30 (77%) of the 39 documents reviewed mention guidance and / or educational resources for professionals, indicating the importance of upskilling professionals to influence physical activity levels. In over half of these documents (51%) professionals in different sectors are recognised as an important catalyst for change in increasing physical activity (see Annex 9 for full analysis of these documents). These include documents in the education, transport, and the sport and leisure sector. However, mention of this in health-based documents such as the *NHS Long Term Plan* is surprisingly absent, even though prevention is a key part of the plan.

Examples of documents that acknowledge the importance of guidance and / or educational resources for professionals include the World Health Organisation Action Plan on Physical Activity 2018 – 2030, which proposes that a key action for Member States is to develop and disseminate national guidance, and promote implementation of workplace health programmes aimed at increasing physical activity, reducing sedentary behaviour and promoting incidental physical activity during the work day for employees. Some other documents are guidance materials themselves produced in the last few years to support professionals and practitioners. These documents include various rapid evidence reviews with recommendations to inform the UK Chief Medical Officer's update of the physical activity guidelines (relating to different age groups, those with disabilities and specific activities to support muscle and bone strengthening) as well as guidance documents aimed at specific groups such as NHS staff, staff working in schools or health and care system decision-makers.

Table 5.1 National strategy and policy documents mentioning specific activities for professionals

Policy document mentions...	Number of documents (%)
Guidance and/or educational resources for professionals	30 (77%)
Actions to engage professionals across the four target areas ³⁴	17 (44%)
Professionals in different sectors being an important catalyst for change in increasing physical activity	20 (51%)
Developing physical activity champions and networks of expertise across different sectors ³⁵	7 (18%)
Different actions by different types of professionals to increase physical activity	11 (28%)

Source: ICF analysis of 39 national strategy and policy documents.

Fifteen of the 39 documents reviewed mention that resources are being devoted specifically to developing expertise and leadership among professionals across different sectors to increase physical activity levels. The following national initiatives

³⁴ Target areas: education, sport and leisure, planning and design sector and health and social care.

³⁵ Sectors such as health and social care, education, sport and leisure, planning and design.

focus on upskilling professionals across the four target areas and are consistent with the EAED framework.

- **Planning, design and transport sectors:** According to the Active Travel Strategy, the government has provided £7.5m per year to local authorities to enable them to employ school travel advisers who work with schools to help them develop and implement school travel plans and other school-based walking and cycling initiatives.
- Although this national programme aligns to EAED's ambitions of the moving professionals' domain, there is little evidence of sectoral advocates or upskilling and training of professionals within the planning, design or transport sectors to promote physical activity. It is important for physical activity champions to be developed in these sectors to ensure physical activity is on the agenda among their networks (e.g. that developers and designers are considering making environments conducive to active living). This could include PHE and Sport England building on the success of the Moving Healthcare Professionals programme by developing sector specific guidance on championing physical activity in the planning, design and transport sectors.
- **Sport and leisure sector:** *Sporting Future* included the need to professionalise the sport and leisure workforce and Sport England has put together workforce, coaching and volunteer strategies to ensure that the non-medical workforce is ready and engaged to work with people that are inactive or have long term conditions. Sport England's new professional workforce strategy, *Working in an Active Nation* (2018) sets out proposals for developing people's skills, competencies and behaviour to engage a diverse range of people into sport and physical activity.

In partnership with PHE, the Royal College of General Practitioners (RCGP), the Royal College of Physicians (RCP) and physiotherapists, and the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) developed a set of standardised sport and leisure qualifications. These focus on *"the physical activity practitioner understanding the medical element of people e.g. working with long term conditions or understanding pre-diabetic symptoms. It's more than a personal trainer – they're personal trainers with additional qualifications to understand the medical aspects."* This work includes a register that details all the people with specific qualifications to enable health professionals to check and refer their patients to with confidence.

Professionalising the sport and leisure workforce collaboratively with healthcare professionals has the potential to increase physical activity levels, as described by a national stakeholder:

"The issue has always been around healthcare professionals trusting physical activity professionals and we've had to go quite a long way to convince healthcare professionals that we are suitably qualified and can be trusted ... so the key was getting them to be involved in writing the standard, so at least people will be chartered practitioners".

This body of work responds to the moving professionals' domain and in doing so also encourages the connection between sport and leisure and the health sector. As stipulated in the EAED framework increasing physical activity across the population requires a joined-up approach across sectors and this work to upskill the sport and leisure workforce responds to the need to target the inactive.

- **Health sector:** One notable shift in the area of health is an increasing emphasis on investing in social prescribing link workers, who can play a role in supporting people to become more physically active, as outlined in *Universal Personalised Care: Implementing the Comprehensive Model*. As part of its plan, the NHS has pledged to fund the recruitment and training of over 1,000 social prescribing link workers to be in place by the end of 2020/21, rising further so that by 2023/24 all staff within GP practices have access to a link worker as part of a nationwide infrastructure of primary care networks, enabling social prescribing and community-based support to benefit up to an estimated 900,000 people. This offers a positive step forward in general support with health and wellbeing for patients, which includes physical activity.

Social prescribing link workers will become an important part of the healthcare structure and undoubtedly have the potential to become physical activity champions. However, it is unclear whether they will receive any training or resources around understanding the importance of their role in cascading information on the benefits of physical activity and the huge potential for increasing activity levels among inactive groups.

The ‘Moving Healthcare Professionals’³⁶ programme led by PHE in partnership with Sport England responds to the moving professionals’ domain of the EAED framework and the Government’s *Sporting Future* strategy that emphasise the need to upskill healthcare professionals. The programme included an initiative to run 509 training sessions between February and December 2018 with clinical champions tasked with providing peer-to-peer training on physical activity for healthcare professionals. The programme has reported positive outcomes with 22,000 healthcare professionals receiving training on integrating physical activity conversations into their practice and 35 healthcare professionals becoming clinical physical activity champions. Part of this work includes the “Moving Medicine” website tool developed by the Faculty of Sport and Exercise Medicine in partnership with Sport England and PHE, which provides information on how to complete patient consultations about the benefits of physical activity to people with various long-term conditions. The tool includes information for professionals to mention to their patients by the length of the consultation (including options for a 1, 5 and 5+ minutes consultation). There was agreement among national and local stakeholders that this body of work was highly important and was described as the “*best resource*” for health professionals. There was general agreement among national and local stakeholders that much of the work around achieving the aims of the moving professionals’ domain focuses on the healthcare sector and this needs to be expanded across other areas.

“What I hear most and what I see most are areas around health professionals and clinical champions work.” (national stakeholder).

The National Centre for Sport and Exercise Medicine’s (NCSEM) work is also consistent with the moving professionals’ domain, where the focus is on integrating research, education and clinical services to improve the health and wellbeing of the population.

- **Education sector:** As noted from the above discussion on resources (section 2.4), in order to mobilise professionals in education, the government has invested in primary schools via the primary PE and sport premium, which is ring-

³⁶ <https://www.sportengland.org/our-work/health-and-inactivity/moving-healthcare-professionals/>

fenced to help primary schools make additional and sustainable improvements to the quality of the PE and sport activities they offer their pupils.

*“There’s a massive campaign to educate teachers about physical activity both inside and outside curriculum, between CIMSPA and Youth Sport Trust.”
(national stakeholder).*

The Department for Education also invested in the volunteer workforce by supporting and developing the School Games at a local level through a grant worth £392,000. The money was distributed by Sport England to County Sports Partnerships (now called Active Partnerships), with each receiving £8,000 to recruit, train and deploy 30 volunteer leaders and coaches to support the games. This reflects progress against the aims of the moving professionals’ domain through the upskilling and training of these volunteers, which leads to a cohort of people who are physical activity advocates.

The Association for Physical Education (AfPE) also aligns with the moving professionals’ domain through a set of actions dedicated to professional learning in its *Strategic Plan for 2016-2020*. This includes providing ongoing support to the profession with the roll out of the new GCSE and A-level qualifications, providing an annual national conference and supporting over 300 schools through the Quality Mark Award process to improve the quality of Physical Education provision.

Many stakeholders suggested the need for tailored physical activity guidance for different sectors and professionals. A potential opportunity area is to develop easy to read guidance on how physical activity is relevant to the agendas of professionals working in transport, planning, design, schools, and workplaces. This guidance needs to communicate the message that physical activity *is a priority* rather than an *“add-on”* for national and local partners (for example by citing its economic, physical and mental health, environmental and community benefits).

5.2 Mobilising professionals at the local level

Initiatives and campaigns aligned with the moving professionals domain at the local level show evidence of promising practice, though progress is limited compared to activities that align with the active society and active environment domains, discussed above. This is also reflected in local level policy where few local H&WB strategies include actions which relate to the ‘moving professionals’ domain - four³⁷ of the 47 strategies reviewed mention developing professional awareness and knowledge of physical activity. Actions within these strategies spanned several sectors including healthcare and education. Similarly, four³⁸ of the 27 CCG plans reviewed include reference to professionals with action focusing on medical professionals:

- Encouraging GPs and healthcare workers to promote physical activity.
- Attaching a physical activity lead to GP practices.
- Developing a ‘Lifestyle referral’ programme that involves physical activity instructors.

³⁷ Blackburn with Darwen; Camden; Isle of Wight; and Hounslow.

³⁸ NHS Durham Dales, Easington And Sedgefield CCG; NHS Scarborough And Ryedale CCG; NHS Hambleton, Richmondshire And Whitby CCG; and NHS Northumberland CCG.

- Engaging with community and faith leaders to promote physical activity.

The limited reference to the important role that healthcare professionals can play in promoting physical activity within local strategies may be reflective of the limited inter-linked relationship between healthcare and local authorities within the wider health context. Cross-collaboration between health and other sectors is needed to increase physical activity at population level, and, as seen from the active society and active environment discussion above, there is evidence of local authority stakeholders working together to move the physical agenda forward across education, sport and leisure, planning and transport and public health. The positive work of CIMSPA to upskill and professionalise the sport and leisure workforce described above, will undoubtedly help to connect the health sector with local authority departments.

There are several examples of local campaigns and activities to upskill professionals and to develop physical activity champions across the health, Voluntary and Community Sector (VCS) and education sector. Several local areas cited the clinical champions initiative delivered as part of the national Moving Healthcare Professionals' programme which helps upskill healthcare professionals. Box 5.1 shows Dorset's clinical champions programme, which offers training to healthcare professionals to have productive conversations with patients about their physical activity and signpost patients to initiatives including LiveWell Dorset, Walking for Health and Stepping into Nature.

Box 5.1 Dorset's physical activity clinical champions

The physical activity clinical champion training is a national programme in which healthcare professionals are recruited as champions, and they deliver peer-to-peer training to other healthcare professionals on the benefits of physical activity for their patients. It aims to support health professionals to have productive conversations with patients about their physical activity levels and highlight the importance of being more active. The training communicates opportunities for these conversations as well as promoting initiatives that can be signposted to patients, such as LiveWell Dorset, Walking for Health and Stepping into Nature.

The programme is important as generally physical activity is not included in significant detail in clinical training. Public Health Dorset employed a GP fellow to provide the training and it is estimated that she had trained around 300 champions across Dorset.

The programme corresponds closely with the Moving Professionals domain area as it focuses on educating health care professionals about physical activity.

There was agreement among stakeholders that the onset of social prescribing could have positive outcomes for improving people's levels of activity. A key target group for this work includes those who are least active, for example, people with long-term conditions. This points to a potential opportunity area for future action, where greater collaboration between social prescribing link workers, sport and leisure, and transport, has the potential to increase physical activity levels for inactive groups such as those with long term conditions. For example, including social prescribing link workers on local physical activity networks would harness initial discussion.

Box 5.2 Lincolnshire's approach to social prescribing

The Integrated Lifestyle Service commissioned by Lincolnshire County Council's Public Health department (July 2019), delivered by Thrive Tribe takes a preventative approach to improving people's health and wellbeing. The initiative trains people to

deliver preventative services and includes physical activity coaches who offer one-to-one and group sessions to help people engage in 150 minutes of physical activity per week. The service also includes a 'Get Healthy, Get Active' programme which signposts patients into existing community activities. The physical activity offer sits within a wider package of healthy lifestyle support including smoking cessation, losing weight and alcohol consumption. There are various eligibility criteria for accessing the service which include those who:

- Suffer with a long-term condition;
- Are deemed 'at risk' following an NHS Health Check;
- Are engaging with the NHS Health Optimisation Policy;
- Are carers; and
- Work for Lincolnshire County Council and require support with losing weight, being smoke-free, moving more or drinking less.

There are several positive examples of the voluntary and community sector supporting activities that align with the moving professionals' domain of the EAED framework. Several programmes in York are based on upskilling people to take action in supporting healthy lifestyles, including increasing physical activity. For example, York's "Ways to Wellbeing" social prescribing programme delivered by York CVS includes local area co-ordinators assigned to wards across the city who are linked with social prescribing. The social prescribing model in York is seen as *"one of the most forward - thinking social prescribing programmes nationally"* (local stakeholder). Stakeholders report that the programme has had positive outcomes including a 32% reduction in GP appointments and although the programme is not specifically about physical activity, its general support to improve health and wellbeing includes support around physical activity. Another positive example is York's volunteer community health champions programme which takes a social action approach to improve health and wellbeing across the city (see Box 5.3). An opportunity for future action could include exploratory research jointly commissioned by health and sport organisations to further understand the links that can be made between the physical activity workforce and interventions in primary and secondary care which will also support the social prescribing agenda.

Box 5.3 York's community health champions programme

York's community health champions programme started in 2015 to connect communities. The programme has £40,000 of funding over two years and currently has 43 volunteer health champions who receive one day of training around 'making every contact count'. The content includes information about physical activity, mental health and long-term conditions to enable champions to feel confident in supporting the health and wellbeing of their communities. A key aim of the programme is for champions to share information about physical activity using other agendas such as diabetes and other long-term conditions (including mental health) to increase rates of physical activity. Each community health champion uses their individual skills, and the knowledge and skills gained from the training day, to broker conversations about healthy lifestyles with the communities in which they work.

This health champions programme takes an asset-based approach which involves facilitating communities to come together to achieve positive change through using their own knowledge, experience and skills in order to mobilise social action. This directly responds to the 'social action' priority in York: *"a lot of the work we're doing*

is around the power of people and communities to address some of the challenges we face in society, around well-being, health inequalities and physical activity and sport ... social action is one of our priorities.”

The programme also supports the further development of champions to attend other relevant courses, for example several champions wanted to attend a mental health course to gain a deeper understanding of the issues.

Following feedback from champions an “improving health through active travel leaflet” has been developed so champions have something to give people they support - these champions have become advocates for physical activity and cascade the information across to their local communities. Champions report that the programme has enabled them to have conversations with people about varied health topics.

Several local area examples show initiatives focusing on upskilling and training professionals in the education sector. For example, a Doncaster-based charity called Active Fusion³⁹ focuses on enabling children and young people in Yorkshire to be physically active through offering schools CPD training opportunities for teachers and school staff to improve their confidence and competence in the delivery of Physical Education (PE). Training, networking events and twilight meetings are intended to enable staff from schools to meet and share ideas about PE, get involved in workshops and practical training and listen to expert advice from guest speakers. Active Fusion has achieved annual increase in the number of teachers trained over the last three years, rising from 248 teachers in the 2015/16 academic year to 374 teachers in 2017/18.

Box 5.4 shows the approach taken by York City Football Club as part of a national programme to upskill primary school teachers in the delivery of PE.

Box 5.4 York City FC upskilling teachers

York City FC’s community arm has 11 permanent employees that focus on engaging the local community in physical activity. The football club runs the Premier League programme to upskill primary school teachers, funded by DCMS following the *Sporting Futures* strategy in 2015.

The programme includes offering resources, support and methods to enable primary school teachers to embed physical activity into everyday activities. This work includes coaches delivering active literacy and numeracy lessons *“where coaches will sit and read and do number work with children that aren’t engaged.”* The programme works within the context of the Ofsted guidelines and reinforces the importance of planning PE lessons in the same format teachers will do for other subjects.

Headteachers will initially identify teachers that might benefit from the extra support and *“most teachers are quite receptive, because I think within teacher training, they focus one day on the delivery of PE ... it’s about looking at different abilities and skill levels.”* (local stakeholder).

The coaches work with teachers for a minimum of 12 weeks with the aim of improving confidence levels and skills. They provide full lesson planning for numeracy and literacy lessons and complete lesson observations and offer feedback about ways of integrating physical activity within lessons.

³⁹ <https://activefusion.org.uk/staff-training/>

Six schools a year take part in the programme, but over 100 schools take part in wider extra-curricular provision delivered by the football club.

To achieve the ambitions of upskilling sector advocates so there is a joined-up approach to promoting physical activity across all fields requires cross-sectoral collaboration. Across national and local levels there is a noticeable gap in actions to mobilise professionals in social care and the transport and planning sectors. As seen above there is positive action to upskill professionals operating at a small scale within the education, health and sport and leisure sectors, which could be rolled out to reach a greater number of people. For example, more schools could be engaged in the work with the sport sector to upskill teachers on delivering effective PE lessons and incorporating physical literacy and numeracy lessons within the school day. This programme of work is reaching the right professionals who can make a difference and has the potential for upscaling.

“There’s better understanding of promoting physical activity away from sport / leisure activity.”

The national stakeholder survey shows mixed responses for the progress of this domain; just under a third (32%) of respondents agreed that “professionals across different sectors are well informed on delivering the physical activity message (importance of increasing physical activity)” and 31% disagreed (33% remained neutral). Stakeholders suggested that physical activity training should be incorporated within the initial training for professionals (e.g. teacher training courses, medical and nursing courses) rather than *“trying to educate them once they are in their particular profession.”* A stakeholder network to provide professionals with ongoing support on increasing physical activity within their roles was also suggested as a potential useful resource to push this agenda forward.

Although national stakeholders and national policy documents highlight initiatives that align to the moving professionals’ domain, they argue that a more strategic direction is needed to support this cascading down to local level. Stakeholders believe that national policy that acknowledges the importance of this work will provide the right context and the strategic influence needed to guide local level action.

5.3 Challenges and success factors

Stakeholders reported several challenges in mobilising professionals, as well as suggestions and examples for how these can be overcome:

- **Sensitivity to the workload of professionals** – There was general agreement among stakeholders that training and upskilling professionals to become physical activity advocates needs to be sensitive and consider the workload of professionals. For example, it is challenging for healthcare professionals to find the time to attend training with all their other commitments and workload pressures.

“Professionals have their own priorities in line with their core role and are generally overworked.” (local stakeholder).

Ways to overcome this include embedding training around the benefits of physical activity within staff mandatory training programmes and providing training and resources via e-learning or online which offers professionals greater flexibility.

- **Cross-sectoral buy in** – There was consensus among stakeholders that cross-sectoral ‘buy in’ is needed in order to share knowledge around the important role different professionals can play to increase physical activity – physical activity needs to be a priority in national and local policy. Inclusion of the role of professionals in promoting physical activity within strategic planning is important for engagement and will enable partnerships that can provide the foundation to push the moving professionals’ agenda forward.

“Being able to pull everyone together has been attributed to physical activity being viewed as a priority across partners.” (local stakeholder).

“Buy-in from senior staff at local level is essential to successful interventions.” (local stakeholder).

- **Understanding the barriers to inactivity** – A common challenge identified is the need for professionals to understand the barriers to inactivity so they can promote physical activity using this as a starting point, which will mean they are not having unrealistic conversations about increasing physical activity. This links to action nine and suggests the need for a cross-cutting action that informs all of the EAED domain areas, where more market research to understand the needs and barriers of inactive groups can inform societal campaigns, creating the right environments and information for professionals.

“Professionals might suggest attending the gym or joining exercise classes, but if people just don’t have the money then it’s a pointless suggestion, and a wasted opportunity.” (local stakeholder).

- **Reaching frontline staff** – Working with frontline staff who regularly interact with residents is also a challenge, since they are not always well informed about the benefits of increasing physical activity. Stakeholders report that it is challenging for professionals to frame physical activity as central to wider wellbeing and social outcomes. A common suggestion made by stakeholders was the need to have clear messaging for different types of professionals that relates to other agendas. For example, better awareness of the links between physical activity and the climate change agenda offers opportunities within the transport sector, so having clear messages will help to increase professionals’ confidence, skills and motivation to champion physical activity. PHE’s recent work through the ‘Moving Medicine’ programme is helping to bridge this gap within the health space, providing a website tool that gives information on completing patient consultations about the benefits of physical activity to people with various long-term conditions.

“Working with the cancer support workers [at a local hospital] was an example of how the message hadn’t necessarily filtered down, actually they felt that physical activity wasn’t a priority for their patients and that caused difficulties in influencing behaviour change. What was needed was specificity how physical activity can benefit people with cancer rather than general messaging about it.” (local stakeholder).

“There’s never been a better time to link climate change to public health. A lot of councils have declared climate change emergencies so it’s time to look at sustainable travel options.” (local stakeholder).

In summary, creating sector advocates and using the contact that professionals have with people to make the most of ‘Make Every Contact Count’ is increasingly gaining recognition within national and local policy documents. There has been good progress in creating physical activity champions within the healthcare sector

(Moving Healthcare Professionals programme), and there are elements of this approach developing in other sectors, namely education and sport and leisure. The general view among stakeholders is that professionals are not yet well informed to deliver the physical activity message, which will require a more concerted effort across sectors, over the next five years.

The review has highlighted opportunities for developing sectoral advocates within the transport, planning and design sector that must be addressed to ensure a cross-sectoral approach to the physical activity challenge we face – developing professional physical activity networks would help provide an outlet for mutual exchange and information sharing among advocates across sectors.

Moving professionals: opportunities for action over the next five years include:

13. PHE and Sport England could build on the success of the Moving Healthcare Professionals programme by developing **sector specific** guidance on developing physical activity champions in the planning, design and transport sectors. There is an opportunity for PHE to develop training programmes and events collaboratively with the DfT and professional bodies, including the Royal Town Planning Institute. This could help promote the importance of sectoral advocates for pushing the physical activity agenda forward and focusing on the most inactive groups.
14. Easily understandable guidance is needed on how physical activity is relevant to the agendas of professionals working in transport, planning, design, schools, and workplaces. This could include the need to address inequalities in physical activity through adopting targeted approaches. This guidance needs to communicate the message that physical activity is a *priority* rather than an “*add-on*” for national and local partners (for example, by citing its economic, physical and mental health, environmental and community benefits).
15. There is an opportunity for Integrated Care Systems and new health structures to jointly deliver on local physical activity strategies and plans, addressing inequality gaps collaboratively. For example, this could include developing data summaries including rates of inactivity and associated costs across these footprints.
16. Exploratory research jointly commissioned by health and sport organisations is needed to further understand the links that can be made between the physical activity workforce and interventions in primary and secondary care - this will also support the social prescribing agenda and the need to focus on groups that are most inactive.
17. Efforts to encourage collaboration between social prescribing link workers, sport and leisure, and transport is needed. This has the potential to increase physical activity levels for inactive groups, such as those with long term conditions. For example, including social prescribing link workers on local physical activity networks could help harness initial discussions to jointly deliver on local plans and targets.
18. PHE and Sport England could explore the work of Clinical Senates. Understanding how they operate and what opportunities are available for collaboration could be useful for sustaining physical activity champions within primary and secondary care.
19. PHE and partners could undertake research to build on the work of Active Partnerships in mapping the professional workforce across the

health, social care, sport, planning, design, transport, education and environment sectors, to identify and understand the key stakeholders that need to be engaged. This will also help to understand the professionals engaged thus far and identify what more is needed for engagement across these sectors. An example could be developing guidance and offering training to professionals in the transport and planning sectors.

6 Progress in moving at scale

The moving at scale domain of the EAED framework calls for action to identify and upscale successful programmes nationwide to make physical activity an easy and 'normal' choice in every community. The EAED framework states that *“positive change needs to happen at every level, in every region”* and that *“it needs to be measurable, permanent and consistent.”* (pg. 18). The aim of EAED is to have fewer adults being active for less than 30 minutes every week ('inactive') and more adults to be achieving 150 minutes of physical activity every week ('active'). The EAED framework is supported by an evidence document, *Everybody active, every day, what works – the evidence* (2014)⁴⁰ which sets out the chief medical officer's guidelines, and evidence for implementation across different settings, across the life course and options for action across the four domain areas of the EAED framework. In order to achieve large-scale change to improve the activity levels of around a quarter of the population that are not achieving at least 30 minutes a week, there is a need to understand what interventions work and for which target groups: *“we need to monitor progress and measure the impact at a population, organisational, programme and individual level”* (EAED, pg. 18).

Progress in achieving the objectives of the moving at scale domain interlinks with progress in all other domain areas, and there was general agreement among stakeholders that the moving at scale domain sits as a cross cutting theme across the other EAED domains.

In the **short-term**, five years on from the publication of EAED we would expect to see progress in:

- Evaluation of activities and interventions to enhance the evidence base of what works.
- Collaboration and partnerships at the sectoral level between researchers, commissioners, providers and practitioners, to translate successful practice into action.
- An enhanced evidence base and understanding of what works.
- Publications, tools and evidence disseminated and uploaded online so they are easily accessible.

We would also expect to see some progress in setting the foundations for achieving **medium-term** outcomes for the next 5-10 years, including:

- More informed evidence-based delivery.
- Identification of successful interventions for upscaling.
- Successful interventions delivered at scale, making a difference to physical activity at national, regional, and local level.

Stakeholders recognise that in order to make physical activity an easy and normal choice in every community we need to understand which activities and interventions work, in which contexts and for which target groups. Actions to increase the understanding of evidence, improve awareness and skills in evaluation, and to strengthen collaboration (between commissioners, providers, researchers, and

⁴⁰ Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf

practitioners) are also reflected in national policy documents.⁴¹ The importance of the moving at scale domain is also acknowledged by national and local stakeholders who described that most people know about the need to collect data to show outcomes and impact from interventions.

“In terms of moving at scale, it’s a useful framework and structure, in thinking about how we evaluate, how we can transfer learning, and how you scale things up.” (national stakeholder).

“Most people are aware that you need to have data, you need to evaluate it and capture it, and to know whether what you’re doing is worthwhile because good intentions aren’t necessarily enough, we need to know that what you’re actually doing is working.” (national stakeholder).

6.1.1 Measuring physical activity nationally and locally

Monitoring and measuring change are important for understanding which activities and interventions work, in which circumstances and with which target groups. Stakeholders described that individual initiatives at national and local level include measurement of outcomes. For example, the Cycling and Walking Infrastructure Strategy sets targets for increasing overall rates of walking and cycling across the population and includes specific outcomes for various schemes, such as recording the number of people participating in events, and numbers of children taking part in Bikeability training.

The Active Lives Survey is seen to be useful in not only identifying whether activity levels have increased but also capturing insight into people’s capabilities, opportunities and motivations for being active. Stakeholders argued that the Survey provides useful data of activity rates by different target groups which helps to develop targeted interventions.

“There’s a lot more intelligence ... Active Lives Survey which was originally looking at adults now includes more understanding of the attitudes and behaviours of young people and children, and more detail of adults – before it just looked at participation rates but now it’s using the COM-B model so looking at people’s capabilities, opportunities, and motivations to be more active.” (national stakeholder).

“At the population level these surveys produce sufficient data but they’re not an objective measure, it’s still very much based on self-reporting, and self-reporting will always differ depending on what people hear the week they were being asked, so it’s very much reactive rather than what they really do.” (national stakeholder).

There was a general view among stakeholders that often the qualitative insight gathered from interventions and activities is not recognised and this is particularly the case for NICE guidelines which were felt to be limited in capturing all the qualitative insight. The causal relationship between interventions and the outcomes they produce was described as an area that needs to be developed in order to improve understanding about ‘what caused what’ with a move away from developing Randomised Control Trials (RCT), as the only means for assessing this. There is an opportunity for action for PHE and partners to encourage wider collection and usage of qualitative evidence to inform national guidance. Qualitative data and its usefulness could also be incorporated into a protocol that shares evidence on what works in the local context.

⁴¹ Appear in 20 (51%) of the 39 national policies reviewed.

“NICE guidelines play a very valuable role and we refer to them, but I think there is a lot of other qualitative research that gets missed, because of the very stringent rules they go by. They need to be more pragmatic about what the community is telling you.” (national stakeholder).

“What’s missing is understanding causal relationships between what’s been done and what outcomes are being produced ... no one is making any sort of models that they can test. If it’s all mapped out well then you can do this at population level. The worry is that all this local level stuff might produce a change but we still won’t know what had the impact, it may well be that a multi-faceted intervention was effective but we won’t really know that, unless they map it out causally and test the assumptions of the model, there’s too much emphasis on RCT and you can’t do this with physical activity, but a lot of people are stuck in the idea that you can only really determine causality from RCTs.” (national stakeholder).

At the local level, the EAED framework states that the “*local health and wellbeing boards are pivotal to developing and delivering the partnership actions required to shift society forward*”. The importance of data and measuring impacts is mentioned in approximately 2 in 5 local Health and Wellbeing Board strategies; however, no specific targets to increase physical activity at scale are mentioned in the 27 CCG plans reviewed. There are positive examples of local area physical activity strategies setting their own local targets. For example, in 2017 Essex set the target of getting 1 million people active by 2021 which was supported by the 12 local councils and two unitary authorities in Greater Essex who developed localised plans to collaboratively reach this target. The vision in the physical activity strategy in Dorset includes participation measurements and targets for different interventions delivered by Active Dorset programmes such as: targeting 750 inactive parents every year, and targeting 500 people living with a long-term condition every year, measured through participation rates. To ensure buy in across sectors these strategies were developed collaboratively across different partners, which also helps share out the responsibility of meeting and measuring these local targets. More work is needed with CCGs to ensure they incorporate physical activity as a key priority within their plans and to encourage them to work collaboratively with local authorities to achieve local physical activity targets.

Stakeholders noted that most local initiatives include data gathering and evaluation of activities but that there are still gaps in building simple evaluation questionnaires into some programmes of work. There was general agreement among stakeholders that there needs to be a consistent approach to evaluation for *all* initiatives that have outcomes to increase physical activity.

“There are pockets of brilliance going on across the sector, but it’s a very disparate sector, so you’ve got local authorities, private operators, one man bands, leisure clubs, national governing bodies, and local clubs, and measuring this at scale is difficult and data is poor.” (national stakeholder).

The Sport England physical activity evaluation framework⁴² is a useful resource for monitoring physical activity interventions at individual and group level and could be used to capture data for physical activity interventions. However, there was limited reference to the framework among stakeholders which points to the importance of creating awareness about the tools and resources available and the need for embedding these within physical activity interventions from the outset.

⁴² Available at: <https://evaluationframework.sportengland.org/>

6.1.2 Identifying what works and developing the evidence base

Identifying what interventions and activities work to increase physical activity levels is important for understanding which can be upscaled to increase activity at the population level. There is consensus among national and local stakeholders that there is still limited understanding about what works to get people more active – just under a third (30%) of survey respondents felt that “there is good understanding about the interventions that work and can be scaled up”. There is, however, greater understanding around the importance of professionals in different sectors and the role they can play in making every contact count and the need to take a whole system approach to increasing physical activity.

There was suggestion among stakeholders around the need to take a systems-based approach or ‘Active Systems’ approach as articulated in the Global Action Plan for Physical Activity, because it is only through having the right systems (e.g. environment, professional support, partnership, information and awareness) that effective actions can be implemented. Having a more informed understanding of local systems (e.g. environment, professional support, partnership, information and awareness, social attitudes) and how they come together will help address system blockages. Emphasis should be placed on understanding that increasing physical activity rates is not only about upscaling activity but is equally about ways of working and the need to mobilise the right systems and people to address local needs. Thus, transferring interventions that have worked elsewhere will not be successful if the needs of the target area are not understood or addressed or if there is not sufficient buy in from the right systems, so in order to upscale successful interventions we need to take a bottom up approach to understand what works in the local context and the key facilitators that enabled success. PHE and partners could consider further research into the importance of developing the ‘right systems’ in order to facilitate an increase in physical activity levels, as outlined in the Global Action Plan for Physical Activity (e.g. environment, professional support, partnership, information and awareness, social attitudes).

“We don’t know what works. I don’t think we’ve quite got there with the aggregation of what types of activities we should be doing. It’s not quite as simple as that, if it was, we would have cracked it by now. There’s a little bit more acceptance around how things are being delivered rather than what is being delivered. The importance of the workforce, understanding the audience you’re trying to engage with and appreciation around a whole system working.” (national stakeholder).

“I think we’re very much still learning and lacking the measures to know what good candidates for scaling are. Really good ideas often scale of their own accord without needing force.”

Sport England’s Local Delivery Pilot (LDP) programme was mentioned by national and local level stakeholders and is believed to be providing useful insight into identifying what works to get people more active. Understanding different target groups and the sensitivities that need to be considered when promoting physical activity and disseminating knowledge and evaluation of activities is a key part of the LDPs. A key facilitator of being able to move at scale commonly cited is collaboration, and there are positive examples of partnership working, particularly in LDP areas.

“It’s too early to say what works and that’s why Sport England are doing these 12 pilots, in essence they recognise that inactivity is rising and it is very brave of them to say that we need to do something different. I don’t think we do know the answer yet, admitting that is a huge thing, the more that people are trying to claim success

when the figures are going the wrong way is unhelpful, and having the spirit of being able to admit that this is difficult and complex ... and it's everyone's business to resolve this."

To be able to identify what works there is also a need to be braver about what does not work, and to learn from interventions that do not work rather than viewing them as failures and *"forgetting about them"*. There needs to be a shift towards not only sharing what works but disseminating information about activities and interventions that have not worked. The LDPs are recognised as taking a brave step by allowing the time to build relationships and test out ideas without the fear of failure.

"There needs to be a change in approach which is a cultural thing, we need to be open to failing and recognise when we fail, what we can learn from that. We need to be open to innovation and if it doesn't work out it doesn't work out and it's not the end of the world; there should be a collation of learning that should inform future practice. There is a culture of not wanting to fail, so we avoid anything that could potentially be a challenge, but then we don't learn effectively from this and it becomes a vicious circle, so there's a need to look at the approach we take to do things more innovatively – so then we can replicate or scale it up if it does work."

"Sharing information about what hasn't worked so well and looking at why things didn't work. There's so much going on and there's real value in talking about that, and how different places are doing things."

Stakeholders expressed frustration that although dialogue between different sectors has increased, the evidence base around the benefits of physical activity for different agendas and audiences is still limited. For example, there is still a need to build the evidence base around the costs and benefits of being physically active such as savings to the NHS or to social care, or the benefits of increasing activity to 30 minutes a week or the impact of increasing activity levels from 30 minutes a week to 150 minutes a week.

"The dialogue has increased but the evidence base isn't as robust in terms of its contribution to tackling obesity and both policy makers and media focus on the obesity crisis rather than the inactivity crisis."

"There is a lot of evidence out there that is good and robust but there are definitely some areas where the evidence base could be stronger, particularly around articulating the full range of benefits of being physically active ... if we get someone who is active less than 30 minutes a week up to the next category of fairly active, what savings will that have for the NHS or social care etc. and then if we can get someone from fairly active to active, then what benefits will that have?"

6.2 Challenges and success factors

Stakeholders reported several challenges in being able to increase physical activity at scale, as well as suggestions and examples for how these can be overcome:

- **Detailed local area data** – Local stakeholders suggested that it would be useful to have local area data on key target groups, joining together data from different sources such as the Active Lives Survey and public health data, for example on obesity and prevalence of CVD. This would help stakeholders locally understand inactivity rates by area, pockets of deprivation, which target groups are least active so that local areas can take a targeted approach.
- **Joined up approach to data gathering** – a common challenge mentioned was around the lack of a joined-up approach to gathering outcomes data and

information on all the different physical activity interventions. Stakeholders suggested that navigating all the different pockets of activity by different providers, and having one central place where all this data comes together in order to assess local progress would be useful. This points to the importance of creating awareness of PHE's Fingertips tool that provides information and local data on physical activity rates.⁴³

- **Collaboration is key** – collaboration between stakeholders in different sectors has been key for developing local physical activity targets, articulated in local physical activity strategies. However, there is a need to work more closely with researchers to ensure effective monitoring and data gathering before, during and after interventions take place.
- **Increasing physical activity through other agendas** – there is huge potential for increasing physical activity by linking it to other agendas including sustainable transport, public health, air quality and climate change. The challenge often reported was that more needs to be done to continue to present the evidence for this; for example, in relation to the benefits of prevention rather than cure and potential savings to health services.

In summary, there is evidence of local and national initiatives that monitor and gather data on physical activity interventions, though this review has identified opportunities for developing a robust evaluation and monitoring tool that will enable programmes to consistently gather and assess outcomes. For example, this might include short questionnaires (including baseline, interim, final and six-month follow up questionnaires). Stakeholders generally report that there is still limited understanding about the interventions that work and suggest the need for a systems-based approach that understands the key systems that need to be in place before interventions can be replicated.

Moving at scale: opportunities for action over the next five years include:

20. PHE, Sport England and local partners could continue to build a protocol for understanding and sharing what works in the local context to get inactive people active. This could include detail on methodologies, such as the benefits of qualitative evidence, key enablers and the reasons for success / failure. This resource could be hosted on an easily accessible webpage to support local areas to share their learning across the country.
21. Action is needed to promote and encourage more evaluation among professionals from sport and leisure, schools, health, transport and planning. An example tool could be Sport England's physical activity evaluation toolkit. Promotion could include a what, why and how the benefit of capturing evidence on physical activity participation across sectors is useful. This is to ensure consistency and standardisation, along with demonstrating how it will allow change and impact to be measured at individual, programme, organisational and population level.
22. PHE and partners could consider further research into the importance of developing the 'right systems' in order to facilitate an increase in physical activity levels and to narrow the inequalities gap, as outlined in the Global Action Plan for Physical Activity (e.g. environment, professional support, partnership, information and awareness, social attitudes).

⁴³ Available at: <https://fingertips.phe.org.uk/profile/physical-activity>

7 Opportunities for the next five years

This chapter draws together opportunities for action over the next five years, building on the findings of the research and analysis and the views expressed by stakeholders. The actions below include cross-cutting opportunities for advancing the physical activity agenda (including the integration of physical activity in strategies and policies, collaboration and partnership working, and resources) as well as opportunities for action in each of the four EAED domains.

7.1 Overall opportunities for the future

7.1.1 Integration of physical activity in strategies and policies

Progress towards increasing physical activity levels depends on a supportive policy environment at national and local level. It is important that a wide range of health, education, planning, transport, environmental and social policies and strategies are supportive of physical activity and help to provide an environment to enable people to include it in their everyday lives.

The integration of physical activity into strategies and policies at national and local level is recognised as an important priority by national and local stakeholders. 94% of the 111 survey respondents agreed that “there is a need to embed physical activity more in **national** plans and strategies” and no respondent disagreed with this statement. Stakeholders described that physical activity needs to be integrated in *all* strategies. Specific strategies mentioned include the National Planning Policy Framework, the NHS Long Term Plan and the Prevention Green Paper, and stakeholders suggested that physical activity needs to feature more within the Department for Transport and Department for Environment, Food and Rural Affairs strategies (for example, the 25 Year Plan to Improve the Environment).

There is also a strong level of agreement (94%) that “there is a need to embed more physical activity in **local** plans and strategies” in the stakeholder survey. Several stakeholders highlight that more needs to be done to support active travel and environments conducive to an active lifestyle at the local level.

“In EVERY plan and strategy physical activity needs to feature if we are to deliver system change.” (Survey respondent)

“I think there is better evidence of alignment at a local level than at a national level.” (Survey respondent)

There is frustration among stakeholders about the difficulty in navigating policy documents from different government departments and arms-length bodies. There is general agreement among stakeholders of the need to have a more joined up approach across national policies and strategies to help local authorities and professionals understand the policy landscape and the areas where they should focus (for example, the EAED framework, Sporting Futures and Towards an Active Nation). This points to the importance of mapping the different policies and strategies to provide clarity on the vision and direction for increasing physical activity.

Opportunities for action over the next five years include:

1. PHE and partners could progress the physical activity agenda and help to address physical activity inequalities by advocating for greater prominence of physical activity within government policies and strategies. This could include

- supporting the need for clearer signposting to relevant physical activity strategies and plans. These government policies and strategies include those created by the Department for Transport, Department of Health and Social Care (NHS Long Term Plan), the Ministry for Housing, Communities and Local Government (National Planning Policy Framework), and the Department of Education. To further this policy agenda, a working group could be established consisting of PHE, Sport England, professional bodies and national charities, such as the Royal Town Planning Institute, Academy of Medical Royal Colleges, Royal College of General Practitioners, Sustrans and the Richmond Group.
2. Local policy makers could be supported by developing guidance on national policy requirements and the implications for local level policy and strategies. A guide on integrating physical activity and addressing inequalities within local Health and Wellbeing Board strategies and/or Clinical Commissioning Group plans could include the benefits of physical activity and the potential that integrating physical activity within these plans can have on increasing activity levels. This guide needs to be supported by advocates who understand the local context, can develop relationships and can link physical activity to local priorities.
 3. New health structures, such as Integrated Care Systems, need to be supported to work with NHS England and the Local Government Association. This is so they can support Clinical Commissioning Groups and Health and Wellbeing Boards to ensure that every updated and new Plan / Strategy gives prominence to physical activity and underrepresented groups within the prevention agenda.

7.1.2 Guidance on collaboration and partnership working

A vision for collaboration and partnership working to increase physical activity is clearly articulated across a range of national and international policy documents ranging from the World Health Organisation Global Action Plan on Physical Activity through to the Government's intention to increase cross-departmental working articulated in Sporting Future. Different partners and organisations need to work together to increase physical activity by ensuring that resources are used efficiently, efforts are not duplicated, expertise and experience are combined effectively and progress is made towards a whole system approach where physical activity is on everyone's agenda.

The need for more effective collaboration and partnership working is a strong future priority, with 72% of survey respondents agreeing that "we need to improve partnerships across different sectors to really make a difference in increasing physical activity". There is also a need for better understanding of actions to increase physical activity across different sectors and partners - 83% of survey respondents agreed that "we need to have better information about who is doing what to promote physical activity locally and nationally".

Most survey respondents (92%) also agreed that "more needs to be done to raise awareness of the importance of physical activity for other agendas such as climate change, economic development and social care". Stakeholders argued that support to increase physical activity is needed across the whole system including health, planning and transport, environment and education sectors, and within both national and local government. As outlined in the discussions above, stakeholders feel that clearer and more consistent messaging about the health impacts of physical inactivity, and the benefits of being active are needed to substantially push the agenda forward across different sectors. There were suggestions for tailored one-page summaries for different agendas and sectors that would also be useful to mobilise partners.

“A whole sector recognition that we need to build/design 'moving' back into our daily lives, rather than thinking that attendance at a specific amount of activities per week is going to shift the inactive to become active.”

A recurring theme among stakeholders is the need to make better use of social media to help increase physical activity at scale, and this might also help to form partnerships. The social media presence of organisations such as Sport England and PHE is believed to be important for building physical activity into people's consciousness. This social media presence should also highlight the partnerships between PHE, Sport England and other organisations and their joint programmes of work which will filter through to local level partnerships.

Opportunities for action over the next five years include:

4. Research could be undertaken to map all of the national and local partners that need to be engaged to get physical activity on the agenda (including partners relevant to addressing inequalities in physical activity). This could be followed by guidance material on developing effective partnerships that are committed to addressing physical inactivity. The guidance could include a map of PHE and its partnerships, and best practice approaches for engaging key target groups, such as Clinical Commissioning Groups and transport / planning professionals. This could encourage a shared agenda across sectors both nationally and locally, highlighting key stakeholder gaps that will require a concerted effort by local advocates in order to address inactivity.
5. Integrated Care Systems and Local Health and Wellbeing Boards could work with Active Partnerships to develop physical activity professional networks to work towards a shared vision for increasing physical activity across sectors and for key target groups. These networks could also include community representation to assist with understanding the barriers and motivations to physical activity for those least active.

7.1.3 Understanding available resources for the scale of the challenge

Having the right resources in place across different sectors is pivotal for increasing physical activity across the population. This is not necessarily about new investment but about using the available resources from different sectors more efficiently.

A gap identified in the document and policy review and reiterated by stakeholders is around the need to understand physical activity expenditure and the availability of financial and other resources, and how these compare with needs at the local level. Clear data on local physical activity spend across different sectors, partners and organisations will help in understanding the gaps in provision and target groups, and will help to assess progress and activity rates in the short and long-term.

Although stakeholders argued that an increase in resources would allow more work to be done to increase physical activity, there was also a feeling that investment and funding need to be allocated over longer periods of time because interventions and activities are often funded for a short period (e.g. 12 weeks) – this was believed to inhibit progress for key target groups which are already challenging to engage.

There is a general recognition among stakeholders that more progress is needed to address inequalities and that a more targeted, well thought-through approach is required to increase activity levels of those inactive including women, ethnic minorities, disabled people, people with long-term health conditions, people from lower socioeconomic backgrounds, older people, as well as children and young people, and people who may be isolated.

Opportunities for action over the next five years include:

6. Completing local physical activity needs assessments in collaboration with Active Partnerships could help to identify key target groups, pockets of deprivation, local area needs and financial/human resources for physical activity across different sectors. This could form an important step in aligning the priorities and focus across sectors (e.g. through connecting physical activity to climate change, transport, economic development), understanding what is needed to increase physical activity levels locally, assisting with the planning and commissioning of services, and identifying areas for joint commissioning.

7.1.4 Achieving an active society

In order to create an active society where physical activity is the norm, a whole systems approach is required to change attitudes towards physical activity. This means that action from all sectors is needed, including engagement from across areas of education, transport and planning, health and social care, government and the private sector. Evidence shows positive action to increase physical activity across different sectors, though some stakeholders report that progress has been limited and more could be done to increase physical activity within settings such as schools and workplaces. Over two thirds (70%) of survey respondents agreed that “physical activity campaigns will only be effective if they are linked with professionals across different sectors” who can advocate and push the physical activity agenda forward within their sectors. This highlights the interconnectivity of all EAED domains and the importance of action across all domains in order to achieve an active society.

Physical activity campaigns need to be aligned with opportunities to get active to ensure that the long-term impact of campaigns and interventions is sustained. Localised campaigns such as ‘This Girl Can’, ‘One You’ and ‘Change4Life’ need to be co-ordinated with signposting people to activities and interventions where they can be active. Such campaigns need to be designed with the key target groups to really understand barriers and motivations and how these can be overcome to provide realistic physical activity opportunities:

“Campaigns - are they limited in their success? We will be more successful in increasing physical activity if we co-create and collaborate and involve those we seek to engage and understand their barriers and motivations. The language of campaigns needs to apply behavioural insights and give the right messages for those that are inactive.”

Opportunities for action over the next five years include:

7. There is an opportunity for PHE and partners to build on the work undertaken by Active Partnerships in collaboration with large corporations and employers to develop targeted interventions/schemes, such as ‘active workplaces’. These require organisations to make a pledge towards encouraging physical activity promotion to their employees and the public.
8. There is a need to capitalise on the benefits of technology and use it to connect people with opportunities to be physically active, including by targeting inactive groups. For example, this could include increased promotion and usage of Sport England’s Open Data work to boost physical activity.
9. Future campaigns need to take a targeted approach to focus on those most inactive. This should include advanced planning, incorporating behavioural insight, engagement with professionals and providers at all levels with clear calls to action for professionals, and co-ordinating with other interventions, events and

opportunities to engage in physical activity. There is a cross-cutting action across domain areas for more market research to understand the needs and barriers of inactive groups. This can inform societal campaigns, actions to create the right environments, and information and guidance for professionals.

7.1.5 Developing active environments

In order to increase physical activity, people need to feel that being physically active is the 'easy choice'. The built and natural environments need to be conducive to active living to support people to be active. This includes behaviour change activities and interventions (such as active travel initiatives) which are accompanied by measures to ensure that environments support physical activity, for example through changes in infrastructure and the design of new developments.

Many stakeholders hold the view that to really increase physical activity levels across the population, environments need to be more conducive to physical activity. 92% of survey respondents agreed that "more needs to be done to integrate physical activity into new developments". Despite positive action in improving opportunities for cycling and walking, infrastructure and planning is still felt to be broadly unaccommodating to active travel and active lifestyles. Stakeholders suggest that providing easy options for being physically active needs to be a requirement within planning regulations because, in order to see real change, *"something drastic is needed"*. The Active Design (2015) document appears to be filling a gap in providing a resource for planners to make them more aware of the Active Design principles but 87% of survey respondents stated that "we need to improve evidence and awareness of what works in active design". Efforts over the next five years need to focus on creating more awareness of these principles and improving the evidence of what works in active design – this can then be used to facilitate stronger links with planners nationally and locally.

"Physical activity should be part of development policies and local plans just the same as waste storage and parking."

"Planning authorities must take active environments seriously. A minimum spend per head should be introduced for cycling and walking infrastructure."

There is also consensus around the importance of learning from the substantial changes made in other European countries including Denmark, Norway and the Netherlands and finding ways of implementing some of the changes they made into our infrastructure and systems.

Opportunities for action over the next five years include:

10. PHE and Sport England are encouraged to continue to promote the Active Design principles to MHCLG and professional bodies. This is to ensure it remains on the radar of planners, designers and developers, including the Royal Town Planning Institute, Royal Institution of Chartered Surveyors, Royal Institute of British Architects, Chartered Institute of Housing, Chartered Institution of Highways and Transportation, National Housing Building Council, and Home Builders Federation. There is an opportunity for partners to promote this agenda and advise on these principles for new development and existing infrastructure – this links back to the need for creating the right policy environment for action.
11. Efforts are needed to work with planners and developers to collate and share case studies regarding the practical application of active design principles. There is an opportunity for these case studies to be hosted on PHE / Sport England

websites as well as sources familiar to planners/developers, to show the importance of adopting the principles.

12. The production of active spaces guidance designed to improve physical activity rates and address health inequalities would be useful. The guidance could include making green and blue space more accessible and safer (in partnership with green and blue infrastructure networks), from providing adequate lighting to having facilities (toilets, benches, ramps) to support the public to be physically active. This guidance could also include active travel considerations into the design of settlements.

7.1.6 Mobilising professionals

Progress in increasing physical activity rates requires expertise and leadership among professionals to embed physical activity into their daily interactions with the public. Taking advantage of the contact professionals have with the public and making the most of 'making every contact count' will be pivotal for promoting physical activity. This includes creating physical activity advocates in the health, education, planning, transport, and environment sectors.

Stakeholders suggest that building on the progress of PHE's work of the Moving Professionals programme to upskill health professionals and creating sector advocates is a powerful and focused domain to target inactive people and the older population, but this requires financial and resource support to see changes in physical activity rates across different sectors (for example the transport, planning, and environment sectors). Over two thirds (72%) of survey respondents agreed that "more needs to be done to understand the workforces that need to be engaged to create networks of advocates". Whilst progress in this domain area is particularly strong in the health sector, many (92%) survey respondents felt that "more needs to be done to engage the health and social care sector in promoting the physical activity message" and stronger partnerships with the NHS and Clinical Commissioning Groups will ensure a more efficient and joined-up approach to targeting inactive people. There was general agreement among stakeholders that "physical activity advocates should be encouraged in all sectors including education, transport and planning" (95% agreement in the stakeholder survey).

Key to engaging inactive groups is having sector advocates that resonate with key target groups. Some stakeholders suggest that a whole system review is needed to better understand where there are gaps in recruitment of sector advocates. The benefits of physical activity also need to be communicated more effectively using tailored messages to different sectors.

"It is important that the people working in this area look like the people we want to engage."

"People need to understand why people should be active before they can be expected to embed physical activity messaging in their daily interactions with people. They then need support on how to have the conversation."

Opportunities for action over the next five years include:

13. PHE and Sport England could build on the success of the Moving Healthcare Professionals programme by developing **sector specific** guidance on developing physical activity champions in the planning, design and transport sectors. There is an opportunity for PHE to develop training programmes and events collaboratively with the DfT and professional bodies, including the Royal Town Planning Institute. This could help promote the importance of sectoral

- advocates for pushing the physical activity agenda forward and focusing on the most inactive groups.
14. Easily understandable guidance is needed on how physical activity is relevant to the agendas of professionals working in transport, planning, design, schools, and workplaces. This could include the need to address inequalities in physical activity through adopting targeted approaches. This guidance needs to communicate the message that physical activity *is a priority* rather than an “*add-on*” for national and local partners (for example, by citing its economic, physical and mental health, environmental and community benefits).
 15. There is an opportunity for Integrated Care Systems and new health structures to jointly deliver on local physical activity strategies and plans, addressing inequality gaps collaboratively. For example, this could include developing data summaries including rates of inactivity and associated costs across these footprints.
 16. Exploratory research jointly commissioned by health and sport organisations is needed to further understand the links that can be made between the physical activity workforce and interventions in primary and secondary care - this will also support the social prescribing agenda and the need to focus on groups that are most inactive.
 17. Efforts to encourage collaboration between social prescribing link workers, sport and leisure, and transport is needed. This has the potential to increase physical activity levels for inactive groups, such as those with long term conditions. For example, including social prescribing link workers on local physical activity networks could help harness initial discussions to jointly deliver on local plans and targets.
 18. PHE and Sport England could explore the work of Clinical Senates. Understanding how they operate and what opportunities are available for collaboration could be useful for sustaining physical activity champions within primary and secondary care.
 19. PHE and partners could undertake research to build on the work of Active Partnerships in mapping the professional workforce across the health, social care, sport, planning, design, transport, education and environment sectors, to identify and understand the key stakeholders that need to be engaged. This will also help to understand the professionals engaged thus far and identify what more is needed for engagement across these sectors. An example could be developing guidance and offering training to professionals in the transport and planning sectors.

7.1.7 Moving at scale

In order to achieve large-scale change and to enhance the activity levels of around a quarter of the population that are not achieving at least 30 minutes of physical activity per week, we need to understand what interventions work and for which target groups. Progress in this domain requires the monitoring of progress and the evaluation of impact of interventions in order to build the evidence base of what works.

Increasing physical activity levels across the population and having positive measurable change happening at every level of society will be seen over many years. There is a general agreement among stakeholders that, in order to achieve this level of change, there needs to be more consistent and ‘meaningful’ data gathering across different types of interventions, so that every activity can collect simple data which can consistently be reported – this needs to happen before we can move at scale. 82% of survey respondents agreed that we need more explicit

and consistent monitoring and evaluation of physical activity interventions. Developing data gathering protocols will help to develop the evidence base that will enable us to have a clearer understanding of what works. Utilising and making sense of qualitative data and methodologies also needs to be incorporated into data gathering protocols to better understand behaviour change.

Many of the survey respondents (86%) agreed that case studies including activities, outcomes and baseline measurements need to be promoted and widely shared. This will be important in identifying interventions that work, are cost effective and can be scaled up. The findings from the Local Delivery Pilots will also help understand key target groups, challenges and needs, and need to be actively shared across different sectors and organisations.

A more informed understanding of local systems (e.g. environment, professional support, partnership, information and awareness, social attitudes) and how they come together is needed. Transferring interventions that have worked elsewhere will not be successful if the needs of the target area are not understood or addressed. In order to upscale successful interventions there needs to be an understanding around what works in the local context including the need to:

- Understand the local context of projects and how the local systems work.
- Understand why and how projects were successful or not.
- Understand the conditions needed to make them work elsewhere or at a larger scale.

Opportunities for action over the next five years:

20. PHE, Sport England and local partners could continue to build a protocol for understanding and sharing what works in the local context to get inactive people active. This could include detail on methodologies, such as the benefits of qualitative evidence, key enablers and the reasons for success / failure. This resource could be hosted on an easily accessible webpage to support local areas to share their learning across the country.
21. Action is needed to promote and encourage more evaluation among professionals from sport and leisure, schools, health, transport and planning. An example tool could be Sport England's physical activity evaluation toolkit. Promotion could include a what, why and how the benefit of capturing evidence on physical activity participation across sectors is useful. This is to ensure consistency and standardisation, along with demonstrating how it will allow change and impact to be measured at individual, programme, organisational and population level.
22. PHE and partners could consider further research into the importance of developing the 'right systems' in order to facilitate an increase in physical activity levels and to narrow the inequalities gap, as outlined in the Global Action Plan for Physical Activity (e.g. environment, professional support, partnership, information and awareness, social attitudes).

ANNEXES

Annex 1 Research questions

Evaluation Question	Judgement criteria	Data sources/ research tools
Resources		
<p>What financial and human resources are being devoted nationally and locally to developing expertise and leadership among professionals across different sectors (e.g. within healthcare, education, sport and leisure, town and urban planners)?</p> <p>What resources are devoted to scaling up interventions that work across the three domain areas?</p> <p>Are there specific resources allocated to inactive groups?</p>	<p>Budgets/expenditure/ staffing on activities in Moving Professionals theme– PHE, national and local partners</p> <p>Budgets/expenditure/ staffing on activities in Moving at Scale theme– PHE, national and local partners</p>	<p>Document and data review for strategic change: Review of 159 local Health and Wellbeing Board strategies, PHE data, national policies, strategies, programmes and campaigns, public sector and VCSE commissioning and physical activity providers landscape and models of delivery.</p> <p>National stakeholder interviews: across different national government departments, arm's length bodies, national charities, SLF/PA organisations, medical and healthcare organisations, and public health national organisations.</p>
<p>Are the available resources proportionate to the scale of the challenge? Are they being targeted well?</p>	<p>Scale of resources allocated relative to challenge being addressed (including number of professionals in target groups)</p> <p>Views of stakeholders and PHE regarding adequacy of resources relative to scale of challenge</p>	<p>Local case studies: including professionals from Health and Wellbeing Boards, schools, healthcare, sport and leisure and town/urban planners.</p>
<p>What are the updates since 2017 in the resources allocated to increasing physical activity interventions to create an active society and active environments?</p>		
<p>Is there evidence of joint commissioning and partnership working?</p>	<p>Examples of joint commissioning and partnership working in MP and MaS themes</p>	
Activities		
<p>What is being done nationally and locally to provide guidance and educational resources for professionals?</p>	<p>List and details of guidance documents and resources for different types of professionals relating to physical activity</p>	<p>Document and data review for strategic change.</p>

	Coverage of these resources with respect to target groups and identified needs	National stakeholder interviews. Local case studies.
What action is taking place nationally and locally by professionals to increase physical activity? Are these targeting the nine protected characteristic areas (with low levels of activity)?	Examples of action to increase physical activity being delivered by different types of professionals Degree to which this action targets or covers the nine protected characteristic areas	Stakeholder workshops. Public consultation survey.
Are physical activity champions and networks of expertise being developed across different sectors (e.g. health, social care and education)?	Examples of action to develop champions and networks, and coverage across sectors	
What action is taking place on engaging professionals across the four target areas (education, sport and leisure, planning and design sector and health and social care)?	Examples of action to engage professionals, and coverage, across four target areas	
What action is taking place to create an active society and developing environments that are more conducive to active living?	Examples of action to increase physical activity (active society and active environments)	
What action is taking place to move at scale across the three areas of action (increase in understanding the evidence; improving awareness and skills in evaluation; and collaboration between commissioners, providers, researchers, and practitioners to scale up)?	Examples of action in three priority areas identified in MaS theme, and extent of action compared to identified objectives	
Outputs		
What have been the outputs in relation to: the number of Champions recruited; the number of professionals trained; guidance materials and tools produced and distributed? Which types of professionals have been engaged and how	Documented evidence of outputs (including numbers of champions, training delivered, guidance developed) Comparison of outputs to targets (where applicable) Distribution of outputs between target professional groups	Document and data review for strategic change. National stakeholder interviews. Local case studies. Stakeholder workshops.

have these outputs differed across the four target areas?		
What have been the outputs in relation to: the activities and interventions to increase physical activity; and creating environments that are more conducive to active living?	Documented evidence of outputs (numbers of people engaged in initiatives and interventions) Comparison of outputs to targets (where applicable)	
What have been the measurable outputs for knowledge development and tools and their uptake? What have been the results of evaluating activities, collaboration events and partnership working?	Records and examples of outputs relating to knowledge, evaluation, dissemination, upscaling	
What difference has the EAED framework made to the delivery of outputs nationally and locally?	Comparison of relevant activity levels and outputs before and after EAED Stakeholder views on added value of EAED with respect to outputs	
Outcomes		
What has been the overall strategic influence of the EAED framework as a whole in increasing physical activity?	References in international, national and local policies, strategies and guidance that align to the EAED framework	Document and data review for strategic change. National stakeholder interviews. Local case studies.
What have been the achievements in creating a more active society and developing active environments?	Stakeholder views on progress in increasing physical activities over the last five years	Document and data review for strategic change. National stakeholder interviews. Local case studies.
Are national policies and programmes consistent with the EAED framework in terms of developing expertise and leadership within professionals? (physical activity champions?)	References in national policies and programmes to role of professionals in physical activity, and degree of alignment with EAED	Document and data review for strategic change.
Do national and local policies/ programmes identify successful	References in national and local policy and programme	

<p>practice? How do these respond to scaling up evidence based practice (e.g. NICE guidelines) to increase physical activity across the three domain areas?</p>	<p>documents to evidence and successful practice with respect to physical activity, and how to apply it and scale it up</p>	<p>Document and data review for strategic change.</p> <p>National stakeholder interviews.</p> <p>Local case studies.</p>
<p>Has there been an increase in in motivation and confidence of professionals? Have their skills, knowledge and understanding of what works increased? How do we measure this?</p>	<p>Views of stakeholders and professionals regarding impact of EAED activities on motivation and confidence</p>	<p>Co-production of strategic outcomes.</p> <p>Public consultation survey.</p>
<p>Has there been an increase in knowledge and wider awareness of what works and what needs to change in practice?</p>	<p>References in policy and strategy documents to what works and what needs to change</p> <p>Views of stakeholders and practitioners about knowledge and awareness development</p>	
<p>How can we use this knowledge about the programmes and delivery models that work to increase physical activity at scale?</p>	<p>Documentary evidence about delivery models and opportunities for upscaling</p> <p>Views of stakeholders regarding delivery models and opportunities for upscaling</p>	
<p>What should be the priorities for implementation over the next five years?</p>	<p>Views of stakeholders and successful interventions that need to be upscaled and persistent challenges still to be addressed.</p>	<p>National stakeholder interviews.</p> <p>Local case studies.</p> <p>Co-production of strategic outcomes.</p> <p>Public consultation survey.</p>

Annex 2 Extraction criteria for Health and Wellbeing Board strategies and CCG plans

	Information	Example
Background information:	Reviewer	XXX
	Locality of Strategy	Darlington
	Health and Wellbeing Strategy Title	Darlington's Health and Wellbeing Plan
	Years of Strategy Implementation	2017-2022
	Date of Publication (if available)	2017
	Link to Health and Wellbeing Strategy	https://www.darlington.gov.uk/media/2636/darlington-health-and-wellbeing-plan-as-adopted-by-health-and-wellbeing-board-october-2017.pdf
	Physical activity is mentioned with regard to:	Increasing physical activity to improve public health
One of the main strategy priorities		-
As a key element of one or more strategic priorities		✓
Data / evidence on physical activity rates		-
Measuring impact		-
Specific actions to enhance physical activity rates		-
Additional notes		

Mentions actions relevant to the following domains:	Active society / creating a social movement	-
	Moving professionals / activating networks of expertise	-
	Active environments / creating the right spaces	✓
	Specific targets to increase physical activity at scale?	-
	Additional notes	
The following campaigns are mentioned:	Change4Life	-
	One You	-
	This Girl Can	-
	School Games	-
	Workplace Physical Activity Challenge	-
	Making Every Contact Count	-
	The Daily Mile	-
	Other relevant campaigns	-
	Additional notes	

Annex 3 Extraction criteria for policy and strategy documents

Resources	Are financial and human resources being devoted to developing expertise and leadership among professionals across different sectors (e.g. within healthcare, education, sport and leisure, town and urban planners)?
	Are there specific resources allocated to inactive groups?
	Are there specific resources for expenditure on staffing/activities to mobilise professionals?
	Is there evidence of joint commissioning and partnership working to increase physical activity?
	Additional notes
Activities	Is there evidence of providing guidance and educational resources for professionals?
	Are there proposed actions to engage professionals across the four target areas (education, sport and leisure, ...)
	Are professionals in different sectors deemed an important catalyst for change in increasing physical activity?
	Are activities targeting the nine protected characteristic areas/is their importance mentioned?
	Is there emphasis on developing physical activity champions and networks of expertise across different sectors?
	Is increasing physical activity mentioned in relation to different actions by different types of professionals?
	Is action taking place to create an active society?
	Is action taking place to develop environments that are more conducive to active living?
	Are there actions to increase the understanding of evidence; improve awareness and skills in evaluation; and
Additional notes	
Outputs	Are there specific targets for: the number of Champions recruited; the number of professionals trained; guidance
	Are there specific targets for recruiting professionals across different target areas?
	Are there specific outputs for activities and interventions to increase physical activity?
	Are there specific outputs for activities and interventions to create active environments?
Additional notes	
Outcomes	Is the EAED framework mentioned in relation to increasing physical activity?
	Is there mention of achievements to create a more active society?
	Is there mention of achievements to develop active environments?
	Is there mention of achievements to develop expertise among professionals?
	Are successful practices/activities and evidence about delivery models and opportunities for upscaling identified?
	Is there mention of evidence based practice (e.g. NICE guidelines) to increase physical activity?
Additional notes	
Campaigns	Change4Life
	Physical Activity Clinical Champions
	One You
	This Girl Can
	School Games
	Workplace Physical Activity Challenge
	Making Every Contact Count
	Active Mile
	Other relevant campaigns
Additional notes	

Annex 4 National stakeholder interview topic guide

This is the topic guide for national stakeholder interviews. It should be used flexibly to explore the progress in increasing levels of physical activity and reducing inequalities in physical activity and is not a question-by-question guide. The aim of the interview is to explore actions, interventions and progress in increasing physical activity in relation to the following three domain areas of the EAED framework:

- **Moving Professionals** – developing expertise and leadership within professionals (across various sectors) and volunteer sectors to embed physical activity into the fabric of daily life through the development of clinical champions.
- **Active Society** – progress in changing the social ‘norm’ to make physical activity the expectation
- **Active Environments** - creating environments that support active lives

The interview should also explore the fourth element of the EAED framework:

- **Moving at Scale** – actions that have identified successful physical activity programmes to be up-scaled nationwide across the above three domains e.g. evaluation of activities, publications of tools/materials, collaboration and partnerships between researchers, commissioners, providers and practitioners.

Specifically, the interviews will explore stakeholder experiences and perspectives on:

- The process of delivery
- Achievements recorded to date
- Challenges, lessons learned and success factors
- Strategic actions to accelerate the scale and pace of impact of EAED over the next five years

Interviews will last around 40-60 minutes; will be semi-structured and recorded with consent. All interviewees will be informed of confidentiality and anonymity; no individuals will be identified, and all quotes used will be anonymised.

Interviewee’s background

- Confirm interviewee’s job title, role and responsibilities
- What is their involvement with increasing physical activity?

Resources

- Does your organisation have dedicated funding/staffing for physical activity interventions?
 - Nationally?
 - Locally?
 - Has there been any specific focus areas? (e.g. areas with high level of deprivation, minority groups, disabled, LGBT, older adults).
- Do you feel that these resources have been targeted well? Are they sufficient for the challenge?

Activities and interventions

- How is EAED helpful as a framework for guiding national and local policy and delivery to increase physical activity?

- Why/why not?
- What needs to happen to increase physical activity interventions/initiatives at scale?
- What progress has been made nationally and locally to increase physical activity over the last 4 years (EAED framework was published in 2014)?
 - What types of interventions, strategies and programmes have taken place to
 - develop an **active society** and **create environments** that are more conducive to active living?
 - How has this compared to your expectations?
 - What are the reasons for this?
 - How have interventions been aligned with NICE guidelines to increase physical activity?
- What progress has been made in developing **professionals** and volunteer physical activity champions to ensure physical activity is embedded into everyday life?
 - What types of interventions, strategies and programmes have taken place?
 - How has this compared to your expectations?
 - Have there been any specific challenges in relation to this?
- What progress is being made nationally and locally **to address inequalities in physical activity**?
 - Can you share 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?

Outputs

- What have been the outputs in relation to increasing physical activity more generally over the last 4 years (EAED framework was published in 2014)?
 - What types of outputs have been relevant to developing an **active society** and **creating environments** that are more conducive to active living? (what targets were set?)
- What have been the outputs in relation to: the number of Champions recruited; the number of **professionals** trained; guidance materials and tools produced and distributed?
 - Which types of professionals have been engaged and how have these outputs differed across the four target areas (sport & leisure, education, health and social care and town and urban planning)?
 - How have these activities, interventions and tools been measured?
- What have been the results of evaluating activities, collaboration events and partnership working?
- What difference has the EAED framework made to the delivery of outputs nationally and locally?

Outcomes and moving at scale

- Has there been an increase in people viewing physical activity **as the norm** and which outcomes demonstrate this?
 - What have the outcomes been from interventions and programmes designed to **create environments** that are more conducive to active living?
- Has there been an increase in motivation and confidence of **professionals** to drive up physical activity levels? Have their skills, knowledge and understanding of what works increased? How do we measure this?
- Has there been an increase in knowledge and wider awareness of what works and what needs to change in practice?
- How can we use this knowledge about the programmes and delivery models that work to create active societies and active environments to increase physical activity at **scale**?
- What needs to happen to **scale up** interventions that work:
 - In terms of resources?
 - Partnerships and collaboration?
 - Upskilling professionals' knowledge, understanding, confidence and motivation (any specific sectors that should form the focus for this, are there any sectors that are missing from the table in these discussions)?
 - Create wider awareness about the delivery models that work?
- What should be the priorities for the **next five years**?
 - In relation to active societies, creating active environments and moving professionals? What should be the focus?

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

Annex 5 Local case study topic guide

This is the topic guide for local case studies. It should be used flexibly to explore the progress in increasing levels of physical activity and reducing inequalities in physical activity at the local level and is not a question-by-question guide. The aim of the case study is to explore local actions, interventions and progress in increasing physical activity in relation to the following three domain areas of the EAED framework:

- **Moving Professionals** – developing expertise and leadership within professionals (across various sectors) and volunteer sectors to embed physical activity into the fabric of daily life through the development of clinical champions.
- **Active Society** – progress in changing the social ‘norm’ to make physical activity the expectation
- **Active Environments** - creating environments that support active lives

Case studies should also explore the fourth element of the EAED framework:

- **Moving at Scale** – actions that have identified successful physical activity programmes to be up-scaled nationwide across the above three domains e.g. evaluation of activities, publications of tools/materials, collaboration and partnerships between researchers, commissioners, providers and practitioners.

Specifically, the interviews will explore local stakeholder experiences and perspectives on:

- The process of delivery
- Achievements recorded to date
- Challenges, lessons learned and success factors
- Strategic actions to accelerate the scale and pace of impact of EAED over the next five years

Case studies will include a one day visit to the local areas and will include face-to-face/telephone interviews with:

- Health and social care professionals (including directors of PH)
- Local authority physical activity leads
- Teachers
- Workplaces:
 - sport professionals
 - faith based professionals
 - town and urban planners
- Specific initiatives targeting least active groups
- Voluntary sector organisations

There will be a degree of variety in the interviews depending on the role of stakeholders. This means that the topic guide is designed to be flexible; it provides a framework for the discussions and is not a question-by-question guide. All interviewees will be informed of confidentiality and anonymity; no individuals will be identified, and all quotes used will be anonymised.

Interviewee’s background

- Confirm interviewee’s job title, role and responsibilities
- What is their involvement with increasing physical activity?

Resources

- Does your local area have dedicated funding/staffing for physical activity interventions?
 - Are there any specific challenges or pockets of inactivity within your local area?
 - Has there been any specific focus areas? (e.g. areas with high level of deprivation, minority groups, disabled, LGBT, older adults).
- Do you feel that these resources have been targeted well? Are they sufficient for the challenge?

Activities and interventions

- How is EAED helpful as a framework for guiding local policy and delivery to increase physical activity?
 - Why/why not?
 - What needs to happen to increase physical activity interventions/initiatives at scale within your local area?
- What progress has been made locally to increase physical activity over the last 4 years (EAED framework was published in 2014)?
 - What types of interventions, strategies and programmes have taken place to develop an **active society** and **create environments** that are more conducive to active living?
 - How has this compared to your expectations?
 - What are the reasons for this?
 - How have interventions been aligned with NICE guidelines to increase physical activity?
- What progress has been made in developing **professionals** and volunteer physical activity champions to ensure physical activity is embedded into everyday life?
 - What types of interventions, strategies and programmes have taken place?
 - How has this compared to your expectations?
 - Have there been any specific challenges in relation to this?
- What progress is being made locally **to address inequalities in physical activity**?
 - Can you share 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?

Outputs

- What have been the local targets to increase physical activity to create an **active society** and **active environments**, if any?

- Do you feel these are realistic for the scale of the challenge?
- How likely are these to be achieved?
- What have been the outputs in relation to: the number of Champions recruited; the number of **professionals** trained; guidance materials and tools produced and distributed?
 - Which types of professionals have been engaged and how have these outputs differed across the four target areas (sport & leisure, education, health and social care and town and urban planning)?
 - How have these activities, interventions and tools been measured?
- What have been the results of evaluating activities, collaboration events and partnership working?
- What difference has the EAED framework made to the delivery of outputs locally?

Outcomes and moving at scale

- Has there been an increase in people viewing physical activity **as the norm** and which outcomes demonstrate this?
 - What have the outcomes been from interventions and programmes designed to **create environments** that are more conducive to active living?
- Has there been an increase in motivation and confidence of **professionals** to drive up physical activity levels?
 - Have their skills, knowledge and understanding of what works increased? How do you have you measured this?
- Has there been an increase in knowledge and wider awareness of what works and what needs to change in practice?
- How can we use this knowledge about the programmes and delivery models that work to create active societies and active environments to increase physical activity at **scale**?
- What needs to happen to **scale up** interventions that work:
 - In terms of resources?
 - Partnerships and collaboration?
 - Upskilling professionals' knowledge, understanding, confidence and motivation (any specific sectors that should form the focus for this, are there any sectors that are missing from the table in these discussions)?
 - Create wider awareness about the delivery models that work?
- What should be the priorities for the **next five years**?
 - In relation to active societies, creating active environments and moving professionals? What should be the focus?

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

Annex 6 National stakeholder survey

Public Health England (PHE) have commissioned ICF, an independent research organisation, to review progress of the Everybody Active Every Day framework in the last 5 years. This survey aims to collect information about progress in enhancing physical activity over the last 5 years and to explore priorities for the next 5 years. Descriptive and thematic analysis of results will be incorporated in the final report and will help inform PHE's strategic actions for increasing population level physical activity in the next 5 years. This survey will take approximately 5-10 minutes to complete - thank-you for taking part.

Background information

Question number	Theme	Question	Answers / scale	Follow up questions
1	Background information	Which organisation do you work for?	Local Authority, Charity, Professional body, Independent physical activity provider, NHS Trust, Clinical Commissioning Group (CCG), NHS England, Government department, Arm's length body, Public Health England, business, central government, social enterprise, Active Partnerships, None of the above - I am responding as an individual	
2		Which area of England do you primarily work in? There is an option to choose 'nationally' if this applies to you.	North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, South East, South West, London, Nationally	Other [please specify]
The following statements relate to progress that has been made to achieve an active nation over the last 5 years and priorities for the next 5 years. Please indicate the extent to which you agree / disagree with the following statements:				
Question number	Theme	Question	Answers / scale	Follow up questions

3	Overall progress and priorities	In the last 5 years, progress has been made in increasing levels of physical activity	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	If response is SA or A then follow up question is: 'In what areas has progress been made and why?' [free text]
4		We need to have better information about who is doing what to promote physical activity locally and nationally	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
5		There is cross-government sign up to increase physical activity at the national level	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
6		There is a need to embed more physical activity in national plans and strategies	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Are there any particular plans and strategies where there is a need to embed more physical activity? [free text]
7		There is a need to embed more physical activity in local plans and strategies	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Are there any particular plans and strategies where there is a need to embed more physical activity? [free text]
8		More needs to be done to raise awareness of the importance of physical activity for other agendas such as climate change, economic	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	

		development and social care		
9		Funding is well aligned to the target groups least likely to be active	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
10		We need to improve partnerships across different sectors to really make a difference in increasing physical activity	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	What would be your top priorities for improving partnerships across different sectors? [free text]
11		In what areas has progress in increasing physical activity not been achieved?	Free text	What would provide the best support to increase physical activity? [free text]

The active society domain of the Everybody Active Every Day framework aims to change the social 'norm' to make physical activity the expectation. The following statements relate to progress in this area over the last 5 years and priorities for the next 5 years. Please indicate the extent to which you agree / disagree with the following statements:

Question number	Theme	Question	Answers / scale	Follow up questions
12	Active society	Progress has been made in changing the social 'norm' to make physical activity the expectation	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
13		We have the local public health and physical activity data we need to design targeted interventions	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
14		Physical activity campaigns will only be effective if they are linked with	Strongly Agree, Agree, Neutral, Disagree, Strongly	Do you have any other comments about this

		professionals across different sectors	Disagree, Don't Know	question? [free text]
15		Progress is being made in increasing physical activity in schools	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
16		What would be your top priorities to make physical activity part of everyday life?	Free text	

The active environments domain of the Everybody Active Every Day framework aims to create environments to support active lives. The following statements relate to progress in this area over the last 5 years and priorities for the next 5 years. Please indicate the extent to which you agree / disagree with the following statements:

Question number	Theme	Question	Answers / scale	Follow up questions
17	Active environments	Progress has been made in creating environments to support active lives	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	If response is SA or A then follow up question is: 'What have been the enablers for progress, and how?' [free text]
18		Progress is being made to educate employers to make working environments conducive to physical activity	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
19		Progress is being made in achieving active travel at the national and local level	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
20		More needs to be done to integrate physical activity into new developments	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]

21		We need to improve evidence and awareness of what works in active design	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
22		What would be your top priorities to create environments that are more suited to physical activity?	Free text	

The moving professionals domain of the Everybody Active Every Day framework aims to develop expertise and leadership within professionals and volunteer sectors to embed physical activity into the fabric of daily life. The following statements relate to progress in this area over the last 5 years and priorities for the next 5 years. Please indicate the extent to which you agree / disagree with the following statements:

Question number	Theme	Question	Answers / scale	Follow up questions
23	Moving Professionals	Professionals across different sectors are well informed on delivering the physical activity message (importance of increasing physical activity)	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	What things would provide the best support for professionals? [free text]
24		There is good progress in upskilling the physical activity workforce	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	If response is SA or A then follow up question is: 'What have been the key enablers for progress, and how?' [free text]; if response is D or SD then follow up question is 'what more is needed to upskill the workforce?' [free text]
25		Physical activity advocates should be	Strongly Agree, Agree, Neutral,	

		encouraged in all sectors including education, transport and planning	Disagree, Strongly Disagree, Don't Know	
26		More needs to be done to understand the workforces that need to be engaged to create networks of advocates	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
27		More needs to be done to engage the health and social care sector in promoting the physical activity message	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
27		What would be your top priorities to develop expertise and leadership within professionals so they can embed the physical activity message into their daily interactions with people?	Free text	

The moving at scale domain of the Everybody Active Every Day framework aims to identify and up-scale successful programmes nationwide, to make physical activity an easy and 'normal' choice in every community. The following statements relate to progress in this area over the last 5 years and priorities for the next 5 years. Please indicate the extent to which you agree / disagree with the following statements:

Question number	Theme	Question	Answers / scale	Follow up questions
29	Moving at scale	There is good understanding about the interventions that work and can be scaled up	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]
30		We need more explicit and consistent monitoring and evaluation of physical activity interventions	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	Do you have any other comments about this question? [free text]

31		Case studies including activities, outcomes and baseline measurements need to be promoted and widely shared	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
32		There is a need to specify national and local targets (and associated measures) to increase physical activity	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Don't Know	
33		What would be your top priorities to identify and up-scale successful programmes?	Free text	

Annex 7 Analysis of the Local Health and Wellbeing Board strategy reviews

Summary of Key Findings

- **Increasing physical activity:** Almost 9 in 10 strategies acknowledge the need to increase physical activity to improve public health. It is included as a key contributing factor to at least one strategic priority in two-thirds of the H&WB strategies, and a main strategic priority in over a quarter of them;
- **Data and measuring impact:** The proportion of strategies including data on physical activity rates and information on how impacts will be measured is smaller (approximately 2 in 5 for both);
- **Domain actions:** Improving local environments to support physical activity is mentioned in almost half of all strategies, and was the most frequently referenced domain area;
- **Relevant campaigns:** Making Every Contact Count is the most referenced national campaign, appearing in a quarter of all reviewed strategies. Several strategies also mentioned local initiatives.

A7.1 Introduction

Health and Wellbeing Boards (H&WBs) are local authority committees that promote integration between the NHS, public health and local government. They have a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population alongside CCGs. Understanding their strategic objectives provides an insight into the importance of physical activity across England.

In our 2017 EAED review 159 Health and Wellbeing Board strategies were identified and some were found to share a single Health and Wellbeing Strategy. In total, 150 strategies were reviewed. The 2017 strategy review was used to identify 81 Boards with strategy implementation dates ending in 2018 or before, or where implementation dates were not specified. Searches were conducted to establish whether new strategies had been published for each of these 81 Health and Wellbeing Boards.

In total, 45 Boards had published new strategies and two had refreshed their existing strategies. This resulted in a review of 47 strategies⁴⁴, published between 2017 and 2019.

A7.2 Importance of physical activity within the strategies

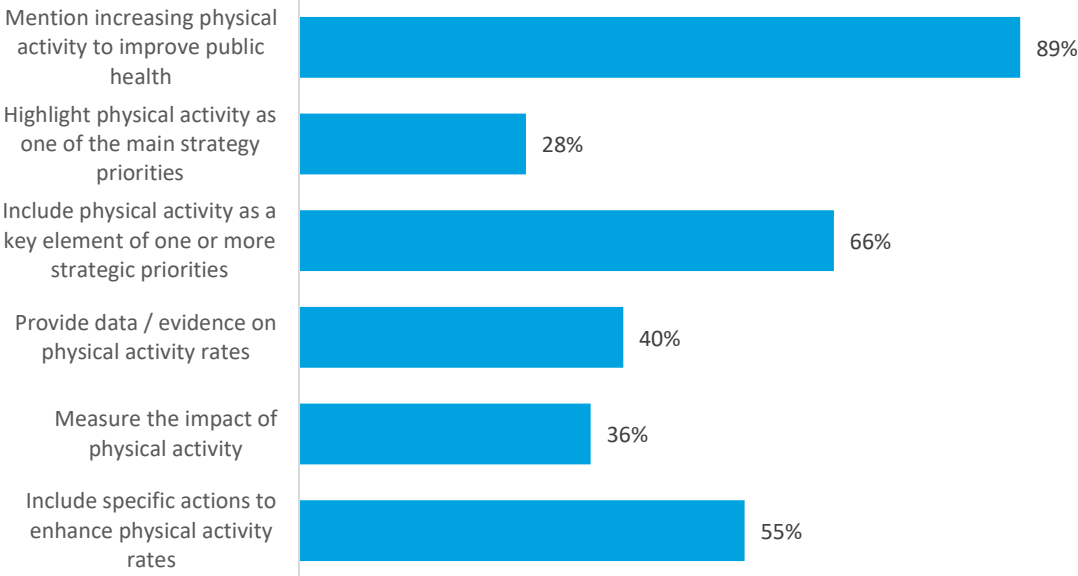
- **Physical activity is recognised as important to increasing public health in the majority of strategies reviewed.** It is also included as a key element of the main strategic health and wellbeing priorities in a third of these strategies, illustrating that it is a key consideration for H&WBs. Generally, physical activity is mentioned under broader themes alongside other lifestyle factors that impact physical and mental health, but there is significant variation between the level of

⁴⁴ Seven of these 47 strategies were draft versions where the final documents could not be found.

discussion around it across all the strategies reviewed. For example, in some cases it is frequently referenced as a contributor to multiple strategic priorities, while in others it is only given a brief mention.

- **Increasing physical activity is one of the H&WB’s main priorities in 13 strategies.** In these cases, it is usually mentioned with regard to reducing obesity and improving diet and nutrition of residents. Nearly all of these (12 documents) also include actions to enhance physical activity, while the remaining document was purely strategic with no actions specified in any areas.
- **There is a gap more widely between the recognition that physical activity should increase and the actual implementation of actions to support this.** In total, 16 documents reference the relationship between physical activity and public health but do not include any actions to enhance physical activity. However, it is also worth noting that 11 of these 16 documents are strategically focused and therefore do not include any actions.
- **The number of strategies providing data on physical activity rates and impact measures is similar** (19 and 17 documents respectively). Where data is provided, the source is not always sufficiently referenced, however. Similarly, measures of physical activity outcomes are often general rather than explicit. For example, some strategies state that the proportion of physically active people will be measured but do not define the judgement criteria for this.

Figure A7.1 Proportion of Health and Wellbeing Strategies that...



Source: ICF analysis of 47 H&WB strategy documents.

A more detailed analysis of mentions of physical activity in the local H&WB strategies can be found in Table A7.1.

Table A7.1 Strategies mentioning physical activity

Strategies that...	No. of strategies (%)	Further information
Mention increasing	42 (89%)	Almost all of the strategies mention increasing physical activity to improve public health, generally as an element

Strategies that...	No. of strategies (%)	Further information
physical activity to improve public health		underpinning key strategic priorities around preventing ill health and promoting healthy lives.
Highlight physical activity as one of the main strategic priorities	13 (28%)	Physical activity is generally portrayed as a contributing factor to a healthy lifestyle more widely. For example, in most strategies where physical activity is a key priority, it is mentioned in conjunction with reducing obesity and encouraging healthy diets, with an aim to increase physical activity to help prevent various physical and mental conditions. However, there are some strategies that focus exclusively on physical activity with themes such as 'Moving more', 'Get more people more active, more often' and 'Reduce the harms from physical inactivity'. Generally, the rationale for prioritising physical activity includes healthcare costs associated with conditions relating to inactivity, workplace absences resulting from musculoskeletal problems and ensuring residents have a good quality of life overall, regardless of age.
Include physical activity as a key element of one or more strategic priorities	31 (66%)	Where physical activity is a key element of several strategic priorities, it often sits within a broader theme such as preventing ill health and providing a good quality of life for residents. Thematic areas include 'Live well', 'Healthy weight, healthy lives', and 'Promoting wellbeing, preventing ill-health', with physical activity often mentioned in relation to the impact it has on not only physical health but also mental health. Some strategies have a specific focus on certain age groups and mention physical activity exclusively in relation to children (e.g. to encourage sustained behaviour change long-term) or older adults (e.g. to reduce isolation or reduce the likelihood of developing health conditions).
Provide data / evidence on physical activity rates	19 (40%)	Where physical activity rates are included and referenced, they are generally from Sport England's Active People survey or health and lifestyle surveys conducted by local authorities in the area. However, in many strategies the statistics on physical activity are not referenced so it is unclear how recent they are or how they have been identified.
Measure physical activity outcomes	17 (36%)	Measures are usually specific to physical activity levels. Several key measures of physical activity are in line with the Sport England survey (the proportion of residents aged 16+ who undertake less than 30 minutes of physical activity per week), though others are less specific (for example, referring to 'the number of physically inactive adults' or 'the increase in active travel to school or workplaces) so it is less clear what criteria would be used to measure them. Some strategies also have specific measures based on the activities they are carrying out.
Include specific actions to enhance physical activity rates	27 (57%)	Usually actions refer to an element or multiple elements of the EAED framework, such as actions to create environments conducive to physical activity. There is inconsistency among the strategies in the level of detail

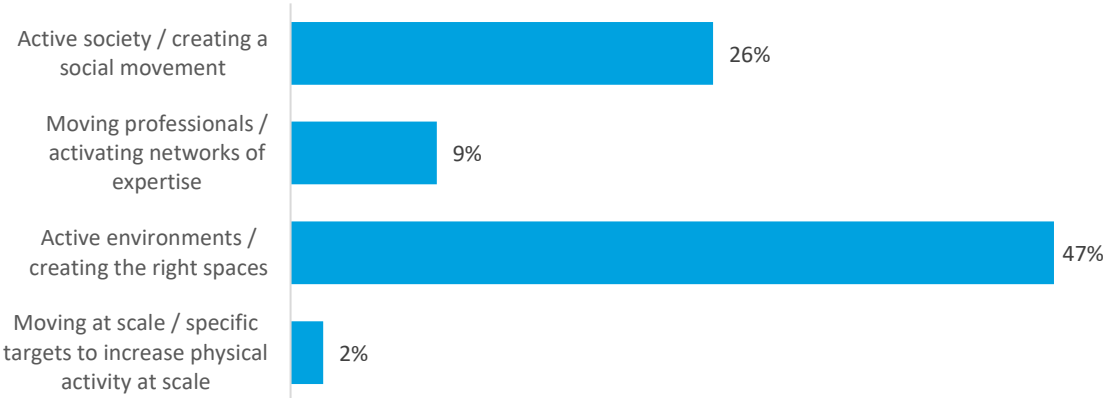
Strategies that...	No. of strategies (%)	Further information
		provided on the actions they plan to take. Some actions are very specific (e.g. 'Deliver the Sport England local delivery pilot including targeted and tailored work with different age groups and rolling out acquired learning across the county to replicate outcomes from pilot areas') while other actions are less committal (e.g. 'Getting more people out and using green and blue spaces'). Where there are actions specified relating to physical activity, there are generally also actions relating to other strategic areas of focus.

Source: ICF analysis of 47 H&WB strategy documents.

A7.2.2 Mentions of the key domain areas of the EAED framework

- **Supporting physical activity through public environments is mentioned considerably more frequently than actions relating to other key EAED domain areas.** Almost half of the H&WB strategies include actions to create or develop environments to encourage physical activity, with many of these focusing on active travel and ways to promote it to residents.
- **Actions to 'normalise' physical activity to create an active society are included in a quarter of the H&WB strategies.** These tend to focus on changing the culture and attitudes of residents towards physical activity, including recreational initiatives targeting people who are typically less active.
- **There are far fewer actions which relate to the 'Moving professionals' and 'Moving at scale' EAED domain areas.** Of the four H&WB strategies mentioning developing professional awareness and knowledge of physical activity, actions spanned several sectors including healthcare and education. Just one strategy included actions around scaling up initiatives to make people more active.

Figure A7.2 Proportion of Health and Wellbeing Strategies mentioning an action relevant to the four Everybody Active Every Day Framework domains



Source: ICF analysis of 47 H&WB strategy documents.

A more detailed analysis of actions relevant to the EAED framework domains in the local H&WB strategies can be found in Table A7.2.

Table A7.2 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	12 (26%)	Several strategies list actions aimed at changing the culture and 'normalising' physical activity. These include promoting physical activity in the workplace, creating positive attitudes and behaviours towards physical activity in schools, increasing recreational walking/cycling activities, developing 'fun, social, non-traditional' opportunities for adults aged 55+ and local campaigns seeking 'cultural transformation' to get people more active.
Moving professionals / activating networks of expertise	4 (9%)	Few strategies list specific actions to develop the knowledge and skills of professionals around physical activity. Of those that do, two list several, specific actions in this area while the remaining two provide just one action each. Actions include supporting implementation of the Making Every Contact Count programme, mobilising workforces across areas such as education, healthcare, leisure and social care, and developing the skills of staff working within or connected to the physical activity sector.
Active environments / creating the right spaces	22 (47%)	Creating environments conducive to physical activity is the most frequently referenced EAED domain, with actions referring to developing, utilising and promoting areas of open space and alternative transport options. Notably, mentions of increasing active travel among residents were particularly frequent. Other actions include maximising the use of parks and green space to increase physical activity, investments in infrastructure and integrating physical activity into strategic planning.
Moving at scale / specific targets to increase physical activity at scale	1 (2%)	Only one strategy – the Blackburn H&WB strategy – references moving at scale, though it does list multiple actions supporting this domain. Actions include reinstating a local physical activity network to coordinate activities across the area, embedding physical activity promotion into services provided to young people locally and maximising opportunities to promote physical activity during major sporting events. No specific targets are listed.

Source: ICF analysis of 47 H&WB strategy documents.

A7.3 Relevance of campaigns within strategies

Campaigns are generally only referred to briefly within strategy documents. Making Every Contact Count is the most frequently mentioned campaign, being referenced in over a quarter of the strategies reviewed, followed by One You and Active Mile⁴⁵. Several strategies referenced local campaigns relevant to increasing physical activity.

⁴⁵ While some strategies referred to the Active Mile, others referred to this initiative as the Daily Mile and so this is combined in the table.

Campaign mentioned	No. of strategies (%)
Making Every Contact Count	12 (26%)
One You	6 (13%)
Active Mile	4 (9%)
Change4Life	3 (6%)
This Girl Can	2 (4%)
School Games	2 (4%)
Physical Activity Clinical Champions	1 (2%)
Workplace Physical Activity Challenge	1 (2%)
Other relevant campaigns	9 (19%)

Source: ICF analysis of 47 H&WB strategy documents.

Other relevant campaigns mentioned are:

- **Walk to School Week and Walk Once a Week (WOW)** are campaigns by Living Streets, a charity promoting everyday walking. Both campaigns are challenges to promote walking to school, on all five days during the Walk to School Week and at least once a week for a year as part of WOW.
- **National School Sports Week** is an initiative by the Youth Sport Trust to promote sport among children which asks schools to register and take part in a week of PE-focused activities.
- **Street Play/ Play Streets** is an initiative by Play England which encourages local authorities to temporarily close streets at regularly weekly or monthly intervals with the aim of getting children outside to meet one another and play actively, with parents acting as a traffic marshals.
- **Community Games** aimed to use the Olympic and Paralympic games to inspire community events centred around sport, ultimately getting families and communities more active.
- **Better Health at Work Award** recognises employers in the North East and Cumbria for taking steps to address health issues in the workplace, which includes encouraging physical activity among employees.
- **Doorstep Sports Club** is a Sports England funded initiative to create youth sports clubs for people aged 14-25 living in deprived areas.
- Health Walks
- **Active Norfolk's 'Mobile Me' scheme** which aimed to promote physical activity among people aged 65+ by addressing barriers to participation for this age group. The programme is delivered over a 10-week period with activities including bowls, table tennis and new age curling.

Annex 8 Analysis of the review of CCG plans

Summary of Key Findings

- **Increasing physical activity:** Over half of the CCG plans reviewed mention the benefits of increasing physical activity. This is not reflected to the same extent in the strategic priorities, where physical activity is a key element in only 15% of plans;
- **Data and measuring impact:** Data is provided in a quarter of plans, though figures are not always adequately referenced. Impact measures were only specified in around 1 in 10 of the plans;
- **Domain actions:** Actions relating to the EAED domain areas are limited. Four documents include actions to engage healthcare professionals, two include actions to improve the culture around physical activity and two mention creating environments to support physical activity;
- **Relevant campaigns:** Physical activity campaigns are not frequently mentioned overall. The Make Every Contact Count campaign was referenced in 4 documents, and 2 documents reference other relevant campaigns such as the British Gymnastics Foundation's 'Love to Move Programme' that aims to get older people more active.

A8.1 Introduction

Clinical commissioning groups (CCGs) are responsible for the planning and commissioning of health care services in their local areas. Reviewing CCG plans provides an indication of their strategic priorities and an understanding of how physical activity is viewed within the context of health care at the local level.

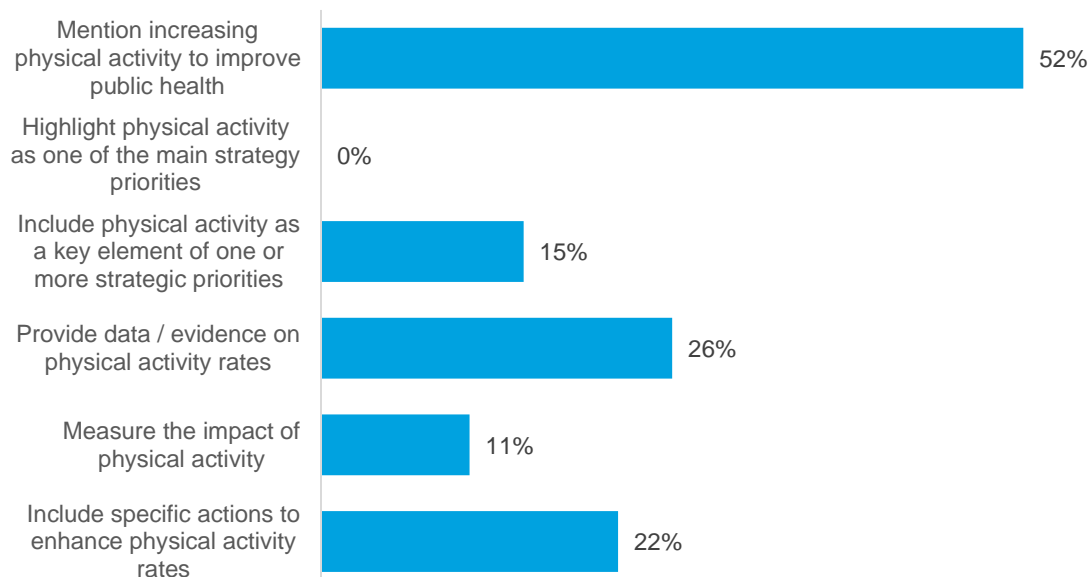
A sample of 27 CCG plans were identified and reviewed from across the 9 regions in England in May 2019. The years of implementation of these plans varies considerably, with the earliest being published in 2012. Three of the plans ended in 2016, 2017 and 2018 respectively, but updated plans had not been published at the time of review. Implementation for 16 of the plans began in 2015 or earlier, two plans do not have implementation dates specified and the remaining 9 plans began in 2017 or later.

A8.2 Importance of physical activity within the strategies

- **The public health benefits of increasing physical activity are mentioned in over half of the CCG plans reviewed (14 documents).** In most cases it is discussed in the context of a risk factor that can contribute to various physical and mental health conditions.
- **However, increasing physical activity is not always discussed in significant detail.** Just 15% of plans (4 documents) mention physical activity as key to a wider strategic priority, and there are not any plans where it is highlighted as a main priority.
- **Data on physical activity are included more frequently in CCG plans than measures of impact.** Physical activity rates are specified in a quarter of the plans (7 documents), whereas impact measurements are only included in around 1 in 10 of the plans (3 documents).

- **Actions to increase physical activity are provided in around 1 in 5 of the CCG plans (6 documents).** These include initiatives to develop knowledge and expertise of healthcare staff on the benefits of physical activity, as well as wider aims outside of the healthcare environment to support increased physical activity among local people.

Figure A8.1 Proportion of CCG plans that...



Source: ICF analysis of 27 CCG plan documents.

A more detailed analysis of mentions of physical activity in the CCG plans can be found in Table A8.1.

Table A8.1 CCG plans mentioning physical activity

Strategies that...	No. of strategies (%)	Further information
Mention increasing physical activity to improve public health	14 (52%)	Where physical activity is mentioned in CCG plans, it is described as a lifestyle factor that influences both physical and mental health, with inactivity described as a risk factor for ill-health (e.g. contributing to obesity and musculoskeletal conditions, increasing risk of stroke, cancer and cardiac arrest). Most plans do not dedicate significant discussion to physical activity, and in some cases it is mentioned in just a few sentences.
Highlight physical activity as one of the main strategic priorities	0 (0%)	Physical activity is not a main strategic priority in any of the CCG plans reviewed.
Include physical activity as a key element of one or more strategic priorities	4 (15%)	Where physical activity is mentioned as part of a strategic priority, the overriding priority is around improving the health of the patient population. Like in the H&WB strategies, it is often mentioned in conjunction with diet and obesity. One CCG plan also refers to early screening for diseases such as cancer. The broader strategy themes in the four CCG plans that mention physical activity are

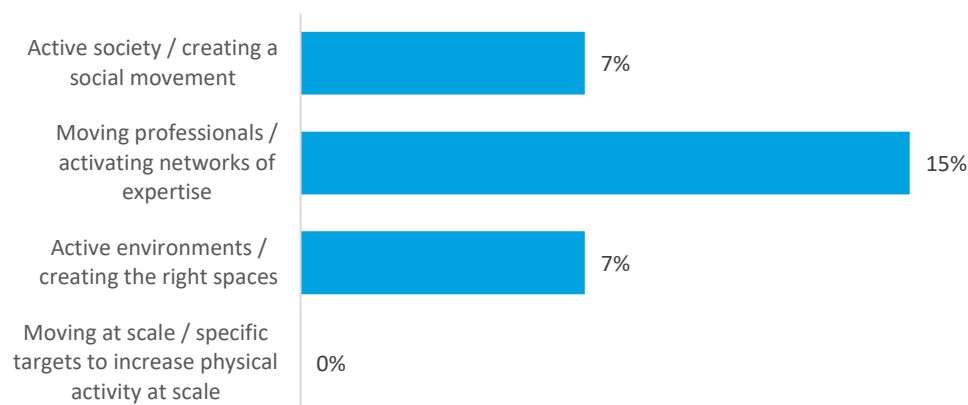
Strategies that...	No. of strategies (%)	Further information
		'Encouraging healthier lifestyles', 'Healthy Norwich', 'Musculoskeletal conditions' and as a part of several 'Priorities for collective action'.
Provide data / evidence on physical activity rates	7 (26%)	Only one of the 7 CCG plans where physical activity rates are provided references the source of the data. This CCG plan indicate that the evidence was from Sport England's Active People survey.
Measure the impact of physical activity	3 (11%)	Measures from two of the CCG plans refer only to the percentage of physically active or inactive adults. One CCG plan refers to this, but also several other impact measures including the total number of leisure centre members, the total leisure centre attendances and participation in physical activity among specific groups (such as women, adults aged 55+ and people with disabilities).
Include specific actions to enhance physical activity rates	6 (22%)	Actions to increase physical activity rates are not restricted to only healthcare settings. They include improving leisure facilities, facilitating partnerships and opportunities to embed physical activity and encouraging GPs and healthcare workers to promote physical activity.

Source: ICF analysis of 27 CCG plan documents.

A8.2.2 Mentions of the key domain areas of the EAED framework

- **Overall, actions in the CCG plans relating to the four EAED domains are limited.** References to moving professionals are most frequent at 15% (4 documents) which focus predominantly on engaging healthcare professionals on the topic of physical activity.
- **There are fewer actions to promote a cultural change towards physical activity and to create environments that support active behaviour.** 7% of the reviewed plans (2 documents) include actions relating to each of these areas. Actions to create an active society generally have a healthcare focus in changing the behaviours of clinical professionals so that physical activity is normalised from their perspective, while actions to create active environments are focused on the local area more broadly.
- **There are no mentions of actions relating to moving at scale or specific targets to increase physical activity.**

Figure A8.2 Proportion of CCG plans mentioning an action relevant to the four Everybody Active Every Day Framework domains



Source: ICF analysis of 27 CCG plan documents.

A more detailed analysis of actions relevant to the EAED domains in the CCG plans can be found in Table A8.2.

Table A8.2 CCG plans mentioning actions relevant for the four EAED domains

Actions mentioned in relation to...	No. of strategies (%)	Further information
Active society/ creating a social environment	2 (7%)	There are two CCG plans that look to change the culture and attitude among both patient populations and staff. These actions include embedding an 'active habit' through partnership working and taking a 'More than Medicine' approach to make physical activity a more mainstream intervention from a clinical perspective.
Moving professionals / activating networks of expertise	4 (15%)	Actions are focused on medical professionals and include encouraging GPs and healthcare workers to promote physical activity, attaching a physical activity lead to GP practices and developing a 'Lifestyle referral' programme that involves physical activity instructors. One CCG plan also lists an action to engage with community and faith leaders to promote physical activity.
Active environments / creating the right spaces	2 (7%)	Both CCG plans referencing active environments refer to opportunities for active travel. Actions are general rather than highly specific, mentioning improving the availability of open and green spaces, and building public health into regeneration and transport projects such as provision of new health facilities to encourage active travel.
Moving at scale / specific targets to increase physical activity at scale	0 (0%)	There are no actions in the CCG plans which relate to moving at scale or that list specific targets for increasing physical activity.

Source: ICF analysis of 27 CCG plan documents.

A8.3 Relevance of campaigns within strategies

Most CCG plans do not reference any campaigns relating to physical activity, with just four mentioning the Making Every Contact Count campaign.

Campaign mentioned	No. of strategies (%)
Making Every Contact Count	4 (15%)
Other relevant campaigns	2 (7%)

Of the two CCG plans where other relevant campaigns were mentioned, these were:

- **The MEND - Mind, Exercise, Nutrition...Do it! - project**, which aims to inspire children, families and adults to lead fitter, healthier and happier lives
- **Love to Move Programme** is a British Gymnastics Foundation dementia-friendly initiative which aims to get older people more active and functioning better
- **The 'Into Sport' project**, which is a Sport England funded initiative to tackle barriers faced by disabled people in accessing sport and physical activity
- **London Healthy Workplace Charter** which aims to make positive changes to workplace environments conducive to health and wellbeing, including increasing physical activity among staff

Annex 9 Analysis of the national strategy and policy review

Summary of Key Findings

- National strategies and policy documents often clearly outline overall funding pots dedicated to interventions to increase physical activity. However, they rarely specify what proportion of an investment will be spent on human resources to mobilise professionals such as numbers of staff recruited or trained across different sectors.
- A vision for joint commissioning and partnership working to increase physical activity is clearly articulated across a range of documents, from the World Health Organisation *Global Action Plan on Physical Activity* through to the UK government's intention to increase cross-departmental working articulated in *Sporting Future*, and the role of social prescribing link workers at local level.
- One in five documents mention the *Everybody Active, Every Day* framework by name. These documents predominantly focus on the health and social sector, the planning and design sector, and sport and leisure sector. In most of these documents, the influence of *Everybody Active, Every Day* is fairly explicit, whilst occasionally the documents state an awareness of the framework without clearly applying its principles. The WHO *Global Action Plan on Physical Activity* shares some stark similarities with the *Everybody Active, Every Day* framework published four years earlier, despite not mentioning it explicitly.
- Strategies and policy documents are generally more likely to mention intended outputs of future funding and interventions rather than achieved outputs from previously funded initiatives or building on the existing evidence base. Very few mention specific targets for recruiting professionals across different target areas to work on increasing everyday physical activity.
- Around one in five mention current achievements to develop either expertise among professions, an active society or active environments.
- Nearly half of the strategies and policy documents mention evidence-based practice to increase physical activity and close to half mention opportunities for upscaling initiatives or practices.
- Campaigns with the most visibility in national strategies and policy documents include Change4Life, Make Every Contact Count and This Girl Can.

A9.1 Introduction

An initial sample of 42 national strategy and policy documents relevant to the moving at scale, moving professionals domain and the framework as a whole were identified for analysis. Three of these documents proved to be no longer available online and were subsequently left out of the full review⁴⁶, while the remaining 39 were analysed in detail.

⁴⁶ These documents were 'Blueprints: Active Workplaces' (UK Active, 2015), 'Blueprints: Active Environments' (UK Active, 2015) and 'Blueprints: Active Travel' (UK Active, 2015). However, it seems these documents were combined into an updated document called 'UK Active's Blueprint for an Active Britain: More people, more active, more often' (UK Active, 2015) which was analysed as part of this review.

In general, most of the documents were published or covered the last five years (2014 – 2019 inclusive), although the *Active Travel Strategy*, produced by the Department for Transport⁴⁷ – 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.

These documents were reviewed to address the different range of research questions in relation to the themes of the EAED framework, Findings are structured according to the themes of resources, activities, outputs, outcomes and campaigns and are outlined in the subsequent sections. It is important to note that whilst some documents do not contain relevant information on some of the areas of interest, this does not necessarily represent a material gap as the information may not be expected in the nature of the document.

Table A9.1 Overview of documents reviewed

Document title	Contains some info on...				
	Resources	Activities	Outputs	Outcomes	Campaigns
WHO Global Action Plan on Physical Activity 2018-30: More active people for a healthier world (WHO, 2018)	✓	✓	✓	✓	✓
Active: A technical package for increasing physical activity (WHO, 2018)	✓	✓	✓	✓	✓
The NHS Long Term Plan (NHS, 2019)		✓	✓	✓	
Cycling and Walking for Individual and Population Health Benefits: A rapid evidence review for health and care system decision-makers (PHE, 2018)	✓	✓	✓	✓	✓
Muscle and Bone Strengthening and Balance Activities for General Health Benefits in Adults and Older Adults: Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines (PHE, 2018)		✓		✓	
Physical Activity for General Health Benefits in Disabled Adults: Summary of a rapid evidence review for the UK Chief Medical Officers' update of the physical activity guidelines (PHE, 2018)		✓		✓	✓
Strategic Plan for the Next Four Years: Better Outcomes by 2020 (PHE, 2016)	✓	✓		✓	✓
Evaluation of the Clinical Champions' Physical Activity Training Programme (Moving Healthcare Professionals Phase 1) (National Centre for Sport and Exercise Medicine, 2019)	✓	✓	✓	✓	✓
Universal Personalised Care: Implementing the Comprehensive Model (NHS, 2019)	✓		✓		✓
UK Physical Activity Guidelines: Draft review and recommendations for the Under 5s (University of Bristol, 2018)		✓	✓	✓	
UK Physical Activity Guidelines: Draft review and recommendations for Children and Young People (University of Bristol, 2018)		✓	✓	✓	✓
UK Physical Activity Guidelines: Draft review and recommendations for adults (aged 19-64 years) (University of Bristol, 2018)		✓	✓		
UK Physical Activity Guidelines: Review and recommendations for Older Adults (aged 65+ years) (University of Bristol, 2018)		✓	✓	✓	
Social Prescribing and Community-based Support: Summary guide (NHS England, 2018)	✓	✓	✓	✓	

⁴⁷ On collaboration with the Department of Health and Building Britain's Future.

Document title	Contains some info on...				
	Resources	Activities	Outputs	Outcomes	Campaigns
Prevention is Better Than Cure: Our vision to help you live well for longer (Department of Health and Social Care, 2018)	✓	✓	✓	✓	✓
Physical Activity: Encouraging activity in the general population – Draft for consultation (National Institute for Health and Care Excellence, 2019)	✓	✓	✓	✓	✓
Physical Activity: For NHS staff, patients and carers (National Institute for Health and Care Excellence, 2019)		✓	✓	✓	✓
Sporting Future – second annual report (HM Government, 2018)	✓	✓	✓	✓	✓
School-based Interventions: physical and mental health and wellbeing promotion – draft for consultation (National Institute for Health and Care Excellence, 2018)		✓		✓	
National Curriculum in England: physical education programmes of study - key stages 1 and 2 (Department for Education, 2013)		✓	✓		✓
National curriculum in England: physical education programmes of study - key stages 3 and 4 (Department for Education, 2013)		✓	✓		✓
AfPE Strategic Plan: September 2016 – August 2020 (Association for Physical Education, 2016)	✓	✓	✓	✓	
Sporting Future: A New Strategy for an Active Nation (HM Government, 2015)	✓	✓	✓	✓	✓
Sport England: Towards an Active Nation (Sport England, 2016-2021)	✓	✓	✓	✓	✓
UK Active's Blueprint for an Active Britain: More people, more active, more often (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)	✓	✓		✓	✓
Childhood Obesity: A Plan for Action (HM Government, 2016)	✓	✓	✓	✓	✓
Cycling and Walking Infrastructure Strategy (Department for Transport, 2017)	✓	✓	✓	✓	✓

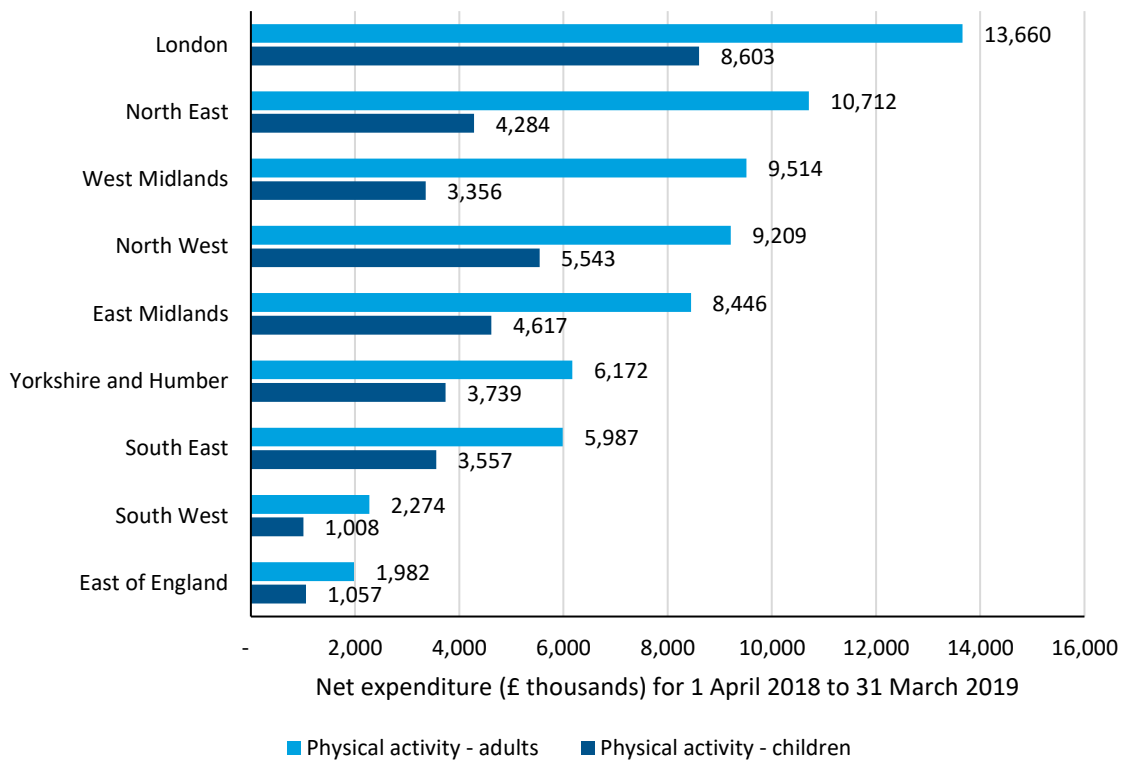
Source: ICF analysis of 39 national policy and strategy documents.

A9.2 Resources

A9.2.1.1 Local authority expenditure on physical activity and sport

Local authority expenditure on physical activity for adults totalled £67,956,000 across the whole of England for the 2018-19 financial year⁴⁸ and expenditure on children totalled £35,764,000. A breakdown by region is provided in **Error! Reference source not found.** below.

Figure A9.1 Breakdown of local authority expenditure on physical activity for the financial year 2018-19 by region, (£ thousands)



Source: Ministry of Housing, Communities and Local Government, Revenue Account Budget 2018-19.

An overview of mentions of resourcing for the delivery of physical activity interventions within the documents reviewed is provided in Table 4.2 below.

Table A9.2 National strategy and policy documents mentioning resources allocated for specific purposes

Policy document mentions...	Number of documents (%)
Financial and/or human resources devoted to developing expertise and leadership among professionals across different sectors	15 (38%)
Specific resources allocated to inactive groups	11 (28%)

⁴⁸ Ministry of Housing, Communities and Local Government, Revenue Account Budget 2018-19.

Policy document mentions...	Number of documents (%)
Specific resources for expenditure on staffing/activities to mobilise professionals	16 (41%)
Joint commissioning and partnership working to increase physical activity	19 (49%)

Source: ICF analysis of 39 national strategy and policy documents.

A9.2.1.2 Resources allocated to develop expertise and leadership among professionals

15 strategy and policy documents mention resources devoted specifically to developing expertise and leadership among professionals across different sectors to increase physical activity levels. Documents generally provide more quantified information on funding rather than human resources. However, there were exceptions to this. For example, Sport England developed a new professional workforce strategy in 2018 – *Working in an Active Nation* - which sets out proposals for developing people with the skills, competencies and behaviour to engage a diverse range of people into **sport** and physical activity.

One recent notable shift in the area of **health** is an increasing emphasis on investing in social prescribing link workers, who can support people to become more physically active amongst other activities, as outlined in *Universal Personalised Care: Implementing the Comprehensive Model*. The *Public Health England Strategic Plan* states that in 2016/17 PHE employed 202 staff working on ‘health and wellbeing and strategy’ to build national expertise in public health evidence-based interventions and 65 staff working on ‘health marketing’ focused on delivering healthy behaviour change campaigns. They spent a total of £29.9 million on ‘health and wellbeing strategy’ and £41.9 million on ‘health marketing’. An example of investment in a specific initiative is funding to run 509 training sessions between February and December 2018 with clinical champions tasked with providing peer-to-peer training on physical activity for healthcare professionals.

In the area of **active travel**, the Department for Transport has funded a ‘Cycling Infrastructure Prioritisation Toolkit’ to support transport planners to simulate the impacts of interventions.

A9.2.1.3 Resources allocated to inactive groups

In total 11 documents mention specific resources allocated to inactive groups. Sport England’s recent investment approach particularly puts a strong emphasis on supporting underrepresented groups to take part in physical activity. In *Towards an Active Nation* Sport England has committed to spending at least a quarter of its total budget on tackling inactivity between 2016-2021 (£265 million), including investing up to £10 million on projects to help older people get more physically active.

Sporting Future – second annual report mentions Sport England’s £100m investment between 2018-2021 in 12 local delivery pilot areas. These pilots are a new approach to addressing the inactivity challenge and the local delivery pilot areas are trialling new and innovative ways of building healthier and more active communities across England, bringing together a broad range of organisations such as schools, social enterprises, parenting groups, park operations, GPs and leisure centres.

A9.2.1.4 Resources for expenditure on staffing/activities to mobilise professionals

Overall 16 documents reviewed mention specific resources for expenditure on staffing or activities to mobilise professionals. This resourcing includes a £30 million capital grant to establish the National Centre for Sport and Exercise Medicine (NCSEM). Based across three sites in the East Midlands, London and Sheffield, NCSEM has been using the funding to integrate research, education and clinical services to improve the health and wellbeing of the population.

To mobilise professionals in **education**, the government has invested in primary schools via the primary PE and sport premium, which amounted to £450 million of funding over three academic years between 2013-16. The premium is ring-fenced to help primary schools make additional and sustainable improvements to the quality of the PE and sport activities they offer their pupils. The Department for Education also invested in the volunteer workforce supporting and developing the School Games at a local level through a grant worth £392,000. The money was distributed from Sport England to County Sports Partnerships (now called Active Partnerships), with each receiving £8,000 to recruit, train and deploy 30 volunteer leaders and coaches to support the games. According to the *Active Travel Strategy*, the government has also provided £7.5m per year to local authorities to enable them to employ school travel advisers who work with schools to help them develop and implement school travel plans and other school-based walking and cycling initiatives.

The Association for Physical Education has a set of actions dedicated to professional learning in its *Strategic Plan for 2016-2020*. This includes providing ongoing support to the profession with the roll out of the new GCSE and A-level qualifications, providing an annual national conference and supporting over 300 schools through the Quality Mark Award process to improve Physical Education provision. The Government has recently launched a cross-government School Sport and Activity Action Plan, published in 2019.

To mobilise professionals working in **planning and transport**, in 2018 the government invested more than £7 million to help local authorities improve cycle safety, secured a £1 million sponsorship package from Halfords to get more schoolchildren cycling safely, and shortlisted ten city regions for the next stage of the £1.7 billion Transforming Cities Fund. This was in recognition that safety and perceptions of safety can be barriers to people taking up cycling or walking more. The *Cycling and Walking Investment Strategy* announced that in total £1.2 billion will be available to invest in cycling and walking between 2016-21.

An example of resources committed to mobilising professionals in **healthcare** is Public Health England's investment in the 'moving healthcare professionals programme' which included running 509 training sessions between February and December 2018 with clinical champions tasked with providing peer-to-peer training on physical activity for healthcare professionals. As part of its plan for implementing the comprehensive model for *Universal Personalised Care*, the NHS has pledged to fund the recruitment and training of over 1,000 social prescribing link workers to be in place by the end of 2020/21, rising further so that by 2023/24 all staff within GP practices have access to a link worker as part of a nationwide infrastructure of primary care networks, enabling social prescribing and community-based support to benefit up to an estimated 900,000 people. One of the roles social prescribing link workers play is supporting people to become more physically active.

A9.2.1.5 Joint commissioning and partnership working

19 documents reviewed mention some form of joint commissioning or partnership working to increase physical activity. These include high-level statements such as in the World Health Organisation Action Plan on Physical Activity 2018-2030 about the strategic importance of joint action at the global, regional and national levels, targeting key audiences, including, but not limited to, high-level leaders, policy makers across multiple sectors, the media, the private sector, city and community leaders, and the wider community.

A rapid evidence review on cycling and walking for individual and population health benefits identified the importance of ensuring local joint strategic needs assessments, joint health and wellbeing strategies and other local needs assessments and strategies take into account opportunities to increase walking and cycling and how impediments to walking and cycling can be addressed.

Some initiatives are being scaled up which foster stronger partnership working at local levels. For example, the concept of a 'Link Worker' in social prescribing is based on the principle of strong partnership working locally to build on existing assets and services, and one of the focuses of a link worker is reducing health inequalities such as physical activity.

Several documents mention an increasing focus on partnership working between sectors such as sport and health. For example, Sport England are investing almost £10 million of government and National Lottery funding in over 100 and physical activity projects that improve mental health outcomes for people.

Building the Foundations: Tackling Obesity Through Planning and Development states that in order for councils to take a whole systems approach to tackling obesity through built environment initiatives, councillors and senior officers representing both planning and public health should visibly champion this agenda and create the right conditions for collaborative working across teams and organisational boundaries.

A9.2.1.6 Gaps in strategy and policy documents

Most of the documents that do *not* mention resources devoted specifically to mobilising professionals to increase physical activity, developing expertise and leadership or targeting inactive groups should not reasonably be expected to do so given their nature and purpose. However, it is notable that such resources are not mentioned in *The NHS Long Term Plan*, particularly given that the document goes into detail on financial investment in other areas, and that prevention is high on the NHS' agenda.

A9.3 Activities

An overview of the documents mentioning specific activities can be found in **Error! Reference source not found.**

Table A9.3 National strategy and policy documents mentioning specific activities

Policy document mentions...	Number of documents (%)
Guidance and/or educational resources for professionals	30 (77%)

Policy document mentions...	Number of documents (%)
Actions to engage professionals across the four target areas ⁴⁹	17 (44%)
Professionals in different sectors being an important catalyst for change in increasing physical activity	20 (51%)
Activities targeting at least one of the nine protected characteristic areas/their importance	14 (36%)
Developing physical activity champions and networks of expertise across different sectors ⁵⁰	7 (18%)
Different actions by different types of professionals to increase physical activity	11 (28%)
Action taking place to create an active society	14 (36%)
Action taking place to develop environments that are more conducive to active living	15 (38%)
Actions to increase the understanding of evidence; improve awareness and skills in evaluation; and collaboration between commissioners, providers, researchers, and practitioners	20 (51%)

Source: ICF analysis of 39 national strategy and policy documents.

A9.3.1.2 Guidance and educational resources for professionals

Overall 30 strategy and policy documents reviewed mention guidance and/or educational resources for professionals. For example, one of the key proposed actions for Member States in the World Health Organisation *Action Plan on Physical Activity 2018-2030* is to develop and disseminate national guidance, and promote implementation of workplace health programmes aimed at increasing physical activity, reducing sedentary behaviour and promoting incidental physical activity during the work day for employees, in different occupations and settings, with a priority focus on the least active.

Some other documents are guidance materials themselves produced in the last few years to support professionals and practitioners. These documents include various rapid evidence reviews with recommendations to inform the UK Chief Medical Officer's update of the physical activity guidelines (relating to different age groups, those with disabilities and specific activities to support muscle and bone strengthening) as well as specific guideline documents aimed at specific groups such as NHS staff, staff working in schools or health and care system decision-makers.

A9.3.1.3 Actions to engage professionals across four target areas

17 documents reviewed mention actions to engage professionals across the four target areas (education; sport and leisure; planning and design sector; and health and social care). A clear example of joined up strategic thinking to engage professional across all these sectors is the Department for Health and Social Care's *Prevention is better than cure – our vision to help you live well for longer* which explicitly mentions the education sector (in relation to the cross government *School*

⁴⁹ Target areas: education, sport and leisure, planning and design sector and health and social care.

⁵⁰ Sectors such as health and social care, education, sport and leisure, planning and design.

Sport and Activity Action Plan), the sport and leisure sector (in relation to *Sporting Future*), the transport sector (in relation to the *Cycling and Walking Investment Strategy*) and the planning and design sector (in relation to the Transforming Cities Fund), as well as discussing the role of professionals in health and care.

A9.3.1.4 Activities targeting the nine protected characteristics

In total 14 documents mention activities targeting at least one of the nine protected characteristic areas or mentioned their importance. One document is a recent evidence review focused on the benefits of physical activity for disabled adults intended to inform the Chief Medical Officer's adult physical activity guidelines. This review marked the first-time disabled people were explicitly recognised in physical activity recommendations for adults.

However, most of the documents briefly mention one or more protected characteristic in passing, such as in short sections on equality and diversity considerations. For example, NICE guidance on encouraging physical activity in the general population states that "organisations should ensure that physical activity programmes include accessibility considerations for employees with limited mobility or disabilities" (p. 18). Disability is the protected characteristic most frequently mentioned in considerations about physical activity within the documents reviewed.

A9.3.1.5 Developing physical activity champions and networks of expertise

7 documents reviewed mention developing physical activity champions and networks of expertise across different sectors (health and social care, education, sport and leisure, planning and design). For example, Public Health England's 'moving healthcare professionals' programme focused on training clinical champions to promote physical activity.

Sporting Future – second annual report highlights the OpenActive programme, which began in November 2017 and focuses on supporting start-ups to innovate with open data to help people get active. The programme has involved the recruitment of England-wide OpenActive Champions, and the development of practical tools to help people to open up their opportunity data more easily. NICE guidance on encouraging physical activity in the general population identifies a key quality standard as having senior level 'Physical Activity Champions' in local authorities and healthcare commissioning organisations to oversee the development and implementation of local strategies, policies and plans.

A9.3.1.6 Different actions by different types of professionals

11 strategy and policy documents reviewed mention different actions by different types of professionals to increase physical activity. For example, the Department of Health and Social Care's recent publication *Prevention is Better Than Cure* mentions actions for different types of professional outside of the healthcare system to increase physical activity such as the planning and design sector (in relation to the Transforming Cities Fund) and the education sector (in relation to the *School Sport and Activity Action Plan*). Another example is NICE guidance on encouraging physical activity in the general population, which includes a set of quality statements with actions distinguished for local authority staff, employers, and staff in schools and early years settings.

There are also some examples of activities bringing together different types of professional roles within a single sector. For instance, a report on the 'moving

healthcare professionals’ programme outlines how ‘Clinical Champions’ physical activity training was undertaken by a range of healthcare professionals including trainee and registered HCPs, student and registered nurses and doctors in training.

A9.3.1.7 Action taking place to create a more active society

14 documents reviewed mention action taking place to create an active society. For example, Sport England and Public Health England have been working more closely together on the development, planning and learning from existing campaigns promoting physical activity, such as PHE’s Change4Life and One You campaigns. Within the context of planning, implementation of the *Cycling and Walking Infrastructure Strategy* has focused on activities to support behaviour change and an increase in walking and cycling, including active travel.

A9.3.1.8 Action taking place to develop environments that are more conducive to active living

15 documents reviewed mention action taking place to develop environments that are more conducive to active living. For example, through the Healthy New Towns programme, the NHS is playing a leading role in shaping the future of the built environment. In 2019 the government set out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment. Part of the *Cycling and Walking Infrastructure Strategy* focuses on 'Better Streets - places that have cycling and walking at their heart' which focuses on an environment that supports these activities.

The *Public Health England Strategic Plan* states that place-based planning is 'already beginning to have an impact... local authorities lead on place-based planning, bring together all of the local partners, work to a joint strategic needs assessment and through statutory health and wellbeing boards.' (p. 10).

A9.3.1.9 Actions to increase the understanding of evidence, improve awareness and skills in evaluation, and improve collaboration between commissioners, providers, researchers, and practitioners

20 documents mention actions to increase the understanding of evidence; improve awareness and skills in evaluation; and collaboration between commissioners, providers, researchers, and practitioners. For example, separate reviews have taken place for the UK physical activity guidelines for under 5s, children and young people, adults (aged 19-64) and older adults (65+), as well as a review of evidence on physical activity for general health benefits in disabled adults to inform the UK Chief Medical Officers’ update of the physical activity guidelines.

A9.4 Outputs

An overview of specific outputs mentioned within the documents is available in **Error! Reference source not found..**

Table A9.4 National strategy and policy documents mentioning specific outputs

Policy document mentions...	Number of documents (%)
Specific targets such as the number of Champions recruited; the number of professionals trained; guidance materials and tools produced and distributed	3 (8%)

Policy document mentions...	Number of documents (%)
Specific targets for recruiting professionals across different target areas	2 (5%)
Specific outputs for activities and interventions to increase physical activity	18 (46%)
Specific outputs for activities and interventions to create active environments	3 (8%)

Source: ICF analysis of 39 national strategy and policy documents.

A9.4.1.2 Targets relating to recruiting, training or supporting professionals and practitioners

Three documents include specific targets relating to recruiting, training or supporting professionals or practitioners involved in increasing physical activity levels. For example, one of the quality statements in the NICE guidance on encouraging physical activity in the general population is for all local authorities and healthcare commissioners to have 1 senior level physical activity champion. Along similar lines, NICE guidance on physical activity for NHS staff, patients and carers recommends that all NHS organisations identify an 'active travel champion' working at a senior level. The NHS implementation plan for *Universal Personalised Care* pledges to fund the recruitment and training of over 1,000 social prescribing link workers to be in place by the end of 2020/21, rising further so that by 2023/24 all staff within GP practices have access to a link worker as part of a nationwide infrastructure of primary care networks, enabling social prescribing and community-based support.

A9.4.1.3 Defined outputs for activities and interventions to increase physical activity

Overall 18 documents reviewed mention specific outputs for activities and interventions to increase physical activity. Some documents mention intended future outputs from funded activities such the UK government setting out specific objectives to double cycling, reduce cycling accidents, and increase the proportion of 5-to-10 year olds walking to school to 55% by 2025. Sport England outlined an aim to increase the number of people from lower socio-economic groups being active by 100,000 by 2020, specifically in the places and projects that they invest in to deliver this target. As part of the Common Outcomes Framework developed, one of the indicators for measuring the impact of social prescribing on a person is that "the person is more physically active".

Other documents mention outputs of activities that have already taken place. For example, as part of the 'moving healthcare professionals programme, 509 clinical physical activity champion training sessions were delivered in 2018 with almost 9,000 professionals registering at a training session during this period. 46 Clinical Champions were actively delivering training in December 2018.

A9.4.1.4 Defined outputs for activities and interventions to create active environments

Three documents reviewed mention specific outputs for activities and interventions to create active environments. For example, the *NHS Long Term Plan 2019* mentions setting out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment. These guidelines have been developed with a network of 12 housing

developers who are committed to developing homes that fit these principles. This covers approximately 70,000 homes over the next five years.

A9.4.1.5 Gaps in strategy and policy documents

Some of the documents that do *not* mention specific targets or outputs relating to the recruitment or training of professionals to increase physical activity, or for creating active environments and societies, should not reasonably be expected to do so given their nature and purpose. However, there are a lack of such targets or outputs in several strategies where such quantified targets or outputs may be relevant and appropriate. These documents include the *Public Health England Strategic Plan*, *UK Active's Blueprint for an Active Britain: More people, more active, more often*, *Creating a sporting habit for life: A new youth sport strategy*, the NHS' *Five Year Forward View* and the *NHS Long Term Plan*.

A9.5 Outcomes

A summary of specific types of outcomes mentioned in the documents reviewed is provided in **Error! Reference source not found.** below.

Table A9.5 National strategy and policy documents mentioning specific outcomes

Policy document mentions...	Number of documents (%)
The EAED framework in relation to increasing physical activity	8 (21%)
Achievements to create a more active society	8 (21%)
Achievements to develop active environments	7 (18%)
Achievements to develop expertise among professionals	7 (18%)
Evidence-based practice to increase physical activity	21 (54%)
Successful practices/activities and evidence about delivery models and opportunities for upscaling	18 (46%)

Source: ICF analysis of 39 national strategy and policy documents.

A9.5.1.2 Implementing the Everybody Active, Every Day vision

The *Everybody Active, Every Day* framework is mentioned explicitly in eight strategy and policy documents examined as part of this review. These documents predominantly focus on the health and social sector, the planning and design sector, and sport and leisure sector. In most of these documents, the influence of *Everybody Active, Every Day* is fairly explicit. A summary of these documents is provided in Table A9.6.

Table A9.6 Documents mentioning the Everybody Active, Every Day framework

Publication title	Year	Primary area of focus	Awareness / influence of the <i>Everybody Active, Every Day</i> framework
<i>Evaluation of the Clinical Champions' Physical Activity Training Programme (Moving Healthcare Professionals)</i>	2019	Health/ social care	Explicit influence: Mentions the launch of <i>Everybody Active, Every Day</i> in 2014 and the key domain for action of moving professionals, leading to the 'Moving Professionals Programme' (see p. iii).

Publication title	Year	Primary area of focus	Awareness / influence of the <i>Everybody Active, Every Day</i> framework
<i>Phase 1) (National Centre for Sport and Exercise Medicine)</i>			
<i>Physical Activity: For NHS staff, patients and carers (National Institute for Health and Care Excellence)</i>	2019	Health/ social care	Explicit awareness: States that “It is important that the quality standard is considered alongside current policy documents, including... <i>Everybody Active, Every Day</i> ” (p. 44).
<i>Physical Activity for General Health Benefits in Disabled Adults: Summary of a rapid evidence review for the UK Chief Medical Officers’ update of the physical activity guidelines (PHE)</i>	2018	Health/ social care	Explicit influence: States that the evidence review is intended to “build on and extend the <i>Everybody Active, Every Day</i> report” (p. 7).
<i>Cycling and Walking Infrastructure Strategy (Department for Transport)</i>	2017	Planning/ design	Explicit influence: Mentions that PHE “published an evidence-based framework, <i>Everybody Active, Every Day</i> ... [and] is continuing to support the public health system and transport planners on prioritising and taking action on active travel.” (p. 20).
<i>Building the Foundations: Tackling obesity through planning and development (TCPA, LGA, PHE)</i>	2016	Planning/ design	Explicit influence: The <i>Everybody Active, Every Day</i> report is listed as one of six “Key references” for the strategy (see p. 40).
<i>Inspired by 2012: the legacy from the Olympic and Paralympic Games (HM Government)</i>	2016	Sport/ leisure	Explicit awareness: “[Moving More, Living More] described government’s intention to deliver a physical activity legacy from London 2012 and to work collaboratively across sectors to tackle inactivity. Public Health England followed this work with <i>Everybody Active, Every Day</i> ” (p. 22).
<i>Sporting Future: A New Strategy for an Active Nation (HM Government)</i>	2015	Sport/ leisure	Explicit influence: States that “Government, working with local government, will ensure that the recommendations in PHE’s report <i>Everybody Active, Every Day</i> are properly implemented” (p. 26).
<i>UK Active’s Blueprint for an Active Britain: More people, more active, more often (UK Active)</i>	2015	Cross-cutting	Explicit influence: Mentions “Building upon recommendations in Public Health England’s <i>Everybody Active, Every Day</i> framework...” (p. 27).

Source: ICF analysis of 39 national strategy and policy documents.

Other strategies and policy documents may have built on the *Everybody Active, Every Day* Framework without mentioning it explicitly. For example, the World Health Organisation’s *Global Action Plan on Physical Activity 2018-2030* shares stark similarities with the *Everybody Active, Every Day* framework published four years earlier. Two of the four WHO objectives (‘Create active societies’ and ‘Create active environments’) match with two of the four PHE domains for action (‘active society: creating a social movement’ and ‘active environments: creating the right spaces’). In addition, a third WHO objective to ‘create active systems’ outlines actions addressing governance, leadership, multisectoral partnerships and workforce capabilities, which aligns closely with a third PHE domain for action of ‘moving professionals: activating networks of expertise’.

A9.5.1.3 Achievements to create a more active society

Eight documents mention achievements to create a more active society. Specific examples of quantitative outcomes mentioned include Sport England’s “Mind’s Get Set to Go” programme, which has supported over 3,500 people with mental health issues to become physically active in their local communities; helping to improve

both their mental and physical health as well as building confidence and self-esteem. The programme has also trained over 300 coaches in mental health awareness for physical activity. Sport England and Public Health England have reportedly worked much more closely together on the development, planning and learning from existing campaigns promoting physical activity, including PHE's Change4Life and One You campaigns, and the This Girl Can initiative. The launch of 'One You' - Public Health England's innovative adult health behaviour change campaign - generated over 1 million responses in the first two weeks.

A9.5.1.4 Achievements to develop active environments

Seven documents mention achievements to develop active environments. For example, *Moving More, Living More: The physical activity Olympic and Paralympic legacy for the nation* describes how in London investment in public transport and public realm has resulted in increasing levels of walking as part of public transport trips. By 2014, nearly a third of 15-29 year olds in London were achieving their recommended physical activity levels through active travel alone and 25% of adult Londoners were meeting all their physical activity needs through their everyday travel.

A9.5.1.5 Achievements to develop expertise among professionals

Seven documents mention achievements to develop expertise among professionals. For example, a report on the 'Moving healthcare professionals' programme found that at baseline only 16% of healthcare professionals were 'extremely confident' in delivering the physical activity message. This increased significantly to 30% at 4 weeks post-training. In addition, 25% of healthcare professionals who did not know the CMO physical activity guidelines at baseline correctly reported the guidelines at 4 and 12 weeks post-training.

A9.5.1.6 Evidence-based practice

A total of 21 documents mention evidence-based practice to increase physical activity in some form. For example, the NHS Long Term Plan mentions evidence that enabling more people with heart and lung disease to complete a programme of education and exercise-based rehabilitation will result in improved exercise capacity and quality of life in up to 90% of patients. A range of NICE guidance relating to physical activity has also been produced targeted at NHS staff patients and carers; the general population; and school staff for school-based interventions. Other documents included a description of 'what good social prescribing looks like' or recommended activities which professionals should encourage specific groups to do in order to become more physically active.

A9.5.1.7 Opportunities for upscaling

Overall 18 documents reviewed mention successful practices/activities and evidence about delivery models and opportunities for upscaling in some form. Some documents reviewed are rapid evidence reviews to inform the UK Chief Medical Officer's update of the physical activity guidelines in 2018, with specific reviews and recommendations for under 5s, children and young people, adults and older adults aged 65+ as well as specific areas such as an examination of muscle and bone strengthening and balance activities for general health benefits in adults and older adults. Other documents draw on existing evidence to encourage professionals to focus on upscaling, such as a recognition that the promotion of walking and cycling

has been identified as one of the “seven best investments” to increase population levels of physical activity in the Toronto Charter for Physical Activity: A Global Call to Action.

A9.5.1.8 Gaps in strategy and policy documents

Although a few documents only provided minimal detail on outcomes achieved in the areas described above, this might be expected to some extent for strategy and policy documents that are often predominantly forward looking rather than reflecting on existing evidence and achievements.

A9.6 Campaigns

A9.6.1.1 High profile national campaigns

A range of campaigns relating to physical activity are mentioned in the strategy and policy documents reviewed. **'Change4Life'** is the campaign with the most visibility in strategies and policy documents, with mentions in a total of 12 documents. **'Making Every Contact Count'** and **'This Girl Can'** are also mentioned in several strategies or policy documents with mentions in a total of five and four documents respectively. Other campaigns relating to **school games** and **workplace physical activity challenges** are also mentioned in several documents. Sport England has stated it intends to create more consumer campaigns which the sector can use as part of their work to encourage growth at scale. A summary of findings is presented in Table A9.7 below.

Table A9.7 National strategy and policy documents mentioning specific campaigns

Policy document mentions...	Number of documents (%)
Change4Life	12 (31%)
School Games	6 (15%)
Making Every Contact Count	5 (13%)
This Girl Can	5 (13%)
Workplace Physical Activity Challenge	3 (8%)
Physical Activity Clinical Champions	3 (8%)
One You	2 (5%)
Active Mile	0 (0%)
Other relevant campaigns	10 (26%)

Source: ICF analysis of 39 national strategies and policy documents.

A9.6.1.2 Other campaigns mentioned

Other campaigns mentioned at least once in across all the documents include: the 'Moving More, Living More' campaign, StreetGames 'Door Step Sport' programme, Dame Kelly Holmes Legacy Trust 'Get on Track' programme, 'Walking for Health', 'Lets Get Moving', 'Walk4Life', 'Bike4Life', 'Think Feet First', 'Going the Extra Mile', 'Big Bike Revival', 'Bike Week', 'National Walking Month', and #EveryRoadtoRio campaign.

Annex 10 Analysis of the national stakeholder survey

A10.1 Background information

Which organisation do you work for?	Total responses (n)
Local authority	54
Charity	14
Public Health England	11
Active Partnerships	6
Social enterprise	5
Business	4
Arm's length body	3
NHS Trust	3
Professional body	2
Independent physical activity provider	2
Clinical Commissioning Group (CCG)	1
Central government	1
None of the above - I am responding as an individual	5
Total	111

Which area of England do you primarily work in?	Total responses (n)
East Midlands	3
East of England	13
London	22
North East	9
North West	13
South East	4
South West	16
West Midlands	11
Yorkshire and the Humber	11
Nationally	8
Other (please specify)	1
Total	111

A10.2 Survey questions: progress over the last five years

Question	Results	Further comments
Overall progress and priorities		
In the last 5 years, progress has been	62% agree, 13% disagree	■ Several stakeholders note that there has been an overall increase in the number of

Question	Results	Further comments
made in increasing levels of physical activity	(23% neutral, 3% don't know)	<p>people who are meeting CMO guidelines on physical activity</p> <ul style="list-style-type: none"> ■ Physical activity is also higher on the agenda in other sectors and settings, particularly schools, and among specific groups, such as disabled people, women and ethnic minorities. The general public also have a better awareness about the benefits. ■ Generally there is improved partnership working, better guidance and getting active is seen as more accessible rather than having to take part in a sport, which is positive in supporting behaviour change in inactive people ■ However, it is still felt that more needs to be done and physical activity is not embedded enough across all sectors. ■ Challenges to progress include staff capacity, funding limitations and increasing levels of obesity <p><i>“Shift to considering much broader agendas and partners than the traditional; particularly whole systems considerations that take into account the totality of factors that may impact on physical activity behaviour.”</i></p>
There is cross-government sign up to increase physical activity	32% agree, 20% disagree (42% neutral, 5% don't know)	<ul style="list-style-type: none"> ■ Some areas of government have been more proactive than others, such as increasing engagement from public health ■ However, physical activity can be overlooked or is low on the agenda of other areas, such as transport departments where some stakeholders feel not enough is being done to support active travel ■ Stakeholders feel that more could be done to encourage cross-government working and joined-up thinking <p><i>“There is some clear progress in some government departments but it currently doesn't feel joined-up across all government departments.”</i></p>
Funding is well aligned to the target groups least likely to be active	28% agree, 36% disagree (29% neutral, 7% don't know)	<ul style="list-style-type: none"> ■ Alignment of funding is variable – sometimes it is applied well (e.g. Sport England or PHE campaigns) while sometimes it is not targeted appropriately (e.g. spending and investment decisions locally) ■ There are several challenges - getting funding down to grassroots level; funding restrictions; lack of evidence supporting interventions; and fragmented approaches. ■ Funding has been withdrawn from some areas which several stakeholders feel has impacted deprived and inactive groups disproportionately, and funding tends to be directed towards <i>“high populated urban areas where there is a higher return on investment.”</i>

Question	Results	Further comments
In what areas has progress in increasing physical activity not been achieved?		<ul style="list-style-type: none"> ■ More progress is needed for the most inactive groups (women, ethnic minorities, disabled people, people with long-term health conditions, people from lower socioeconomic backgrounds, older people), as well as children and young people, people who may be isolated and don't fit into a specific group. ■ Infrastructure and planning is felt to be broadly unaccommodating to active travel and active lifestyles ■ More could be done to encourage physical activity in some environments, such as workplaces and schools ■ Programmes addressing physical inactivity are generally over too short of a period for the people they target (e.g. 12 weeks) which inhibits progress <p><i>"In harder to reach communities and where the benefits are not understood or taking the first step is a challenge."</i></p>
Active society		
Progress has been made in changing the social 'norm' to make physical activity the expectation	28% agree, 33% disagree (38% neutral, 1% don't know)	<ul style="list-style-type: none"> ■ Some stakeholders do feel there has been progress to some extent– more people are aware of the benefits of exercise and overall its felt that more people are getting active and meeting the CMO guidelines – but progress is slow and there is <i>"a long way to go"</i> ■ To achieve this, its important to address barriers to participation experienced by the least active groups (e.g. people living in areas of high deprivation) and to understand what motivates people to make it a 'norm' for them ■ At a local level, more work is needed to showcase physical activity as the social norm in order to maintain the success of national campaigns like This Girl Can and We Are Undefeatable ■ The increasing popularity of mass participation events (e.g. Tough Mudder) and other health trends can contradict attempts to make physical activity the norm as they are challenges – those who take part are often already active <p><i>"I think we have moved the dial on PA but not quite at making it an 'expectation'. I think we have challenged peoples barriers more than before and this has had impact but it's a slow journey."</i></p>
We have the local public health and physical activity data we need to design targeted interventions	44% agree, 29% disagree (23% neutral, 5% don't know)	<ul style="list-style-type: none"> ■ There is a lot of data available but the challenge is utilising it effectively - there is not always adequate support provided to professionals to interpret and apply it within their role ■ Active Lives is helpful but not necessarily reliable for understanding a local level, and there are gaps in knowledge about the most inactive groups and how to engage them

Question	Results	Further comments
		<ul style="list-style-type: none"> ■ Different data sets can suggest different things in terms of inactivity (for example, one stakeholder said Active Lives suggested 23% inactivity while GPPAQ data showed around 42%) ■ There are also data limitations around geographic scope, timeliness, granular detail on target groups and information on how to address wider determinants of inactivity <p><i>“In cities like London, local needs can differ at street level. Public data provides context and sets the tone, but bespoke insight and co-design research is required on a project-by-project basis to maximise impact.”</i></p>
Progress is being made in increasing physical activity in schools	41% agree, 22% disagree (32% neutral, 5% don't know)	N/A
Active environments		
Progress has been made in creating environments to support active lives	32% agree, 26% disagree (38% neutral, 5% don't know)	<p>What have been the enablers for progress, and how?</p> <ul style="list-style-type: none"> ■ There have been improvements in planning policy and implementation, such as forcing developers to include green space in their designs ■ More people are cycling rather than using their cars ■ Parks and open space has been improved by introducing outdoor gym equipment and better upkeep, and increasing uptake of outdoor activities like Park Run ■ There is also greater recognition that health, transport and housing are linked to the physical activity agenda <p><i>“Planning has certainly improved to force developers to include more green spaces into their designs. Cycling is certainly becoming more prevalent and making roadways safer is progressing.”</i></p>
Progress is being made to educate employers to make working environments conducive to physical activity	32% agree, 26% disagree (37% neutral, 5% don't know)	N/A
Progress is being made in achieving active travel at the national level	29% agree, 41% disagree (24% neutral, 6% don't know)	N/A
Moving professionals		
Professionals across different sectors are well informed on delivering the	32% agree, 31% disagree (33% neutral, 5% don't know)	<p>What things would provide the best support for professionals?</p> <ul style="list-style-type: none"> ■ Training around physical activity that is tailored to professional roles so that it is

Question	Results	Further comments
physical activity message (importance of increasing physical activity)		<p>relevant to them, and they understand how it links into their own priorities</p> <ul style="list-style-type: none"> ■ The information currently available should be promoted so that professionals know it is available and they have something to refer to ■ Potentially set up a stakeholder network so that professionals can have ongoing support on increasing physical activity within their role <p><i>“Physical activity messages and guidance included in the initial training of professionals rather than trying to educate them once they are in their particular profession.”</i></p>
There is good progress in upskilling the physical activity workforce	23% agree, 13% disagree (50% neutral, 14% don't know)	<p>What have been the key enablers for progress, and how?</p> <ul style="list-style-type: none"> ■ There is a better understanding that being active doesn't necessarily mean taking part in sport or leisure activities ■ More courses are available at colleges and universities so the workforce are growing in their knowledge and ability through higher level of qualification ■ There are increasing partnerships in key settings, such as primary care, schools, workplaces and in the community ■ Some stakeholders mentioned the work of CIMSPA as having made positive steps towards applying quality standards <p><i>“Better understanding of promoting physical activity away from sport/leisure activity.”</i></p>
Moving at scale		
There is good understanding about the interventions that work and can be scaled up	30% agree, 27% disagree (34% neutral, 9% don't know)	<ul style="list-style-type: none"> ■ Interventions can be successful but often they do not go far enough in changing the system or environment, and therefore there's a lack of evidence for anything which is not programme-based ■ Robust evaluations should be carried out consistently as measures can vary across different areas, and there is a lack of understanding about what evidence is needed to understand whether an intervention is a good candidate for translation ■ Resources for thorough evaluation can also be lacking at local-level for small initiatives and so they are never shared at national-level ■ There is a need for solutions that are sustainable in the long-term due to the nature of funding, and this should be factored into whether an intervention is deemed successful or not ■ The focus on data and mapping can also take away from focus on actual action <p><i>“I think we're very much still learning, and lacking the measures to know what good candidates for scaling are. Really good ideas often scale of their own accord without needing forcing.”</i></p>

A10.3 Survey questions: future priorities

Question	Results	Further comments
Overall progress and priorities		
There is a need to embed physical activity more in national plans and strategies	94% agree, 0% disagree (5% neutral, 2% don't know)	<ul style="list-style-type: none"> There is a feeling that physical activity needs more integration into government department strategies, such as the Department for Transport and Defra Several stakeholders feel that it should be in "all" national plans and strategies, while some receive explicit mention (including the National Planning Policy Framework, the NHS Long Term Plan and the Prevention Green Paper) <p><i>"In EVERY plan and strategy physical activity needs to feature if we are to deliver system change."</i></p>
There is a need to embed more physical activity in local plans and strategies	94% agree, 2% disagree (4% neutral, 1% don't know)	<ul style="list-style-type: none"> Stakeholders feel that local authorities should embed physical activity in plans and strategies of all departments, and this is happening more often locally than it is nationally Several highlight planning and transport as particularly challenging, as more needed to be done to support active travel or environments conducive to an active lifestyle at this level In some cases there are examples of where this is happening well (e.g. embedding physical activity in multiple local plans) <p><i>"I think there is better evidence of alignment at a local level than at a national level."</i></p>
We need to improve partnerships across different sectors to really make a difference in increasing physical activity	72% agree, 3% disagree (18% neutral, 7% don't know)	<p>Top priorities for improving partnership across sectors</p> <ul style="list-style-type: none"> Focuses should be aligned so that resources are shared, therefore resulting in a whole system approach Professional networks committed to addressing physical inactivity Improved pathways through prevention partnerships with joined up clinical and community services Funding should be appropriate for the area needs and targeted towards partnership delivery, with more joint commissioning and closer connections between different sectors Key areas for improvements to partnership working are with the NHS and planning and transport
We need to have better information about who is doing what to promote physical activity locally and nationally	83% agree, 6% disagree (11% neutral, 0% don't know)	N/A
More needs to be done to raise	92% agree, 2% disagree	N/A

Question	Results	Further comments
awareness of the importance of physical activity for other agendas such as climate change, economic development and social care	(6% neutral, 0% don't know)	
What would provide the best support to increase physical activity?		<ul style="list-style-type: none"> ■ Support for physical activity across the whole system, including health, planning and transport, environment and education sectors, and within both national and local government ■ Collaborative/ partnership working ■ More investment and funding over longer periods of time ■ Messaging about the health impacts of physical inactivity, and the benefits of being active ■ Embedding physical activity in clinical pathways ■ Redesigning towns and neighbourhoods to better accommodate an active lifestyle (e.g. ensuring bike storage is incorporated in housing design) ■ Tackling wide determinants of inactivity (inequalities, environments, workplaces etc) <p><i>“A whole sector recognition that we need to build/design 'moving' back into our daily lives, rather than thinking that attendance at a specific amount of activities per week is going to shift the inactive to become active.”</i></p>
Active society		
Physical activity campaigns will only be effective if they are linked with professionals across different sectors	70% agree, 10% disagree (16% neutral, 4% don't know)	<ul style="list-style-type: none"> ■ Professional engagement with campaigns is important, but there are other factors too – campaigns should factor in behavioural insight to ensure the right message is getting across to the target audience, and there needs to be other things in place so that the long-term impact of a campaign is sustained (e.g. accessibility, ongoing support) ■ Generally, partnership working is preferable as it supports culture change towards physical activity throughout the system ■ However, some stakeholders also note that it is not necessarily essential for success as different sectors can deliver different things ■ Efforts to engage professions can also create challenges if physical activity is not on their agenda <p><i>“Campaigns - are they limited in their success? We will be more successful in increasing physical activity if we co-create and collaborate and involve those we seek to engage and understand their barriers and motivations. The language of campaigns needs to apply behavioural insights</i></p>

Question	Results	Further comments
<p>What would be your top priorities to make physical activity part of everyday life?</p>		<p><i>and give the right messages for those that are inactive.</i></p> <ul style="list-style-type: none"> ■ Many stakeholders mentioned priorities linked to active environments – improved cycling and walking routes, integration of active design in planning policy, support for active travel, accessible outdoor and indoor spaces, more pedestrianised zones and promotion of green space ■ Inactivity in the workplace should be addressed through active breaks, support for physical activity during the working day and commuting ■ Engage schools and educate children from a young age so that it becomes part of their daily routine ■ Promote the value of physical activity in terms of the practical benefits it offers, such as improved physical and mental health, and ensure there are a wide range activities appropriate to inactive groups <p><i>“Better walking and cycling infrastructure. More emphasis on the need for employers to be engaged and support their workforce to be physically active. More support for schools to make this a reality.”</i></p>
<p>Active environments</p>		
<p>What would be the enablers for progress, and how? [Asked to those who disagree with the statement <i>progress has been made in creating environments to support active lives</i>]</p>		<ul style="list-style-type: none"> ■ Active design and planning, and improved infrastructure and environments including: more cycle lanes, better public transport, safe walking routes, local hubs, lower density housing, and pedestrian-focused cities ■ Funding that is less <i>“leisure centric”</i> ■ Ensuring schools have access to open space / playing fields ■ Restricting working hours so that staff can maintain their own leisure commitments ■ Partnership working, including levies and grants to combine commercial and social opportunities <p><i>“Planning authorities must take active environments seriously. A minimum spend per head should be introduced for cycling and walking infrastructure.”</i></p>
<p>More needs to be done to integrate physical activity into new developments</p>	<p>92% agree, 0% disagree (7% neutral, 1% don't know)</p>	<ul style="list-style-type: none"> ■ Stakeholders suggest that conversations with planners and developers need to be increased, with active design prioritised in both new developments and into existing infrastructure. In particular, physical activity should be part of development policies in local plans (<i>“the same as waste storage and parking”</i>) ■ Enforcing this is difficult – national support and legislation is needed as development control committees do not have the power at

Question	Results	Further comments
		<p>local-level to insist on compliance from developers</p> <ul style="list-style-type: none"> ■ There is a lack of outdoor space appropriate for physical activity and the cost of using space can be prohibitive to people who wish to exercise ■ Green space is as particularly problematic in social/affordable housing areas, as those living in “leafy suburbs” are more likely to have healthy lifestyles <p><i>“Needs to be harder for developers to ignore building activity opportunities and nature into developments.”</i></p>
<p>We need to improve evidence and awareness of what works in active design</p>	<p>87% agree, 3% disagree (7% neutral, 3% don't know)</p>	<ul style="list-style-type: none"> ■ There is not necessarily a lack of data, but a “<i>lack of action</i>” – policy changes are needed ■ Evidence that is currently available is also not always adequately shared with the right people ■ It is also noted that measuring the impact of active design is difficult ■ Those directly involved in planning and transport have other priorities <p><i>“This needs to be supported by policy and decision making. The evidence exists- it has not been taken seriously or prioritised.”</i></p>
<p>What would be your top priorities to create environments that are more suited to physical activity?</p>		<ul style="list-style-type: none"> ■ Strong leadership and communication about active design ■ Address issues in planning policy, improve planning guidance and make stricter guidelines for developers ■ Improve walking infrastructure (e.g. wider pavements) ■ Provide safe cycling routes, specifically lanes that are segregated from traffic ■ Increase pedestrianised areas (e.g. ‘no car’ town centres), plant trees and ensure green space is available and accessible ■ Integrate physical activity into working environments (e.g. walking meetings) ■ Ensure people feel safe in outdoor spaces ■ Improve public transport <p><i>“More open space. With changing shopping habits there's lots of talk of ‘the death of the high street’ but that presents an opportunity to change the use of central urban spaces - city centres could still be hubs for people, just for different reasons (parks, open space etc).”</i></p>
<p>Moving professionals</p>		
<p>What more is needed to upskill the workforce? [Asked to those who disagree with the statement <i>there is good progress in upskilling the physical activity workforce</i>]</p>		<ul style="list-style-type: none"> ■ Explore links that can be made between physical activity workforce and interventions in primary and secondary care ■ Ensure there is a national mandate so the onus is not on local areas to arrange staff training ■ Work towards coordination and collaboration between different organisations

Question	Results	Further comments
		<p><i>"This needs a total review as I think there is duplication and incoordination across a number of national, regional and local organisations."</i></p>
<p>More needs to be done to understand the workforces that need to be engaged to create networks of advocates</p>	<p>72% agree, 3% disagree (18% neutral, 7% don't know)</p>	<ul style="list-style-type: none"> ■ Key to engaging inactive groups are having advocates that resonate with them due to similar circumstances - co-production with inactive groups, and supporting them to deliver programmes is important, particularly in areas where there are high inequalities ■ Some stakeholders also suggest that a whole system review is needed to better understand where there are gaps in recruitment and the jobs market <p><i>"It is important that the people working in this area look like the people we want to get engaged."</i></p>
<p>Physical activity advocates should be encouraged in all sectors including education, transport and planning</p>	<p>95% agree, 0% disagree (5% neutral, 1% don't know)</p>	<p>N/A</p>
<p>More needs to be done to engage the health and social care sector in promoting the physical activity message</p>	<p>92% agree, 1% disagree (6% neutral, 1% don't know)</p>	<p>N/A</p>
<p>What would be your top priorities to develop expertise and leadership within professionals so they can embed the physical activity message into their daily interactions with people?</p>		<ul style="list-style-type: none"> ■ Designated physical activity champions within large organisations who will promote the agenda among colleagues as well as integrating it into working practices (including continued implementation of the Physical Activity Clinical Champions programme) ■ Make physical activity relevant to the agendas of professionals across all sectors, including provision of national-level guidance tailored to key groups ■ Communicating the message that physical activity is a priority rather than an "add-on" (e.g. economic benefits, health benefits) ■ Ensure funding is directed towards areas that are making headway in engagement with professionals ■ Embed physical activity in medical training, and ensure related CPD for health professionals is affordable and engaging ■ Build physical activity into NHS patient pathways and processes ■ Work towards a whole system approach through the provision of training and sharing best practice across different workforces so that the goal of increasing physical activity is shared <p><i>"People need to understand why people should be active before they can be expected to embed"</i></p>

Question	Results	Further comments
		<i>physical activity messaging in their daily interactions with people. They then need support on how to have the conversation."</i>
Moving at scale		
We need more explicit and consistent monitoring and evaluation of physical activity interventions	82% agree, 7% disagree (11% neutral, 0% don't know)	<ul style="list-style-type: none"> ■ Stakeholders recognise that this is important, but note that data collection needs to be "meaningful" so that it does not become a burden that distracts from successful delivery ■ Physical activity is complex and there are many factors which can influence individual decisions around being more active, and this should be factored into design of interventions (e.g. a successful intervention in one locality may not work somewhere else) ■ Evaluation should also take place based on a range of outcomes, and qualitative methodologies should be used to better understand behaviour change ■ Evidence should also be collected over longer periods of time - funding is short-term but goals are for sustained behaviour change and this is not always measured effectively <p><i>"I think we know what interventions work and what doesn't. What we don't know is how they can be applied in other areas and upscaled. What will work is a co-ordinated approach across everything, rather than activities/interventions in isolation."</i></p>
Case studies including activities, outcomes and baseline measurements need to be promoted and widely shared	86% agree, 2% disagree (13% neutral, 0% don't know)	N/A
What would be your top priorities to identify and up-scale successful programmes?		<ul style="list-style-type: none"> ■ Ensure evidence is consistent and standardised so that it is comparable, and define success so that there is an established minimum standard (e.g. through benchmarking) ■ Capturing and sharing what works as well as what doesn't – including sufficient detail on the reasons for success/failure ■ Identifying and sharing case study examples that illustrate wider benefits of physical activity (e.g. addressing mental health, low mood, improving social networks) ■ Dedicated funding for proven initiatives so that they can be more easily adopted in other areas