

Physical Activity Framework for Hertfordshire 2010 (Draft)



(To be refreshed Summer 2011)

Hertfordshire Physical Activity Framework (2010-2013)

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APS3 Local Profiles

Hertfordshire

Local Profile compiled for PA Framework: [link](#)

'Local Sport Profile' produced by Sport England nationally: [link](#)

Broxbourne

Local Profile compiled for PA Framework: [link](#)

'Local Sport Profile' produced by Sport England nationally: [link](#)

Dacorum

Local Profile compiled for PA Framework: [link](#)

'Local Sport Profile' produced by Sport England nationally: [link](#)

East Herts

Local Profile compiled for PA Framework: [link](#)

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Hertsmere

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St Albans

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Stevenage

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Three Rivers

Local Profile compiled for PA Framework: [link](#)

'Local Sport Profile' produced by Sport England nationally: [link](#)

Watford

Local Profile compiled for PA Framework: [link](#)

'Local Sport Profile' produced by Sport England nationally: [link](#)

Welwyn Hatfield

Local Profile compiled for PA Framework: [link](#)

'Local Sport Profile' produced by Sport England nationally: [link](#)

APS4 Headline Data

NI8 participation by county and by local authority

[link](#)

1 Executive Summary

Hertfordshire Physical Activity Framework: Making Hertfordshire an 'inactivity-free zone'

The purpose of this framework is to ensure there is a co-ordinated and effective response to the challenge of increasing physical activity levels in Hertfordshire.

This framework covers everyday activity (e.g. gardening), active recreation (e.g. dance) and sport (e.g. netball).

The recommended levels (from the Chief Medical Officer¹) of physical activity are that adults should do 30 minutes of moderate physical activity five times a week. The latest Active People Survey² shows that more than three-quarters of the adult population in Hertfordshire fail to do these recommended levels and about 45 percent of the adult population are completely inactive.

Fewer women than men are physically active, physical activity decreases with age with only 14 per cent of those aged 55 and over being physically active, and those in the non-professional/managerial socio-economic groups doing less physical activity than other groups.

Physical inactivity is costing the health economy in Hertfordshire, as a result of treating diseases such as diabetes, coronary heart disease and strokes, over £12 million per year (source: Be Active Be Healthy³).

Recent results from the national Active People Survey show physical activity levels in Hertfordshire as static. This is despite considerable effort, led by Herts Sports Partnership and NHS Hertfordshire, to achieve an increase in physical activity levels.

Hertfordshire's three-year physical activity target (NI8) for a 4 percentage point increase in physical activity by 2011 is therefore at high risk of not being achieved.

There is therefore now an urgent need for a greater focus on physical activity by all the strategic alliances in Hertfordshire and for delivery programmes to be more effective at achieving and sustaining an increase in local participation.

We not only need to build on what we have that is working well but also to develop new innovative approaches to supporting people to live an active life, and for this effective partnership working is the key to success.

Key areas to focus on for action

The key national strategy informing this framework is "Be Active Be Healthy" and this framework adopts the four key areas for action of that strategy in developing the way forward for Hertfordshire. These are:

- Informing Choice and Promoting Activity
- Creating an Active Environment
- Supporting those most at risk
- Strengthening Delivery

¹ Annual Report of the Chief Medical Officer, Department of Health (2009)

² Ipsos MORI Active People Survey (Sport England, 2008/09)

³ 'Be Active, Be Healthy – A plan for getting the nation moving' (Department of Health, 2009)

Hertfordshire Physical Activity Framework

Key issues and challenges for Hertfordshire

- Address drivers and barriers to participation including accessibility & affordability
- Strengthen strategic coordination, communication and cross-service planning for physical activity and its delivery
- Improve targeted provision to those who are most sedentary and inactive and therefore at risk of ill-health as a result
- Increase participation in the context of the current financial and economic climate (where appropriate budgets are constrained)
- Improve understanding of the benefits of physical activity and the contribution it can make to many local priorities
- Improve monitoring and evaluation of physical activity provision, linked to identified outcomes
- Influence local planning, environmental and transport policy to create more active environments in new housing, schools and other developments and create more active environments

Key Outcomes to be achieved

- A reduction in the number of people (as measured by the Active People Survey²) who are completely inactive from the current level of 44.3%
- An increase in the number of people (as measured by the Active People Survey²) doing 3 x 30 minutes moderate intensity per week from the current level of 21.7%

Recommendations

The framework makes the following 6 key recommendations:

1. All 11 Local Strategic Partnerships in Hertfordshire to adopt, as a key priority, increasing levels of participation in physical activity.
2. Strengthen countywide strategic leadership by closer working between the Hertfordshire Physical Activity Alliance, the Healthier Communities and Older People's Group and Hertfordshire Forward.
3. Strengthen local strategic leadership and delivery by each Local Strategic Partnership developing an action plan to increase levels of physical activity. The development of these action plans will be supported and where appropriate coordinated by the Hertfordshire Physical Activity Alliance
4. Support social marketing initiatives to better target information and delivery of programmes.
5. Develop interventions informed by local, regional and national evidence of effective and best practice. The Hertfordshire Physical Activity Alliance will support the sharing of this evidence and highlight areas of local best practice.
6. Make best use of the profile that the Olympic and Paralympic Games in 2012 will bring, to increase levels of participation in physical activity in Hertfordshire

2 Introduction

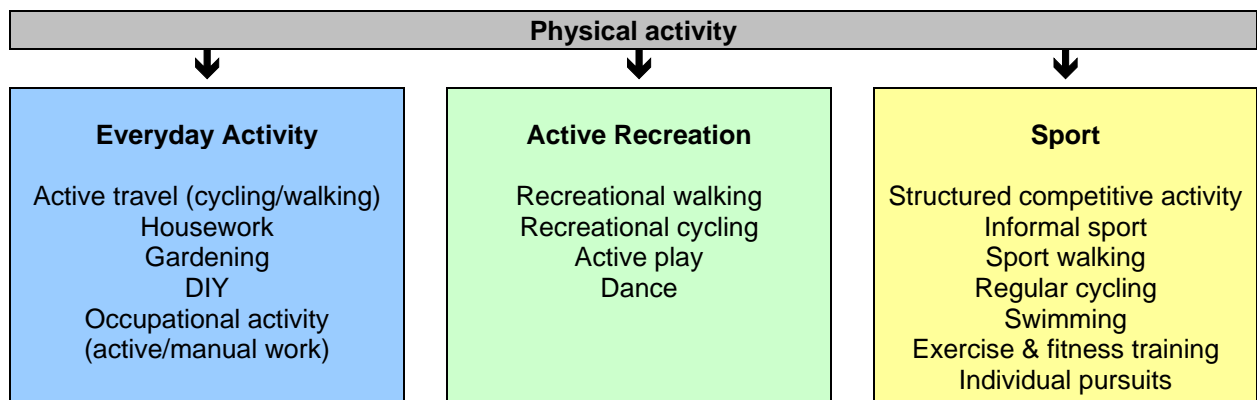
*'The benefits of regular physical activity to health, longevity, well being and protection from serious illness have long been established. They easily surpass the effectiveness of any drugs or other medical treatment. The challenge for everyone, young and old alike, is to build these benefits into their daily lives.'*⁴

Introduction

- 2.1 The low levels of participation in physical activity in this country are having a serious impact on the nation's health. Increasing participation, to the levels recommended to maintain a healthy lifestyle, is a significant national challenge. 'Be Active, Be Healthy – A plan for getting the nation moving' (BABH) provides the national strategic response to this challenge. Through the provision of a clear physical activity pathway at national, regional and critically local level it makes the case for an increase in regular participation.
- 2.2 The Hertfordshire Physical Activity Framework follows the same national approach and focuses on increasing the number of people in Hertfordshire who are physically active, to the recommended levels to improve their health and well being. This means intervening to target the most sedentary and completely inactive people to encourage them to undertake some activity on at least a limited basis, and increasing the frequency of participation of those who, at some level, already take part.

Definition of Physical Activity

- 2.3 For the purposes of this framework, physical activity includes all forms of activity, such as 'everyday' walking or cycling for travel, active recreation not undertaken competitively such as working out in the gym, dancing, gardening or families playing together, and organised and competitive sport.
- 2.4 What unites all types of physical activity are the physical and mental health benefits, bringing about an immediate and beneficial physiological response and improving our overall well being. Participation in physical activity can be a cost-effective driver for social change on many levels and as well as the important contribution to health can have a positive effect on: educational attainment, social inclusion, community cohesion, crime and disorder reduction, personal development and even economic prosperity.



⁴ Annual Report of the Chief Medical Officer, Department of Health (2009)

Making the Case for Physical Activity

- 2.5 Disease and disability caused by physical inactivity cause serious and unnecessary human suffering and impaired quality of life. The estimated cost to the English economy of physical inactivity is £8.3 billion annually, which does not include the contribution of inactivity to obesity which in itself has been estimated at £2.5 billion annually.⁵ It is estimated that the costs of physical inactivity in Hertfordshire amounts to around £12.25m pounds each year, excluding the costs of obesity, as detailed in Table 2.1.⁶
- 2.6 If the cost of physical inactivity continues to increase, particularly in relation to chronic diseases as well as obesity, osteoporosis and supported living, this is likely to result in significant reductions in public health and social care expenditure in other areas for an increasing number of people.

Table 2.1 - Cost of physical inactivity

Cost of physical inactivity to NHS Hertfordshire £000s					Total cost
Cancer Lower GI	Cancer Breast	Diabetes	Coronary Heart Disease	Cerebro-Vascular Disease	
922,880	724,900	2,369,850	7,091,360	1,147,440	12,256,430

- 2.7 Based on these identified costs, it is clear that the highest costs across the county are those related to diabetes and coronary heart disease. Regular physical activity has a particularly beneficial impact on cardiovascular disease (heart disease, stroke and kidney disease), type 2 diabetes and mental health. Physical activity substantially reduces the risk of these common diseases as outlined in Table 2.2, and therefore can reduce the associated costs.

Table 2.2 - Effect of physical activity on reducing the risk of common diseases⁷

Disease	Effect of physical activity
Coronary heart disease	Moving to moderate activity could reduce risk by 10%
Stroke	Moderately active individuals have a 20% lower risk of stroke incidence or mortality
Type 2 diabetes	Active individuals have a 33-50% lower risk
Colon cancer	The most active individuals have a 40-50% lower risk
Breast cancer	More active women have a 30% lower risk
Osteoporosis	Being physically active reduces the risk of later hip fracture by up to 50%

- 2.8 As well as contributing to a reduction in risk relating to the above diseases, a number of key benefits of more active lifestyles through regular physical activity can be identified. Regular physical activity:

⁵ Annual Report of the Chief Medical Officer, Department of Health (2009)

⁶ 'Be Active, Be Healthy – A plan for getting the nation moving' (Department of Health, 2009)

⁷ Annual Report of the Chief Medical Officer, Department of Health (2009)

- **Is important for helping people to maintain weight loss over several months or years: those who include physical activity as part of their weight loss plan have a better chance of long-term success. Physical activity brings important reductions in risk of mortality and morbidity for those who are already overweight or obese.**
- **Can contribute to the prevention of falls and improving postural stability, help protect against osteoporosis and have beneficial effects in those with osteoarthritis and low back pain. Regular physical activity is beneficial in terms of increasing bone density and strengthening muscles.**
- **Provides a means for increasing regular social interaction and improving social cohesion.**
- **Is associated with reduced risk of depression and dementia in later life, is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication, particularly in the longer term. More generally, physical activity helps people feel better and feel better about themselves, as well as helping to reduce physiological reactions to stress.**
- **Supports independent living and can increase personal confidence and self esteem.**
- **Can contribute to improving educational attainment.**
- **Can increase people's ability to work and reduce absenteeism from work.**

Implementing National Physical Activity Policy

- 2.9 Implementation and delivery of BABH is being supported at national and regional level through the establishment of Physical Activity Alliances – alliances of organisations at national and regional level (public, private and voluntary sectors involved in the three major domains of physical activity – indoor, outdoor and active travel) that share the common aim of increasing participation in physical activity in England.
- 2.10 Given this national context for physical activity, it is important that a local focus on implementation reflects identified priorities and need in relation to increasing participation in physical activity.

Developing the Hertfordshire Physical Activity Framework

- 2.11 BABH provides the overall context for the development of this local, Hertfordshire Physical Activity Framework; which is the local interpretation of national policy and priorities informed by the picture in Hertfordshire, including the 11 local authorities and NHS Hertfordshire.
- 2.12 The development of this framework has been jointly led by Herts Sports Partnership (HSP) and NHS Hertfordshire. In Hertfordshire, the HSP is the co-lead with NHS Hertfordshire for the co-ordination of activities towards meeting the local target based on the national indicator for increasing participation in sport and active recreation (NI8), which is currently included in Hertfordshire's Local Area Agreement (LAA) 2008-2011.⁸
- 2.13 The development of this framework has been supported by the Hertfordshire Physical Activity Alliance, which consists of all those with a responsibility for, or interest in, physical activity and increasing participation in

⁸ NI8 is the national indicator for adult sport and active recreation, and is measured by Sport England's Active People Survey. NI8 is the percentage of the adult population (age 16 years and over) in a local area who participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week).

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Hertfordshire. This alliance, co-chaired by HSP and NHS Hertfordshire, includes representation from the 10 Local Strategic Partnerships at district level in Hertfordshire, county, district and borough council representatives, the voluntary and community sector and more. The research, consultation and analysis undertaken have been reported back through the Alliance, which has then shaped the overall framework.

- 2.14 A stakeholder-led, partnership approach has been adopted in the development of this framework. It attempts to outline the key considerations for any decision-making, policy or action planning across Hertfordshire and within partner organisations, rather than setting a list of specific targets. It is intended that partners will adopt and embrace the vision and ambitions of the framework and that it will support more local implementation and action.

Delivering the Hertfordshire Physical Activity Framework

- 2.15 This framework is for all partners in Hertfordshire who are involved in or have an interest in becoming involved in increasing physical activity among adults for the purposes of improving their health and wellbeing. Section 7 outlines the leadership and coordination required to implement this framework but it is envisaged that this will include all local authorities (at county, district and parish/town council levels), NHS Hertfordshire and other local partners through the county and district level Local Strategic Partnerships.
- 2.16 Implementation of this framework at a local level will require the development of local action plans that seek to address the barriers, motivations and levels of participation identified through the research.
- 2.17 The delivery of Hertfordshire's Physical Activity Framework is not the role of one agency or organisation. Rather it is a collective responsibility for partners to work in a co-ordinated and complementary manner to agreed objectives across the county, to make optimum use of available resources and good practice. It is a collective responsibility because inactivity is everyone's problem, given its impact on the health and wellbeing of the population. The framework sets out ambitions and strategic objectives which need to be addressed through collaboration between the relevant agencies and stakeholders.
- 2.18 Public services are under increasing pressure to rise to the challenge of demonstrating the impact that investment, delivery and action is making on the well being of communities. Now more than ever there is a need to demonstrate that public services are both efficient and effective and that positive outcomes are being achieved.
- 2.19 Short term data (such as participant numbers collected through targeted physical activity interventions) is important to measuring performance and improvement however this needs to be supplemented by a longer term approach to demonstrating change in social outcomes. Therefore at a local and countywide level, in delivering the objectives set out in this framework, effective performance management systems need to be in place.
- 2.20 The Hertfordshire Physical Activity Alliance will support the performance management of interventions at a local level and lead on performance management for countywide projects. Local partners, through their local strategic partnerships, should seek to engage with the Alliance when developing performance management frameworks.

Scope of the Hertfordshire Physical Activity Framework

- 2.21 This framework is concerned with increasing levels of participation in physical activity for all adults (aged 16 years and over) living in Hertfordshire.
- 2.22 The scope of this framework concerns adult participation in physical activity. However there are a number of national, regional and local strategies concerned with increasing participation in physical activity among children and young people which are very relevant. This framework does not exist in isolation from, and its implementation will require coordination with, those partner agencies involved in providing services (particularly related to health and well being and increasing physical activity) to children and young people.

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This framework gives due regard to the children and young people's agenda and the importance of activities that can involve all members of a family, in the interests of reducing as far as possible the 'drop-off' rates in participation experienced by children and young people in 'transition' years (at ages 10-11 years and post-16 years).

- 2.23 In recent years physical education and school sport nationally has been supported by significant government investment in support of the Physical Education and Sports Strategy for Young People (PESSYP) – and prior to that the Physical Education, School Sports Club Links (PESSCL) strategy. This created a national framework of School Sport Partnerships and an infrastructure that provided opportunities for over 5 million pupils to participate in at least two hours of high quality physical education and sport each week. These strategies also targeted wider opportunities for young people in both school and community settings and included specific initiatives aimed at those young people considered less sporty and only partially engaged in sporting programmes. Recently, as a result of stringent financial cut backs, PESSYP has been discontinued but the government remains committed to delivering the participation legacy that was the foundation of the London 2012 Olympic and Paralympic Games bid, and has announced a number of funded programmes in support of this. However, the discontinuation of the School Sports Partnership infrastructure, in its current form, beyond the 2010 – 11 academic year, will undoubtedly bring with it a raft of new challenges to the successful delivery of those legacy aspirations.
- 2.24 Local Area Agreements (LAAs) set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level. Hertfordshire's LAA2 (April 2008 to March 2011) includes a target to reduce obesity among primary school age children in year 6.
- 2.25 In Hertfordshire the majority of people have a very low or non-existent level of participation in physical activity and this is compounded by the fact that the county also has an ageing population. There is a significant drop-off in the levels of participation in sport and physical activity by young people when they go through adolescence (estimated to be more than 50%⁹) especially by girls. Locally determined actions to increase adult participation will therefore need to consider the development of a seamless transfer approach between providers, to facilitate regular participation by young people and on throughout adulthood.
- 2.26 In order to achieve the ambitions within the framework and in attempting to facilitate sustained participation in physical activity post-16 years, there is a particular need to ensure a coordinated approach between the infrastructure for children and young people and other local partners.
- 2.27 There remains a significant concern about obesity levels and sedentary lifestyles in young people and opportunities to join up initiatives for both children and young people should also be explored in order to meet the ambitions of this framework. By influencing the behaviour and encouraging participation in physical activity in adults there is an opportunity, through encouraging family activity, to influence the lifestyle and behaviour of children and young people in those families.

⁹ Based on data gathered through the PE, School Sport & Club Links (PESSCL) Strategy and Active People Survey (Sport England) 2005/06.

3 The Context for Physical Activity

'It is crucial to encourage a culture of physical fitness in the population which spans all ages'¹⁰

National Participation Targets



- 3.1 The Chief Medical Officer recommends that 'adults should aim to achieve at least 30 minutes of moderate intensity activity on five or more days of the week'.¹¹
- 3.2 The forthcoming Olympic and Paralympic Games to be hosted in London in 2012, represents an opportunity to raise the profile of sport and physical activity and work towards building a lasting legacy of participation that can only be achieved through partners working together. The Government's Legacy Action Plan for the 2012 Olympic and Paralympic Games (LAP)¹² sets a new cross-Government target of 2 million more adults 'active' by 2012. The 2 million target will measure change across sport, active recreation (including dance, active conservation, gardening) and active travel (walking and cycling).
- 3.3 BABH outlines the Department of Health's framework for contributing to the LAP and 'shifting the curve' of adult physical activity. BABH includes targets to reduce the proportion of those most at risk of inactivity (those achieving 30 minutes of continuous physical activity on less than one day per week), increase the numbers achieving the Chief Medical Officer's recommendations (200,000 more people) and boost overall physical activity for all groups against a 2008 baseline (by 5%).

¹⁰ Annual Report of the Chief Medical Officer, Department of Health (2009)
¹¹ At least five a week: Evidence on the impact of physical activity and its relationship to health (Department of Health, 2004)
¹² 'Before, during and after: making the most of the London 2012 Games' (DCMS, 2008)

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- 3.4 Sport England's new strategy published in June 2008 includes a target to increase regular participation in sport (defined as three sessions of moderate intensity sport each week) by 1 million more people by 2012/13.
- 3.5 This will contribute to the wider 2 million target. Sport England's Active People Survey, extended to include dance, active conservation and gardening, has been adopted as the most appropriate survey tool to measure the 2 million target. In recognition that many people both play sport and participate in other forms of physical activity, the 2 million target will combine sessions of sport and physical activity.¹³
- 3.6 National Indicators are the means of measuring local delivery against national priorities that have been agreed by Government as part of Local Area Agreements. National Indicator 8 (NI8) is the indicator for sport and active recreation and it is also being measured by Sport England's Active People Survey. The definition for NI8 is: the percentage of the adult population in a local area who participated in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week). Local targets relating to this indicator are now included in many Local Area Agreements (see 4.9 following).
- 3.7 In terms of participation in physical activity, research has previously highlighted some key challenges at national level, including age, gender, socio-economic classification and disability. These provide an important context for the future delivery of physical activity both nationally and in Hertfordshire.
- 3.8 The recognition of both the value of physical activity and its contribution has been the catalyst for initiatives such as Change4Life and Fit for the Future. A host of supported programmes such as Active travel, Active workplaces, and Active schools have been implemented with the overall goal of increasing the number of people who are physically active on a regular basis.

Local Participation Targets

- 3.9 All local authorities/Local Strategic Partnerships in Hertfordshire have priorities to improve health and some have specifically identified increasing participation in sport and physical activity in their Community Strategies. It is hoped that partners at a local level embrace this framework and use it to identify and agree appropriate targets for their area, and an action plan to deliver against these targets.
- 3.10 Targets related to increasing adult participation in sport and active recreation were included in both of Hertfordshire's Local Area Agreements (LAA1 and LAA2). LAA1 (April 2006 to March 2009) included targets to increase rates of regular participation among people aged 16 to 24 and adults aged 45 years and over. In LAA2 (April 2008 to March 2011) a target was included to increase adult participation overall, using the NI8 indicator:
- To increase the number of adults aged 16 years and over participating in 30 minutes of moderate intensity sport and active recreation on three or more days per week by 4% (from the 2005/06 baseline).
- 3.11 The baseline for Hertfordshire's LAA2 is taken from the first year of the Active People Survey (2005/06) i.e. 22.0% and the agreed target is 4% over 3 years. The DCMS recommended that the minimum target for this indicator should be an increase of 4%. Hertfordshire included a 4% target knowing that it would be very challenging to meet given the ageing population, increasing sedentary lifestyles and resource implications.
- 3.12 The most recent data available shows that participation has remained static since 2005/06 (and this is a trend that has been witnessed nationally) and it will therefore be challenging to meet the 4% target as it would be in the vast majority of areas in England. Table 3.1 illustrates, in real terms, the numbers required in each district to achieve this increase in participation.

¹³ Detailed technical notes relating to the Active People Survey can be found on the Sport England website: www.sportengland.org

Hertfordshire Physical Activity Framework

Table 3.1 - Estimated number of adults needed to achieve 4% NI8 increase by 2011

Local Authority area	Adult (16+) population estimate (Mid-2006) ¹	Percentage of adults (16+) achieving 3x30 (NI8) in 2005/06 (APS1)	Estimated number of adults (16+) achieving 3x30 (NI8) in 2005/06 (APS1)	Target % of adults achieving 3x30 (NI8) by 2010/11 (+4%)	Percentage of adults achieving 3x30 (NI8) in 2007-09 (APS2/3)	Estimated ² adult population in 2011	Target number of adults achieving 3x30 (NI8) by 2011	Number of 'new' adults achieving 3x30 (NI8) required
Broxbourne	71,000	18.1%	12,837	22.1%	20.7%	73,062	16,132	3,295
Dacorum	110,800	20.7%	22,880	24.7%	22.9%	113,164	27,895	5,015
East Herts	105,400	26.2%	27,615	30.2%	23.0%	109,722	33,136	5,521
Hertsmere	76,400	21.0%	16,006	25.0%	20.1%	79,641	19,870	3,865
North Herts	97,200	21.2%	20,616	25.2%	21.7%	102,715	25,894	5,278
St Albans	103,300	27.0%	27,891	31.0%	24.1%	106,057	32,878	4,987
Stevenage	62,700	19.6%	12,264	23.6%	20.3%	63,678	15,003	2,738
Three Rivers	68,300	23.2%	15,832	27.2%	23.3%	71,538	19,444	3,612
Watford	63,700	21.1%	13,428	25.1%	18.7%	64,881	16,272	2,844
Welwyn Hatfield	85,700	18.9%	16,223	22.9%	23.2%	92,989	21,322	5,099
HERTFORDSHIRE	844,500	22.0%	185,592	26.0%	21.7%	877,448	227,847	42,255

¹ Office for National Statistics (Mid-2006 UK, England and Wales, Scotland and Northern Ireland: 22/08/07) <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106>

² Office for National Statistics – Sub-national Population Projections (SNPP) for England - <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=997>

N.B It is important to highlight that the districts are more usefully compared with their statistical, rather than their geographical neighbours i.e. local authorities elsewhere in the UK that share similar characteristics.

- 3.13 The co-led approach to meeting this target has started to improve co-ordination and collaboration of physical activity interventions across the county, but achieving the target will remain very challenging in the context of the most recent results. It is also a challenge to balance interventions to increase general participation to achieve NI8, against more targeted interventions, which may affect fewer people but help to reduce chronic diseases and ill-health among those most at risk and most sedentary or inactive.

Local Context

- 3.14 In order to understand the health challenges of an area, an understanding of the demographics of the community is needed (as well as what follows, detailed information is available on this within the Joint Strategic Needs Assessment 2010).¹⁴ This will support a more targeted approach to the delivery of physical activity opportunities. The intention is that this framework will be implemented to increase participation for all but particularly for those who are most sedentary. To improve the health of those individuals and communities who are currently totally inactive, or who only have very low levels of participation in physical activity, it is important to understand what provision will best meet their needs, where, how and when.
- 3.15 Located just north of London, Hertfordshire is a county with diverse geographic and demographic areas. 70% of the county is designated 'green belt' land however in contrast, despite having no major cities or towns, the rest of the county is densely populated and congested. Hertfordshire has the second largest population in the region (1,066,100). By 2016 it is estimated that this will increase to 1,120,800.
- 3.16 The county comprises 10 local authority district or borough councils (Broxbourne Borough Council, Dacorum Borough Council, East Hertfordshire District Council, Hertsmere Borough Council, North Hertfordshire District Council, St Albans City & District Council, Stevenage Borough Council, Three Rivers District Council, Watford Borough Council, Welwyn Hatfield Borough Council) across an area which has both extensive rural areas to the east and a number of largely urban areas. There are also a number of third tier local authorities: parish and town councils.
- 3.17 Hertfordshire is a largely affluent area, but there are significant areas of deprivation across the county. Most of the more deprived Super Output Areas (SOAs) are found in the urban areas and towns rather than in the rural parts of the county.¹⁵ 20% (137) of SOAs in Hertfordshire are more deprived than the national average. Out of these, four are in the 20% most deprived in England.
- 3.18 Around 16% of the Hertfordshire population are aged over 65 years; about 7% of the population are aged over 75. Hertfordshire has an ageing population, (although the numbers of older people vary considerably district to district); and understanding how older people can be encouraged and supported to be more active, more regularly, for longer is key to improving health at a local level.
- 3.19 Although the county has become more ethnically diverse since the 1990s, the majority of minority ethnic communities are located in and around the Watford area, which is the most ethnically diverse authority (14% of people from non-white ethnic minorities).
- 3.20 Traditionally Hertfordshire has enjoyed a relatively high employment rate, although more recent economic conditions appear to be threatening this, with a rise in the unemployment rate. There are some areas in the county where educational attainment is low, and where there is high unemployment.
- 3.21 The Health Profile (2008) produced by the Public Health Observatories provides a snapshot of health across Hertfordshire as summarised below:
- **There will be a significant increase in the numbers of older people in the County by 2010.**
 - **The increase in the numbers of older people in the county means that care and support services provided for this age group are being increased – at around 2% per annum.**
 - **There are health inequalities within Hertfordshire by location, gender, level of deprivation and ethnicity.**
 - **Critically, only 1 adult in 4 eats healthily, only 1 in 9 is physically active and 1 in 4 is obese.**

¹⁴ The demographic data presented below is based on mid-year estimates 2007, Office of National Statistics.

¹⁵ The hidden need – Overcoming social deprivation in Hertfordshire (Hertfordshire Community Foundation 2006).

Current Physical Activity Provision

- 3.22 Physical activity opportunities in Hertfordshire are currently available in a range of formats and delivered by a variety of providers. This complexity of provision needs to be understood and accounted for when developing recommendations to increase participation.
- 3.23 Providers of physical activity include: local authorities (including town and parish councils with responsibility for public leisure centres, parks and open spaces and sports development interventions); private clubs and facilities, not-for-profit leisure operators (for example charitable trusts); voluntary and community sports and activity clubs; private individuals and organisations; school facilities; public sector agencies (e.g. Natural England) and other third sector organisations.
- 3.24 The type of provision offered by this range of agencies also varies and can include one or more of the following: facility and park-based activity (including sporting activities, classes and programmes, outreach sessions and other initiatives); training and competition in a club environment and taught and led classes (e.g. pilates, aerobics, yoga, weight management).
- 3.25 Informal activities such as walking or cycling are very popular (and affordable) activities and provision of safe footpaths, cycle routes etc. needs to be considered by all appropriate agencies, such as organisations dealing with environmental and/or transport issues.
- 3.26 Consultation to support the development of this framework has identified a number of factors relating to current provision of physical activity in the county. These are summarised below:
- **Level of physical activity provision:** There are a significant amount and range of physical activity opportunities delivered from a range of venue types, by a number of different providers with varying motivations for doing so (to achieve positive social outcomes or for purely commercial reasons). However, levels and range differ between districts. Also, at peak times – especially early evenings – many facilities are fully booked and many sports clubs are unable to find the facilities they need. The need to open up other existing facilities e.g. those on some school sites, to address this situation is also highlighted in the Hertfordshire Sports Facilities Strategy (2008).
 - **Coordination of provision:** Existing physical activity opportunities are provided in relative 'isolation' by each provider and there is limited county-wide coordination of programmes. Some examples of good partnership working exist, however continued and more extensive mapping and coordination is required particularly in times of increasing financial pressure.
 - **Nature of Current Physical Activity Provision:** In general, the type of physical activity opportunities provided across the county is similar. Activities include the traditional range of classes and there appears to be little innovation. Some activity is targeted at weight loss and the older age group. There are few specific examples of activities targeted at the young adult market (including those aged 16-19) other than aerobics and fitness suite programmes. Provision for those with a disability is also limited, both in scope and geographical distribution. Although there is some evidence of a development of more provision for e.g. yoga, pilates, this is again limited in geographical distribution.
 - **Programming:** There are some targeted physical activity interventions delivered in Hertfordshire, but these are generally limited in terms of geographical location and the specific groups involved. There is potential to look at programming, including in public and private facilities, to better target provision of specific activity to suit the needs of particular groups. This could facilitate increased participation especially in relation to current non- or low-participants (e.g. older people). There is little evidence of specific physical activity programmes/interventions targeted at people with mental health problems and people with disabilities. There is also little opportunity for progression in terms of the scope and type of activity.
 - **Monitoring and Evaluation:** There is little evidence of monitoring and evaluation of the impact and outcomes of physical activity provision.

- **Resources and funding:** The subsidy provided by local authorities to manage public leisure centres has been reduced in a number of local areas in recent years and this trend is likely to continue. This has resulted in public leisure centres being focused very much on income generation rather than the provision of activities in response to local need. Funding for sports development, outreach initiatives, GP referral, falls prevention, 50+ activities etc. has been static at best and in some areas there has been a reduction in resources for these. Also a significant amount of targeted physical activity programmes provided by various agencies including the statutory as well as the voluntary sector is short-term funded which does not facilitate long term planning.

Determinants of, and barriers to, physical activity

- 3.27 Despite the levels of physical activity provision, participation is still low and, in today's urban and technological society, physical activity is becoming an increasingly peripheral part of our daily lives¹⁶. Simply providing more opportunities does not necessarily equate to growing participation. We need to be more aware of the determinants and barriers to physical activity so that these can be considered and acted on in the design and development of new interventions.

A model of behaviour change

- 3.28 Developed primarily to understand more about the determinants of smoking, the founding premise of the most commonly applied behaviour change model is that behaviour can be tracked through a series of stages, ultimately leading to sustained change. Foster et al. (2005)¹⁷ have previously applied the principles of this model to a sport and physical activity context, noting that this model appears relevant to both 'self-changers' and those attending specific programmes such as exercise referral.
- 3.29 The starting point of the change process is the pre-contemplation stage (not thinking), where change is not consciously considered an option. Next is contemplation (thinking), where individuals may start to consider the need for some form of change, weighing the reasons for change against the energy, effort and loss that may be required to achieve change. After considering the benefits and implications, individuals that choose to commit are seriously intending to change their behaviour and are seeking options that are acceptable, accessible, appropriate and effective. The action stage of the model starts when individuals begin to modify their behaviour, this phase continues for a period of up to 6-months, at which stage the individual moves to the maintenance stage and eventually regular physical activity.
- 3.30 **It is here that individuals are working against the possibility of relapse. Foster et al (2005) argue that: relapse is the rule rather than the exception and, that individuals tend to travel around the various stages a number of times before achieving permanent change. A significant lesson from the application of this model to the sport and physical activity environment is the need to match appropriate strategies and processes to each stage of the model in order to facilitate effective behaviour change.**

The wider determinants of physical activity

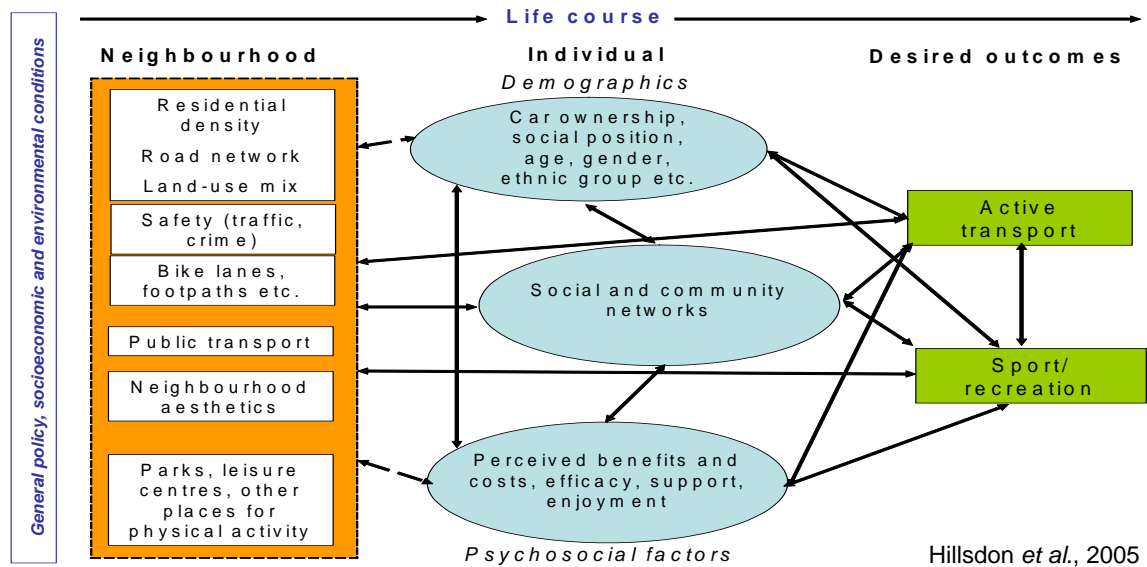
- 3.31 Over recent years, numerous researchers have carried out studies exploring the key determinants of physical activity. The most notable, recent example is the model of determinants (see Figure 3.1below)¹⁸. This model aims to highlight both the factors and the relationships between factors that result in engagement in physical activity. Whilst perhaps confusing on first sight, the model simply aims to depict the range of variables that interact, to promote or constrain an individual's participation in physical activity. As the model shows, this is a complex process and a number of factors (neighbourhood related, individual and demographic, and psychosocial) combine to influence our decision to participate.

¹⁶ Biddle, S. & Mutrie, N. (2008). *Psychology of Physical Activity*. Routledge: Oxon

¹⁷ Foster, C., M. Hillsdon, N. Cavill, S. Allender and G. Cowbrun (2005). *Understanding Participation in sport*. Sport England: London

¹⁸ Hillsdon *et al*, (2005) in C. Foster, M. Hillsdon, N. Cavill, S. Allender, G. Cowbrun. *Understanding Participation in sport*. Sport England: London

Figure 3.1 - The wider determinants of physical activity



Barriers to physical activity

- 3.32 Based on a comprehensive review of academic literature, numerous barriers that constrain specific demographic groups from engaging in (non-work related) physical activity have been identified.¹⁹ Through a thematic analysis of issues, barriers are grouped into three categories: structural, personal and mediating Factors (see table 3.2 below).
- 3.33 This research underlines the importance of understanding the varying extent that barriers challenge different demographic groups. The symbol used in Table 3.2 represents the severity of the barrier for each specific demographic group. The major barrier confronting women is reported as fear over safety, although transport and powerlessness are also identified as major concerns. Older people share the same major barriers as women with the addition of income as a major concern for many older people.
- 3.34 The research also emphasises the need to view barriers not as isolated issues to be addressed singularly but to recognise that large numbers of people are multiply constrained; addressing one barrier merely gives another prominence. Interventions then need to be designed so that the prominence of multiple barriers are either minimised or removed.

Table 3.2 - Groups Excluded

Group excluded	Young People	Poor	Women	Older People	BME	People with disability
Structural factors						
Poor physical/social environment	+	++	+	+	++	+

¹⁹ Collins, M. (with T. Kay) (2002). Sport and Social Exclusion. Routledge: Oxon

Group excluded	Young People	Poor	Women	Older People	BME	People with disability
Poor facilities/community capacity	+	++	+	+	+	++
Poor support network	+	++	+	+	+	++
Poor transport	++	++	++	++	+	+++
Mediating factors						
Managers policies/attitudes	+	++	+	+	++	++
Labelling by society	++	+	+	+	+++	++
Personal factors						
Lack of time structure	+	+++	+	+	+	+
Lack of income	+	+++	+	++	++	++
Lack of skills/personal social capital	+	+++	+	+	++	++
Fears over safety	++	++	+++	+++	++	++
Powerlessness	++	+++	++	++	+++	++
Poor self/body image	+	++	+	+	++	++

3.35 This brief overview of behaviour change, determinants and barriers, presents some key issues for consideration, for example understanding the basic premise of the behaviour change model and ensuring that differentiated activities for each stage of the change model are appropriate and accessible. Whilst only a brief review, it is hoped that it will signpost to a set of tools that can aid the design, development and delivery of future physical activity interventions.

An example of successful joint working in Hertfordshire
Keeping fit at 50 with friends

CASE STUDY

Active Together is an example of successful joint working across Hertfordshire between Adult Care Services, Herts Sports Partnership and local community centres.

Working together they provide a range of multi-activity and community dance sessions for older people and also promote volunteering.

Indicative of the success of this initiative is that more than 450 people aged over 50 now participate every week in activities such as table tennis; badminton; keep fit; yoga; circuit training; indoor bowls; curling and various dancing activities in their local community centre.

This is a quote from someone aged 75 about the initiative:

“this has been a fantastic opportunity for me at my age. Not only am I getting out of the house and being more active but I am also mixing with new people in the village and making new friends”

4 Hertfordshire – A Physical Activity Profile

Introduction

- 4.1 In order to decide what the priorities should be for increasing physical activity in Hertfordshire, it is important to understand current levels of participation. This information is not uniform across the county because the nature of each district is different, as the demographic factors highlight.
- 4.2 The level of participation in sport and active recreation in the UK is low, and levels have not changed significantly over recent years. At national level, participation levels are lower for: older people, women, people living in more deprived areas, people with a disability, and those from minority ethnic groups, and there are substantial differences in participation by social economic classification. This situation is also the case in Hertfordshire.²⁰
- 4.3 Even reflecting on robust data such as that outlined below, participation figures are likely to underestimate the true burden of inactivity. In 2008 the Department of Health's Health Survey for England reported that 61% of men and 71% of women over 16 years failed to meet the minimum adult recommendations for physical activity, yet when a sample of respondents had their activity levels measured directly, only 8-10% of adults who claimed to meet the recommended levels of participation actually did so.²¹

Participation Profile

- 4.4 There has long been a lack of reliable data on participation across the country and the need for robust baseline data on participation rates has been identified by many public service providers. The Active People Survey was undertaken to work towards filling this gap. Undertaken by Ipsos MORI on behalf of Sport England and now the Department of Health, it is the largest ever survey of sport and active recreation undertaken in Europe and is unique in providing reliable statistics on participation in sport and active recreation by adults (16+) for all 354 local authorities in England.
- 4.5 The first Active People Survey (APS1) was carried out between October 2005 and October 2006 with a sample size of 1,000 people per local authority area. A second survey (APS2) was carried out between October 2007 and October 2008 with a smaller sample size of 500 per local authority area and this form of the survey will now be carried out on a rolling, annual basis, with the most recent survey (APS3) being completed in October 2009. To provide data comparable with the original APS1 data, some of the results from APS2 and APS3 will be combined.²²
- 4.6 The Active People Survey measures a variety of levels of frequency of participation in sport and active recreation including: structured (i.e. organised in clubs, competition and/or coaching) and unstructured sport, casual leisure time activity and recreational walking and cycling. The survey provides data for reporting against N18 and therefore now also includes certain lighter intensity active recreation activities for those aged 65+. Additionally, in APS3, questions were included for the first time about more informal physical activities such as gardening, dance etc. The survey also measures participation in individual sports, allowing the most popular activities to be identified.
- 4.7 The Survey provides valuable insight into the physical activity participation rates of different parts of the adult populations. In particular it allows us to identify differences between gender, age and socio-economic classifications.
- 4.8 The data identifies how participation varies from place to place at a local level, between districts in the county, and between different groups in the population. When considering these variances, it is worth noting

²⁰ Active People Survey (Sport England, 2008/09)

²¹ Annual Report of the Chief Medical Officer, Department of Health (2009)

²² It is worth noting that when using a sample size of 1,000 at local authority level, confidence intervals are comparatively small (around +/-2.5%), whereas with the reduced sample size of 500 they are larger (+/-3.5%) and the data is therefore less robust. In subsequent sections of this chapter changes in participation that have achieved these confidence levels (i.e. are statistically significant) are marked 'ss'.

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that differences in demographic, economic and social factors mean that direct comparisons between neighbouring (geographically) districts are not always useful or appropriate. Local authorities are more usefully compared to their statistical 'neighbours', i.e. authorities elsewhere in the UK that share similar socio economic and demographic characteristics (according to the Index of Multiple Deprivation or 'IMD').

Summary of Key Findings for Hertfordshire

4.9 Data from the three Active People Surveys have identified a number of key findings for Hertfordshire as follows:

- **Overall levels of participation have remained static**
- **A high level of inactivity across the county area of Hertfordshire, particularly with increasing age and disability**
- **A high level of female inactivity and a substantial variation between male and female inactivity**
- **Differences in participation by socio economic classification**

Overall levels of participation have remained static

4.10 In Hertfordshire's LAA2, the baseline level of adult participation in moderate intensity sport and active recreation for 30 minutes, three times per week was 22%, with an overall target to increase this by 4% to 26.0% by the end of 2010/11. APS 3 (08/09) results in Hertfordshire found that only 21.7% of adults reported this. Due to the confidence interval this means that the level of participation in the county overall has remained static. It also means that 78%, over three quarters of the population, do not do enough to benefit their health.

Table 4.1 - baseline established for NI8 in APS1 and the headline result from APS3

Region	APS1 (2005/06)	APS3 (2008/09)	Change	Confidence interval
Hertfordshire - Overall	22.04%	21.67%	-0.37%	+/- 1.40%

A high level of inactivity across the county area of Hertfordshire, particularly with increasing age and disability

- 4.11 A significant cause for concern is the number of adults doing no sport or active recreation at all. In Hertfordshire, APS3 found that 44.3% of adults reported 'zero participation'. This represents one in every 2 people doing nothing to benefit their health.
- 4.12 Inactivity is a particular problem in older age groups. Participation plummets sharply after school-leaving age (more than 50%) and across the country, participation continues to fall significantly with increasing age throughout adult life. In Hertfordshire, 62.6% of those aged 55+ reported zero participation, compared to 32.0% of those aged 16-34.

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- 4.13 The low level of participation among mid-life and older people is of note, given the benefits to health in later life of physical activity. The risk of heart disease is reduced by keeping active, as is the risk of cardiovascular and osteoporosis. In addition, physical activity for those aged over 65 can also bring social benefits, improved activities of daily living and mobility and improved cognition.²³
- 4.14 Adults with a limiting illness or disability have higher levels of inactivity and lower levels of regular participation compared to the overall population (see Table 4.2). Against its nearest county IMD 'neighbours', Hertfordshire is showing the second lowest level of adults with a limiting illness or disability participating in regular (3 times 30 minutes) of moderate intensity activity (although this is not statistically significant at the 95% confidence level.)

Table 4.2 - frequency of participation (NI8) amongst adults with a limiting illness or disability based on APS 3 results

Authority	% reporting 'zero' participation per week	% reporting 1 to 2 sessions per week	% achieving 3 times 30 minutes moderate activity	Base
Cambridgeshire	71.3	18.1	10.6	416
Dorset	73.6	16.3	10.1	601
Hampshire	70.5	18.4	11.1	886
Hertfordshire	71.0	19.5	9.5	803
Leicestershire	71.7	21.5	6.9	556
North Yorkshire	71.9	16.2	11.9	606
Oxfordshire	68.2	20.0	11.8	369
West Sussex	70.0	18.6	11.4	639

A high level of female inactivity and a substantial variation between male and female inactivity

- 4.15 Across the county, males are more active than females, a trend replicated nation-wide. APS3 reported that, in Hertfordshire, regular male participation (three times of 30 minutes activity) was 23.5% whereas female participation was 19.9%.

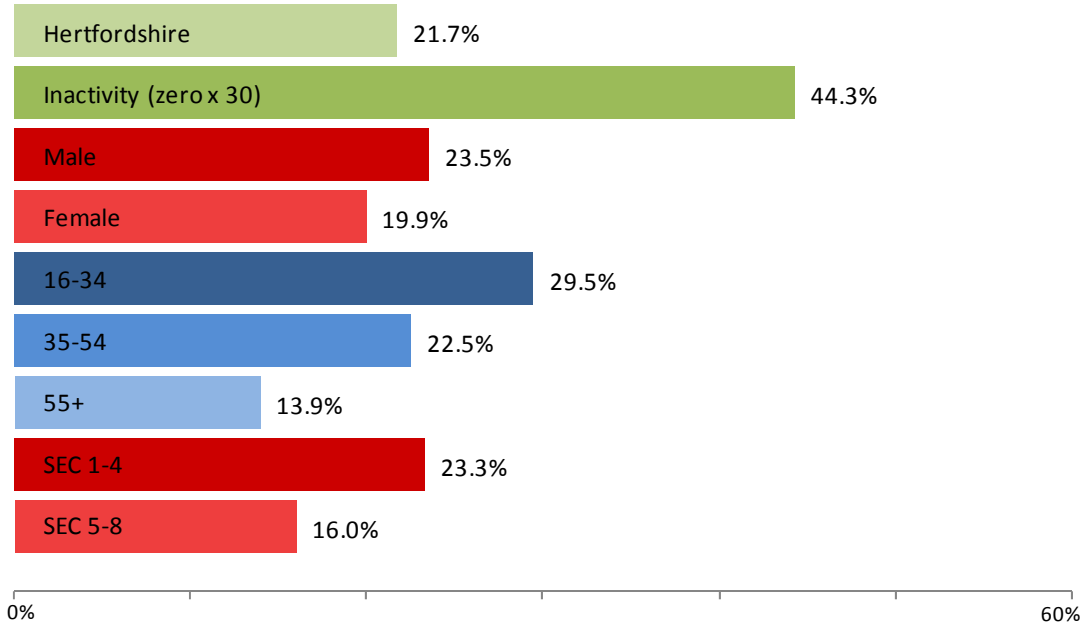
Differences in participation by socio economic classification

- 4.16 A significant variation in the levels of participation between Socio-Economic Classification (SEC) groups is also evident from the Survey, with greater regular participation (23.3%) for the SEC 1-4 (managerial, professional and intermediate occupations and small employers) group compared to the SEC 5-8 (lower supervisory and technical, routine/semi-routine occupations and the long-term unemployed) group (16.0%).
- 4.17 The below graphs give a visual representation of the results for Hertfordshire as a whole, from the Active People Survey, demonstrating the difference in rates of participation between socio demographic groups. (Point 4.8 above explains the justification of comparing Hertfordshire with statistically similar neighbours').

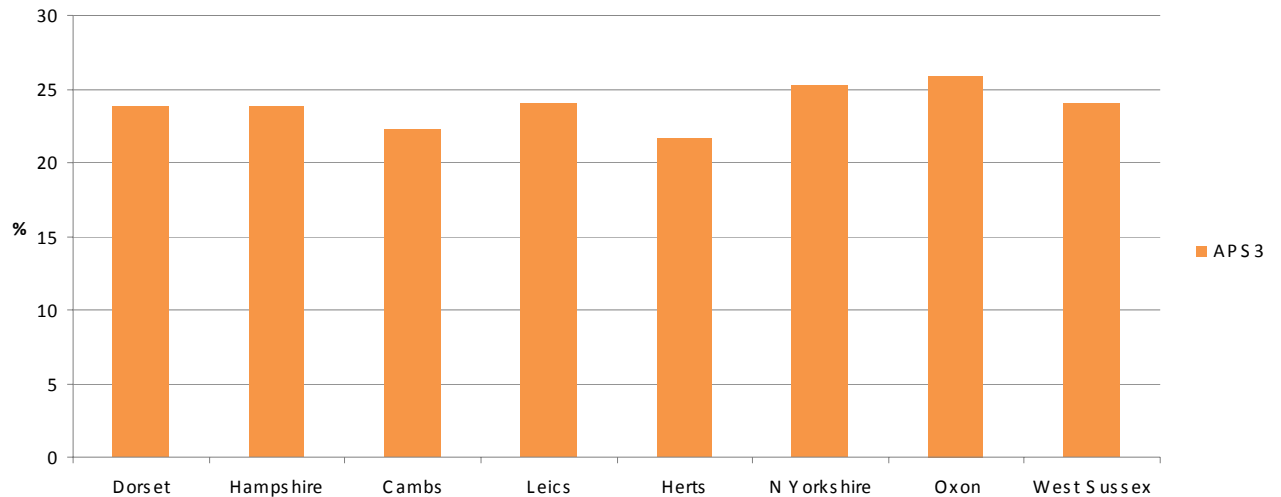
²³ Annual Report of the Chief Medical Officer, Department of Health (2009)

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Hertfordshire - NI8 3x30 Participation from APS3



Hertfordshire - IMD Nearest Neighbours NI8 - 3 x 30mins



LAA1 (April 2006 – March 2009)

4.18 Within LAA1 in Hertfordshire, there were two targets related to increasing participation in sport and active recreation as follows:

- To increase the number of young people aged 16 – 24 years participating in 30 minutes of moderate intensity sport and active recreation on 3 or more days per week by 5%
- To increase the number of adults aged 45 years and over participating in 30 minutes of moderate intensity sport and active recreation on 3 or more days per week by 4%

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4.19 The latest results from APS223 are as follows²⁴:

Table 5.2 – Latest Results from APS2/3

	APS1 (2005/06)	APS2/3 (2007-09)	Change
Hertfordshire - 16-24 year olds	32.0%	34.0%	+2.0%
Hertfordshire - 45+ year olds	14.9%	16.4%	+1.5%
Hertfordshire - Overall	21.8%	21.4%	-0.4%

4.20 While the LAA1 targets in Hertfordshire have not been achieved, the two target age groups are seeing an upward trend in participation (a statistically significant increase in the case of the 45+ target), which, in the context of overall participation remaining static in the county, could be considered an achievement. The LAA1 targets were supported with funding to 'pump-prime' targeted physical activity projects for these age groups. This evidence supports the argument that a targeted approach to addressing the issues and barriers relating to participation in physical activity can be a successful approach to increasing rates of participation.

Participation Issues in the Districts

4.21 Overall in all district areas in Hertfordshire, the picture is similar to the county as a whole. What follows are a number of issues which are common to all districts:

- **Overall participation levels are static (with the exception of one district which shows a statistically significant increase) and approximately 75% do not do enough to benefit their health**
- **Participation levels decrease with age in all district areas**
- **Within all district areas in Hertfordshire, approximately 50% of the adult population are totally inactive. For those aged over 75 the percentage doing nothing is close to or above 80% in seven of the ten districts**
- **The proportion of female compared to male participation is specific to districts, most districts however are showing a lower female participation than male participation**
- **Socio-economic groups 5-8 tend to have lower participation rates than socio-economic groups 1-4 (though in one district socio-economic groups 5-8 is a tenth of a percentage point higher than socio-economic groups 1-4)**
- **Lower than expected levels of participation in all 10 districts, when considering a range of socio-demographic information.**²⁵

4.22 The differences identified above are more prevalent in some districts than others however it is the recommendation of this strategy that consideration is given to the above issues at a local level in developing local physical activity action plans. The results displayed in appendix 1, demonstrate the participation levels and variation between socio demographic groups in districts in Hertfordshire.

²⁴ These figures differ slightly from those in table 5.1. The NI8 measure in table 5.1 includes certain light intensity activities for adults aged 65 years and over; these are: Pilates, yoga, indoor and outdoor bowls, archery and croquet. These have been included for NI8 on the basis that these light intensity sports place a degree of physical demand on older participants and are beneficial to their health. These activities were not included at the time of the LAA1 45+ target. The overall county result is from the APS3 data only (the large sample size means it is not necessary to use the combined APS2/3 data).

²⁵ i.e. economic and demographic variables outside the control of a local authority such as income, age, occupation and family structure. For more detailed technical information about the regression model used to estimate expected participation, visit www.sportengland.org.

5 Strategic Ambitions and Objectives

***'The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure.'*²⁶**

Introduction

- 5.1 The urgent priority is to increase participation in physical activity which will realise significant benefits to individual and community health and well being – physical and mental. Evidence of inactivity is a grave concern in relation to the negative impact it has on health and well being and the significant, subsequent public health costs. The situation in respect of the financial and human cost is only likely to worsen unless measures are put in place now to address the low levels of participation in physical activity. These measures include safeguarding future expenditure in relation to physical activity, targeting the most sedentary populations, working better across partners from both the statutory and voluntary sectors and more.
- 5.2 Sport is one means through which participation in physical activity can be increased and made more sustainable. Equally, incorporating physical activity into daily life – active travel i.e. walking or cycling to catch a train or bus, or walking instead of travelling by car/train/bus – can be an important contribution to a more active and healthier lifestyle.
- 5.3 The research and participation data illustrate that levels of participation vary between individuals, socio-demographic groups and geographical communities. The reasons why people do or do not participate are also not uniform for all people. This supports a more targeted approach to engaging with people to increase their levels of participation. This also supports the view that local strategies should be developed that seek to address the specific barriers, motivations and levels of participation in a local (i.e. district or smaller) area. Given the national and regional context for future physical activity provision, it is important that the local focus reflects this in terms of delivery strands, but also addresses local issues.
- 5.4 Much research has been done, as outlined in previous sections of this document, to identify the least active and find out what they would like to do, where and when. Focussing on physical activity and not sport in the first instance, has been found to be less threatening and more successful, particularly for older people and women.
- 5.5 To increase the number of people taking part in regular physical activity, there is a particular need to coordinate targeted interventions at those groups or individuals who are the least active. An approach that could help facilitate this is the establishment of a community outreach team, whose role it is to encourage increased participation by those who are low or non-participants in the county.
- 5.6 It is important to work with partners outside sport to build relationships, and create capacity so that activities become self-sustaining beyond a specific programme.
- 5.7 Increasing participation is about people; activities such as walking which use the natural and local environment can sometimes be more appropriate and successful than activities reliant on an indoor space. Encouraging people to keep active, and change their lifestyle habits relies on developing trust and confidence; the people involved in running activities are therefore critical.

Summary of Key Challenges for Increasing Physical Activity in Hertfordshire

- 5.8 Information and data, relevant to participation levels in physical activity from national, regional and local research and local consultation has been highlighted in the previous chapters. A number of key challenges for increasing participation levels arising from these are summarised as follows.

²⁶ Annual Report of the Chief Medical Officer, Department of Health (2009)

- Addressing drivers and barriers to participation including accessibility and affordability
- Strengthening strategic coordination, communication and cross-service planning for physical activity and its delivery
- Improving targeted provision to those who are most sedentary and inactive and therefore at risk of ill-health as a result
- Increasing participation in the context of the current financial and economic climate (where appropriate budgets are constrained)
- Improving understanding of the benefits of physical activity and the contribution it can make to many local priorities
- Improving monitoring and evaluation of physical activity provision, linked to identified outcomes
- Influencing local planning, environmental and transport policy to create more active environments in new housing, schools and other developments and create more active environments

Vision of the Hertfordshire Physical Activity Framework

- 5.9 Reflecting on the seriously low levels of activity and in particular the extent of inactivity in Hertfordshire, the aspiration in developing this framework is that Hertfordshire becomes an '**inactivity-free zone**'. This means that all adults will be undertaking at the very least some limited form of physical activity to benefit their health.
- 5.10 As well as tackling inactivity, this framework seeks to increase the frequency of those already participating. Therefore the overall vision of this framework is:
- 'To reduce levels of inactivity, increase regular participation in physical activity and contribute to healthier, more active communities'**
- 5.11 This framework is about encouraging and facilitating opportunities for adults to participate in regular physical activity, particularly the most inactive groups. Working towards this vision will make an overall contribution to the improved health and wellbeing of people in Hertfordshire and to achieving locally agreed targets including the LAA2 (NI8) target.
- 5.12 The overall intended outcomes of the vision are: for more people to be participating in physical activity and healthier, more active communities in Hertfordshire.

Strategic Ambitions

- 5.13 To achieve its vision, the framework proposes four strategic ambitions that follow the themes of the national strategy. These are:
- **Informing Choice and Promoting Activity**
People understand the importance of physical activity to their health and are aware of the opportunities available to them to participate. Activity is promoted in an effective way that encourages participation.
 - **Creating an Active Environment**
People live in an environment that is conducive to participating in physical activity on a regular basis.

- **Supporting those most at risk**

People in Hertfordshire who are most inactive and at risk of developing health problems related to inactivity, are supported to increase their participation levels.

- **Strengthening Delivery**

There is an effective infrastructure within which partners can work in an integrated way to address local need and increase participation in their area.

5.14 Underpinning these ambitions is a set of objectives that need to be delivered to achieve the ambitions and ultimately the outcomes of the vision as follows:

Informing Choice and Promoting Activity

5.15 The majority of adults are not active enough to benefit their health. It is important to communicate the facts about inactivity and increase awareness of the significant health benefits of physical activity to everyone, and particularly groups facing specific barriers, and those who are least active. There is a role for local agencies to communicate the facts about physical activity and dispelling the myths and, in particular GPs have a significant role to play in raising awareness of the benefits of physical activity to health and signposting people to the opportunities for them to take part.

5.16 Opportunities to be more active are available in daily life. Understanding the benefits of small lifestyle changes such as walking up the stairs instead of taking the lift or getting off the bus one stop earlier will help inform individual lifestyle choices, as will increased awareness of the range of physical activity opportunities available at local level.

5.17 The strategic ambition is that **people in Hertfordshire understand the importance of physical activity to their health and are aware of the opportunities available to them to participate, and that activity is promoted in an effective way that encourages participation.** To meet this strategic ambition, the following objectives are proposed:

- All stakeholders should be encouraged to signpost people to the opportunities for them to take part in a more physically active lifestyle. These **partners must therefore be fully aware of local resources and opportunities** and measures should be put in place at a local level to ensure this happens.
- **Information relating to physical activity opportunities and the benefits of physical activity to improving health should be as easy to find as possible** for communities. The best way to do this at a local level may vary but could include a central, 'one stop shop' for information, a website and effective signposting through GP practices.
- **National branding such as 'Change4Life' should be used locally wherever possible**, to ensure that the full benefits of national campaigns are felt at a local level. Hertfordshire should continue for example, to develop and promote the county 'Love to...' brand.
- **Using existing research tools such as Sport England's Market Segmentation as well as continued consultation with the least active** to further understand the barriers and motivations behind participation can be useful in developing marketing and communications approaches at a local level. These tools can further be used to develop physical activity interventions that are appropriate and appealing to a particular target group or community.

Creating an Active Environment

5.18 The quality of our environment has a direct influence upon levels of physical activity. The opportunity to explore safe, attractive and interesting parks, streetscapes and rural areas can be a significant motivator for recreational walking and cycling. Equally, good urban design that takes account of the needs of cyclists and pedestrians, offering safety and convenience, helps tip the balance in favour of active travel for shorter journeys.

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- 5.19 'Natural' environments offer important settings for physical activity. As well as the health benefits associated with physical activity, they have been shown to reduce chronic stress and enhance a sense of wellbeing. Active use of the outdoors can strengthen communities and creates a sense of place in which people feel they belong. Natural space has a restorative effect on adults suffering from depression or anxiety.
- 5.20 There are also important synergies between healthy, active lifestyles and sustainability, for example walking and cycling can help to reduce carbon dioxide emissions. A more active environment is a more sustainable one.²⁷
- 5.21 Important synergies also exist with the Local Transport Plan (LTP) for Hertfordshire. The LTP is under review and public consultation will take place on LTP 3 in the autumn of 2010. Policies to promote more active modes of travel and increase the number of people walking and cycling will be considered as part of the review as will the use and maintenance of the county's Right of Way network. It is important to support these policies and their implementation.
- 5.22 The planning process offers opportunities to undertake needs assessments of facilities, taking account of accessibility, quality and quantity, which can form the basis of improving facilities. It also provides the opportunity to work to prevent the loss of facilities and should redevelopment be unavoidable, provide equivalent or better replacement facilities in a suitable location. The Government produces national planning policy guidance (PPG) which provides a framework implemented in Local Development Plans. PPG 17 advises that local authorities should ensure that provision is made for local sports and recreation facilities where planning permission is granted for new developments. Planning obligations should be used, where appropriate, to seek increased provision, enhance existing facilities and remedy local deficiencies in quality or quantity of provision. PPG13 (improved accessibility) is also relevant to sport and recreation. Planning policy statements (PPS) address how planning can contribute to and benefit from the contribution of cultural and sporting activities.
- 5.23 National planning policies relevant to physical activity include: PPS1 (planning for sustainable development); PPS1 supplement (eco-towns); PPS3 (planning for housing growth); PPS4 (prosperous economies) and PPS6 (town centre vitality). Working in partnership, agencies can ensure that sport and physical activity provision is considered in major capital investment programmes. For example influencing the design specifications for new or redeveloped schools through the Government's Building Schools for the Future programme (BSF).
- 5.24 The strategic ambition is that **people in Hertfordshire live in an environment that is conducive to participating in physical activity on a regular basis**. To meet this strategic ambition, the following objectives are proposed:
- At a local level and across Hertfordshire overall, everyone has a stake in raising participation levels and those stakeholders should look to **establish an effective mechanism to influence the planning process**. In doing so, the importance of physical activity to secure a healthy natural environment, an improved quality of place and health and well being of the population should be promoted.
 - Partners at a local level should work together with agencies responsible for parks, open spaces, community safety and travel to **make greater use of the open access environment as a place for people to take part in physical activity**. This could include for example influencing provision of cycle tracks in suitable and safe places or developing parks as safe and welcoming places for taking part in active recreation.
 - At a local level partners should **ensure that physical activity is directly linked into other county and local strategies** such as the local development framework, environmental strategies, active travel, local transport plan, green infrastructure, community safety and other environmental strategies.

²⁷ 'Be Active, Be Healthy – A plan for getting the nation moving (Department of Health, 2009)

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- A wide range of facilities already exist that can and do provide venues for participation in physical activity, ranging from leisure centres, schools and community halls. **At a local level, partners should be ensuring that access to existing facilities is appropriate and, wherever possible, affordable** to all sections of the community.

Supporting those most at risk

- 5.25 Inactivity is threatening the health of a significant number of the population; it is important that we support those individuals and groups who are the most sedentary, and address barriers to their participation to prevent their inactivity leading to serious health problems.
- 5.26 Evidence from 'Understanding the Success Factors of the Sport Action Zones'²⁸ highlights some key messages about how to increase participation amongst low or non-participants, which could be useful in Hertfordshire.
- 5.27 The evidence outlined in previous sections of the framework highlight those groups of people who are most inactive (e.g. older people, women, people with disabilities and those of a particular socio-economic classification). Local action plans should be developed to target these inactive groups who are at risk of developing health problems.
- 5.28 The strategic ambition is that **people in Hertfordshire who are most inactive and at risk of developing health problems related to inactivity, are supported to increase their participation levels**. To meet this strategic ambition, the following objectives are proposed:
- **Local and countywide interventions should be developed that take account of the barriers to inactivity**, particularly for women, older people, people with disabilities and people from certain socio-economic classifications. These targeted programmes and focused interventions should clearly demonstrate how they aim to increase participation for particular groups within the community, which will demonstrate that investment in targeted physical activity will reduce current health and social care expenditure.
 - **Local, community outreach teams of people should be established wherever possible**, to encourage, facilitate and promote increased participation in sport and physical activity by specific, targeted groups with currently low levels of participation.
 - Wherever possible **partners at a local level should seek to develop interventions that are low cost and as local as possible** to communities (i.e. 'doorstep' and workplace provision).
 - The 'Let's Get Moving' commissioning guidance from the NHS (2009) is designed to provide a systematic approach to identifying and supporting adults, who are not meeting the CMO's recommendation for physical activity, to become more active, for the purpose of both prevention and management of inactivity-related chronic disease. **This physical activity care pathway should be implemented throughout all GP practices in Hertfordshire.**

Strengthening Delivery

- 5.29 In recent years a framework for the delivery of physical activity alongside, and complementary to, organised sport has been established in the UK. With local authorities (the most significant providers of leisure at a local level e.g. through local facilities) and County Sports Partnerships providing the focus for this at local level, some new investment has been seen from NHS Hertfordshire in physical activity and sport for health benefits. A broad range of stakeholders at national, regional and local levels are now working together to develop opportunities for increasing physical activity.
- 5.30 In Hertfordshire there are a significant number of physical activity stakeholders, but not all of them are aware of each other's skills, capacity and resources, and therefore there are few local strategic approaches to

²⁸ Sport England, 2006

provision of physical activity. This strategy recommends strengthening and improving co-ordination and awareness between providers and to extend and enhance development and delivery of opportunities to increase physical activity levels.

5.31 The strategic ambition is that **there is an effective infrastructure in Hertfordshire, within which partners can work in an integrated way to address local need and increase participation in their area.** To meet this strategic ambition, the following objectives are proposed:

- At a local level, there should be **greater collaboration and integration of service planning and delivery between the key partner organisations** with an interest in, and responsibility for, improving health and increasing levels of physical activity. Ultimately these partnerships should be sustainable and responsible for commissioning physical activity interventions.
- In establishing these partnerships they should be highly visible and effective. It is recommended that **local champions, who can be a more local point of contact for communities wanting to become involved, should be appointed.**
- Sustainable resources need to be put in place at a local and countywide level. There should be a **focus on influencing partner agencies' core budgets and levering-in funding to support tried and tested initiatives in increase participation such as health walks, community outreach and workplace health programmes.**
- Performance management and demonstrating the impact of interventions at a local and countywide level is crucial in ensuring sustained investment in physical activity. **Partners at a local and countywide level should identify ways to measure and share success through the local strategic partnerships to enable local impact assessment.**

Community Sports & Physical Activity Networks (CSPANs)

CASE STUDY

Community Sports & Physical Activity Networks bring together key agencies involved in the development and delivery of sport and physical activity programmes and a local level. Typically, representation on a CSPAN includes the local authority, sports clubs, leisure facility operators, Health, community safety, volunteer centre, and the local School Sports Partnership.

Across Hertfordshire there is a CSPAN in each of the District and Borough Council areas, and increasingly these are aligning their work to the outcomes of the Local Strategic Partnership.

Whilst structures may vary, each CSPAN is committed to increasing participation in sport and physical activity at local level- and to addressing inequalities.

Indicative of their success is that over the past 3 years all have been able to lever in additional funding for local development and initiatives to increase participation. Overall this has been more than £400,000

6 Leadership and Co-ordination

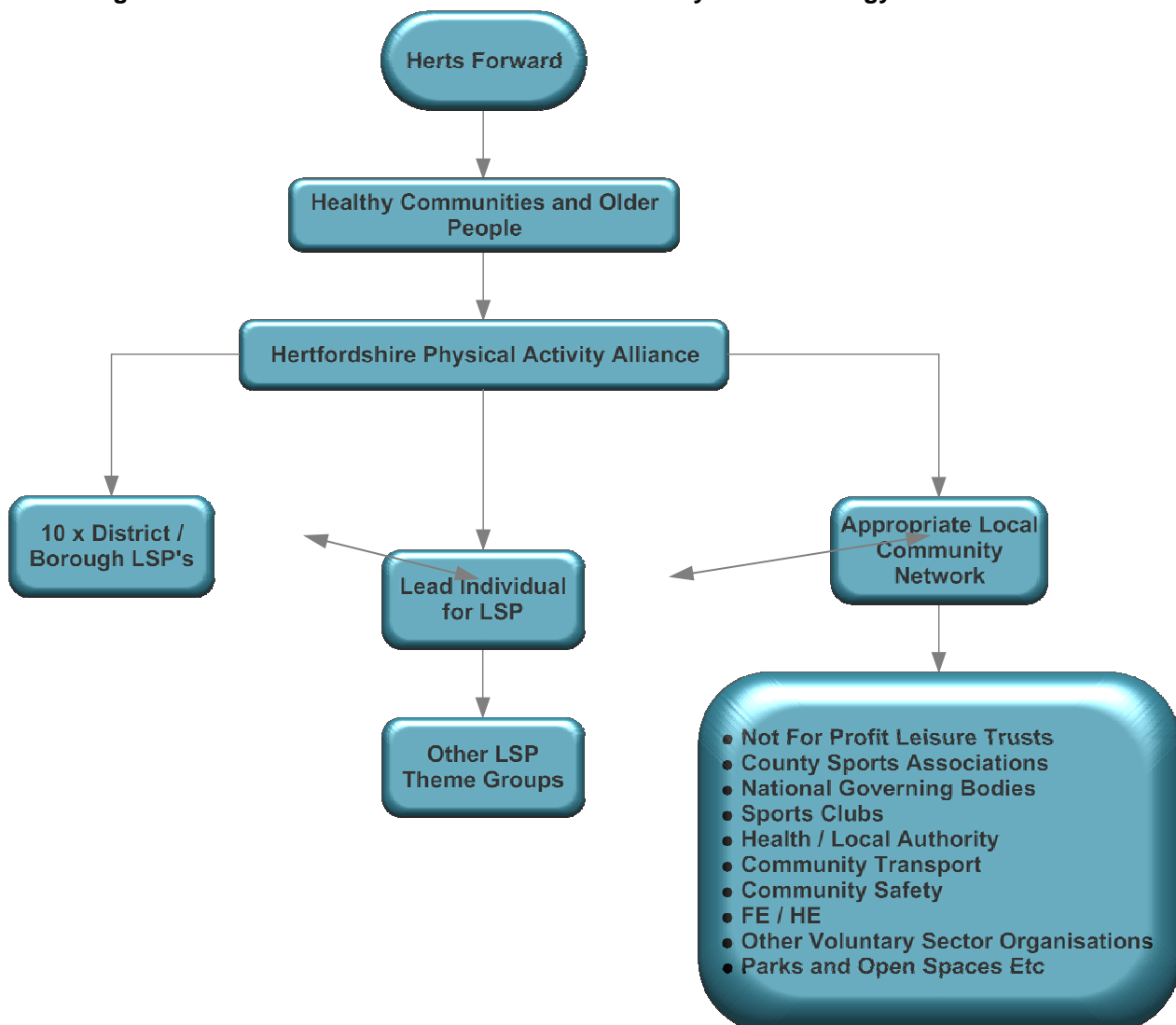
- 6.1 This framework proposes a challenging vision. Its successful implementation in Hertfordshire will require effective leadership, to ensure close co-operative working by all the agencies, organisations and individuals commissioning or delivering physical activity opportunities and behavioural change programmes.
- 6.2 Given that the Local Strategic Partnerships (LSPs) in Hertfordshire already provide a well-established structure to prioritise and co-ordinate both local and county-wide partnership work, it is proposed that these existing partnerships are supported to place LSPs at the heart of implementing the physical activity framework at a local level.
- 6.3 Where possible we suggest using an established theme group such as a health and well being theme group, together with the local community sport and physical activity networks.
- 6.4 To support LSPs in this, it is proposed that the newly formed Hertfordshire Physical Activity Alliance (HPAA) will provide county-wide strategic leadership and support. HPAA will do this by:
- **Supporting LSPs (appropriate theme groups and local networks) in establishing and delivering local action plans to meet their local targets, or ensure that physical activity is properly reflected in existing or emerging action plans**
 - **Recommending and co-ordinating county-wide initiatives to support the delivery of local targets**
- 6.5 The HPAA is currently jointly being chaired by Herts Sports Partnership and NHS Hertfordshire to ensure that all types of physical activity opportunities are included in strategies to deliver the physical activity targets.
- 6.6 The support available from the HPAA will include being a source of expertise about information on local physical activity levels and barriers to participation and on evaluated effective interventions (for example those evaluated by NICE) that could be established. It will also seek to advise on and where appropriate co-ordinate county-wide initiatives where common needs across Hertfordshire are identified.
- 6.7 However county-wide strategic leadership on its own will not be enough to achieve the ambitions within this framework and therefore effective local leadership also needs to be in place in each LSP area, together with a local delivery action plan fully supported across the LSP.
- 6.8 To strengthen local leadership to meet these challenging targets it is recommended that in each LSP one of the theme groups takes responsibility for delivering the LSP's local physical activity targets and does this by establishing and monitoring a local physical activity action plan or agreed physical activity actions within existing plans.
- 6.9 The diverse nature of the barriers to physical activity requires that this local physical activity plan will need to recognise that other LSP theme groups (for example local businesses; community safety; transport) need to be fully engaged in the creation and delivery of the action plan. To formalise this support, it is recommended that the full LSP should adopt this local physical activity action plan and include increasing physical activity participation levels as a priority within its community strategy.
- 6.10 To support the creation and delivery of a local physical activity action plan, it is recommended that increasing levels of participation in physical activity is seen as a high priority for LSPs to support and deliver on.
- 6.11 In addition to appropriate LSP theme group members, the action planning needs to engage with:
- **The full range of local organisations (for example local large employers) and individuals who are able to support the delivery of increased physical activity and who may not currently be linked to the LSP; and**

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- **All appropriate commissioning organisations when resource use needs to be re-prioritised or additional resources are required to deliver a service.**

- 6.12 It is not the intention of this recommendation to destabilise or devalue any existing network that may exist – but rather to facilitate improved co-ordination of what currently exists, and to ensure no gaps exist in being able to identify and affect local barriers and target priority groups within the LSP area.
- 6.13 To strengthen the links between strategic and local planning it is recommended that each local lead theme group identifies an individual to act as a contact point for the HPAA to facilitate joint working on increasing participation.
- 6.14 To ensure appropriate strategic support is also in place to support LSPs, it is proposed that Hertfordshire-wide co-ordination is monitored and supported by the Healthy Communities and Older People (HCOP) Group – this is one of the strands reporting directly to Herts Forward (the county-wide LSP). This will ensure that the delivery of this framework will be fully integrated into the delivery of current and future Local Area Agreement (LAA) targets. It will also ensure opportunities for county-wide joint working can be discussed and any appropriate next steps identified.
- 6.15 Figure 6.1 summarises the recommended structure for the implementation of this framework in Hertfordshire.

Figure 6.1 - The recommended structure for delivery of this strategy in Hertfordshire



7 Conclusion

- 7.1 Increasing levels of physical activity to deliver health benefits and reduce health inequalities is both a key priority but also a significant challenge in Hertfordshire. It is not the responsibility of, nor is it realistic for, one organisation to address or achieve this in isolation. Making a sufficient step change in physical activity levels to deliver health benefits requires a co-ordinated approach from all providers and stakeholders involved in physical activity, as outlined in Figure 7.1, alongside a targeted approach to reduce the existing barriers to participation. Improving awareness and understanding amongst the community of the value of regular physical activity is also fundamental to increasing individual participation levels.
- 7.2 In summary our 6 key recommendations are
- 1. All 11 Local Strategic Partnerships in Hertfordshire to adopt, as a key priority, increasing levels of physical activity.**
 - 2. Strengthen countywide strategic leadership by closer working between the Hertfordshire Physical Activity Alliance, the Healthier Communities and Older People's Group and Hertfordshire Forward.**
 - 3. Strengthen local strategic leadership and delivery by each Local Strategic Partnership developing an action plan to increase levels of physical activity. The development of these action plans will be supported and where appropriate coordinated by the Hertfordshire Physical Activity Alliance**
 - 4. Support social marketing initiatives to better target information and delivery of programmes.**
 - 5. Develop interventions informed by local, regional and national evidence of effective and best practice. The Hertfordshire Physical Activity Alliance will support the sharing of this evidence and highlight areas of local best practice.**
 - 6. Make best use of the profile that the Olympic and Paralympic Games in 2012 will bring, to increase levels of physical activity in Hertfordshire.**
- 7.3 The structure and function of the NHS is under considerable reform. In December 2010, the Public Health White Paper will be published and will give a clearer picture of how Public Health will be delivered in the county. It is likely this responsibility will be transferred to Herts County Council. The remit for preventative health is not yet known but should be clearer once this paper is published.