

Active Living Strategy

Brighton & Hove 2006 - 2012



For further information please contact the Health Promotion Team at Brighton and Hove City Teaching Primary Care Trust

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713 Creative Services March 06. With thanks to the Green Gym and BTCV for the conservation work photos.



Brighton and Hove City 
Teaching Primary Care Trust

Active Living is a way of life that incorporates physical activity into daily routines.

There is a direct link between physical activity and health. Doing enough (30 minutes of moderate activity, five times a week for adults) leads to a longer, happier and healthier life.

Walking, cycling, dancing, gardening, heavy housework using the stairs and taking part in sport are all ways of achieving this.

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Section 1 introduction

1.1 Why an Active Living Strategy?

More people, more active, more often

Concerns about sedentary lifestyles are widespread. Depression, anxiety, obesity, heart disease, diabetes and osteoporosis are all more likely if we do too little. Conditions such as these are debilitating for the individual and costly for the state.

Local authorities, communities and the voluntary sector, are rising to the challenge of inspiring more people to be more active. One spur is the knowledge that even a small change in lifestyle can have a dramatic effect. Active Living programmes are well advanced in Australia, New Zealand and the USA. The UK is not far behind: the publication of the Wanless Report in February 2004 and the launch of the government's Choosing Health White Paper are good indicators.

This document highlights the best of what is already being done in Brighton & Hove and shows how we can learn from it. Powerful evidence in support of Active Living is presented. Practical recommendations for future action are made. Developing public policy to create a supportive environment for physical activity has the potential to save lives, reduce health costs and increase productivity.

Summary of Key Findings

- For maximum effect in reducing health inequalities, we need to focus on the least active members of the population. Research shows these to be children, women and older people
- Brisk walking is the single most accessible, sustainable and effective physical activity
- Community-based interventions using theories of behaviour change will make the greatest difference
- An Active Living Champion would influence other high-level policy-makers and get the message across to the public
- Workplaces and schools are prime locations for increasing physical activity
- Investing in health rather than sickness will save lives and money

'The challenge now is delivery and implementation, not further discussion.'

Wanless Report, 2004

- Sedentary people who become active halve the risk of colon cancer
- Breast cancer is 30% less prevalent in active communities
- 95% of people aged 65 and over do not take part in the recommended level of physical activity
- 17% of 15 year olds are obese - a threefold increase in just 10 years
- A 5% increase in activity levels across the UK population could save the NHS £300 million, compared to £8 million for reducing smoking





1.2 The case for active living

The benefits of an active lifestyle are well documented¹¹. Active living is a major contributor to:

- Preventing and reducing **obesity**
- Preventing and managing **diabetes**
- Reducing the risk of **Coronary Heart Disease, stroke and hypertension**
- Reducing the risk of **osteoporosis**
- Reducing the risk of **cancer**
- Preventing **stress, anxiety and depression**
- Improving **psychological well-being**
- Prolonging **independence** for older adults
- Reducing the risk of developing **lower back pain**

And additionally for young people, active living:

- Helps build and maintain **healthy bones, muscles, and joints**
- Helps reduce **crime and substance misuse**
- Improves **educational attainment**

Factors behind the decline in physical activity¹²

- Reduction in occupational physical activity
- Greater use of the car
- Decline of walking due to feeling unsafe in the community, especially amongst children, women and older people
- Increase in energy saving devices in public places - escalators, lifts automatic doors
- Reduction in physical education and sport in some schools
- Parents fears of children's safety in unsupervised play
- Substitution of physical activity leisure with sedentary pastimes like television, computer games and the internet

How much is enough?

Adults, including older people, should be building up to at least 30 minutes of moderate activity on five or more days of the week.

This can be done in three bouts of 10 minutes each or in one go - whichever suits you best.

30 minutes is enough for general health. Most people are likely to need 45-60 minutes to prevent obesity.

Young people should be building up to at least 1 hour of moderate activity every day.

At least twice a week this should include activities such as running, jumping, ball games or gymnastics that produce high physical stresses on the bones. These improve bone health, muscle strength and flexibility.

What is 'moderate activity'?

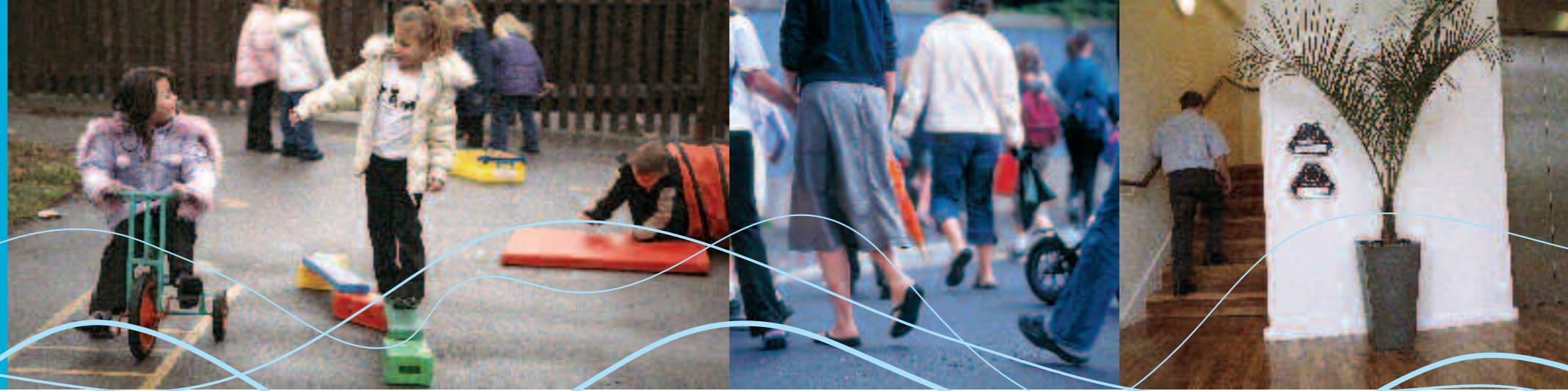
Brisk walking, cycling, gardening and light digging, taking the stairs, active hobbies, dance and sports

Fact File

It is estimated that 50% of all hip fractures could be avoided with **regular physical activity**

The cost to the NHS of an individual hip fracture, including treatment, hospital stay, GP and social care has been calculated at **£25,424¹³**

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1.3 What's Happening Nationally?

"I believe that by working together, we can tackle poor health, and achieve the aim of better health for everyone, and especially for the least fortunate."

Rt Hon Tony Blair MP
'Saving Lives: Our Healthier Nation' July 1999

It is widely accepted (and has been for some time) that physical activity is beneficial to health. Still, only a minority of the UK population actually do enough activity to make a difference to their well-being. Levels have in fact been decreasing in recent years. The Government's emphasis now is on evidence-based approaches - finding and funding interventions that are known to be successful.

1998

Schools are recognised as a key setting for improving health by the 'Healthy Schools Initiative'. Targets are set for developing walking and cycling routes to school and improving the provision of PE and Sport.

1998

'New Deal for Communities' is launched: a 10-year programme focussing on small, deprived areas and four key themes: tackling unemployment, improving health, tackling crime and raising educational achievement.

1999

The Department of Health and the NHS Executive jointly produce a white paper 'Saving Lives, Our Healthier Nation', emphasising the importance of partnership working to tackle health inequalities. It states that physical activity is a key determinant of good health

2001

Standards for the care of older people are set by the 'National Service Framework'. Physical activity is highlighted as vital in reducing strokes, osteoporosis, falls and mental ill-health.

2002

Physical inactivity is highlighted as a major risk factor in coronary heart disease, along with smoking and obesity, by the 'National Service Framework for Coronary Heart Disease.' 37% of all deaths due to CHD are attributed to inactivity.

December 2002

'Game Plan', the Government's Sport Strategy sets a target of 50% of the population (with an aspiration of 70%) participating in 30 minutes of activity, 5 times per week

2004

'A National Framework for Sport' produced by Sport England sets out plans to reach the Government's objective through 9 regional sports strategies, including 'Mission Possible: the South East Plan for Sport'

2004

'Securing good health for the whole population' - a report by Derek Wanless - draws attention to increasing obesity and stresses the Government's role in providing the public with proper information to make health choices.

2004

'At Least Five A Week', a report from the Chief Medical Officer, provides the evidence on the impact of physical active, its relationship to health and the cost and consequences of inactivity.



2005

'Everyday Sport' is launched - a national campaign on TV, radio and billboards, with local events in Brighton & Hove, communicating the benefits of getting active and the importance of everyday activities such as walking, cycling and playing in the park.

Physical activity - the main Government players

Department of Health (DH)

In 1999, the DH's 'Saving Lives: Our Healthier Nation' White Paper states that physical activity is a key determinant of good health and an important factor in preventing heart disease, stroke and other chronic disease.

Department for Transport, Local Government and Regions (DTLR)

Aims to make it easier and safer for people to walk and cycle, reducing reliance on cars. Its publication, 'Developing a Strategy for Walking' formed the basis of subsequent guidance for local authorities

Department of Culture Media and Sport (DCMS)

Encourages more participation in sport by more people. 'Game Plan', launched in December 2002 advocates regional strategies and actions to achieve a target of at least 50% of the population taking part in 30 minutes of activity, 5 times per week, by 2020.

Department for Education and Skills (DfES)

Launched a 'National Healthy Schools Standard' in 1999 (jointly with DH) which consists of ten central themes; physical activity is one of these.

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“This report must be the wake-up call that changes attitudes to active lifestyles in every household. Being active is no longer simply an option— it is essential if we are to live healthy and fulfilling lives into old age”

Professor Sir Liam Donaldson, Chief Medical Officer, ‘At Least Five A Week’ 2004

The Brighton & Hove Health, Lifestyle and Social Capital Survey 2003

The reasons that prevent respondents from taking more exercise are:

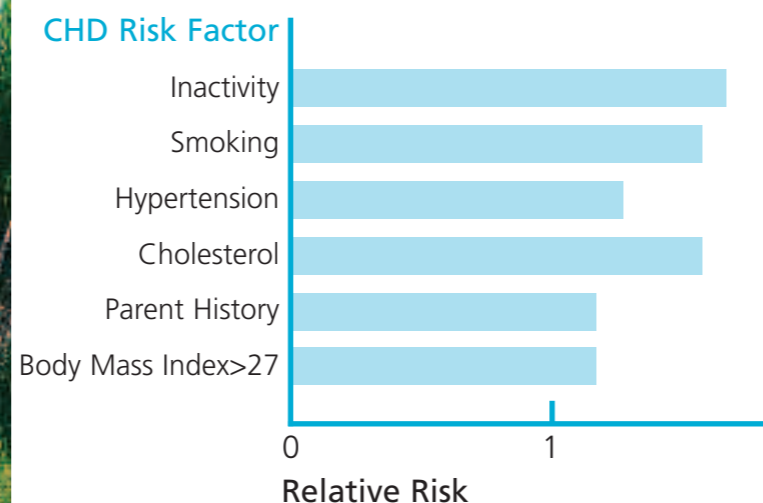
Lack of leisure time	33%
Lack of incentive	21%
Illness or disability	16.5%
Lack of money	14%

With the exception of illness or disability (men 19% and women 15%), more women report barriers to taking more exercise than men:

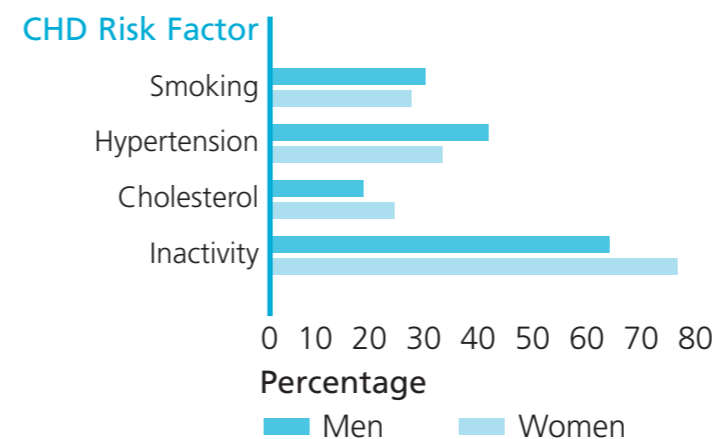
Lack of leisure time	(36% women, 33% men)
Lack of incentive	(23% women, 19% men)
Lack of money	(16% women, 10% men)



This table shows the very high risk of Coronary Heart Disease (CHD) caused by inactivity compared with other risk factors

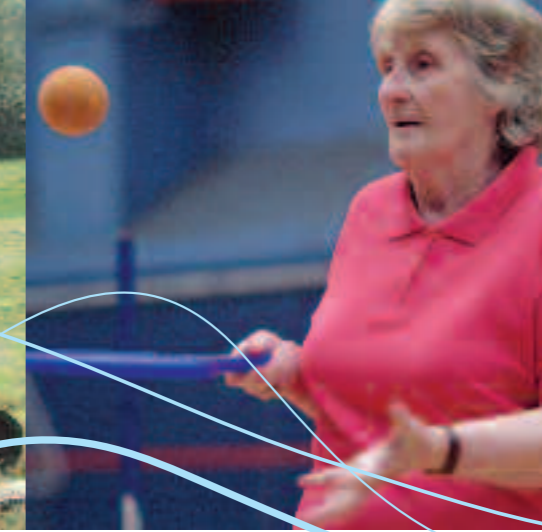


This table shows the prevalence of inactivity (and other CHD risk factors) amongst men and women



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1.4 What's Happening Locally?

Much is being done already and even more is being planned. Active Living is an area in which all sectors, public, private and voluntary, have an interest and a role: from improving parks and open spaces to creating safer places for walking and cycling, from making staircases more appealing to introducing exercise on prescription.

www.activeforlife.org.uk

ACTION

A sample of what's already happening

- £3m is being invested in cycling in 2006-8, with the introduction of new cycle routes, a personalised travel planning service, travel plans for schools and health promotion
- Brighton & Hove Youth Offending Team is using football, dance, outdoor pursuits and basketball to steer 'at risk' young people away from crime and drugs (Positive Futures and Positive Activities)
- Green Gyms in East Brighton and Portslade are helping people become mentally and physically fitter by taking part in nature conservation activities that improve their local environment
- Health Walks, co-ordinated by BHCC Sports Development team, are successfully engaging people who would otherwise get little or no exercise
- 'Active For Life' a partnership project between the City Council and the Primary Care Trust has employed a team of neighbourhood workers, created activeforlife.org.uk and coordinate a strategic task force

STRATEGY

Coordinated planning for the future

April 2000

£47.2 million is awarded to East Brighton New Deal for Communities (now known as eb4u) so that residents can work with partners to reduce unemployment, improve health, tackle crime and raise educational achievement

2001

Launch of the Healthy City approach in Brighton & Hove, driven by the City Health Partnership reporting to the 2020 Partnership. Increasing levels of physical activity is listed as a priority, along with reducing smoking and improving diet, as ways of preventing illness and promoting health.

Bike Crazy

A record number of pupils, nearly 700 in all, booked on to council-run cycle training courses this summer. 95% of the training is on roads and the rest is carried out on school playgrounds. Cycle training will enable more pupils to travel to school by bike instead of car.

2001

The *Brighton and Hove Local Plan* provides a detailed framework for the use of land and buildings in the City for the next 10 years. The plan details measures to make travel easier, with less reliance on the car. These include safe routes to school, cycle networks and walking routes.

2003

The *2020 Community Strategy* sets out the vision for a Healthy City: "A place where there is a shared vision to improve health, care and well-being for everyone living and working in the city, by improving the conditions which influence our health, and by promoting healthy lifestyles, treating illnesses, providing care and support and reducing inequalities in health."

July 2003

Launch of the Brighton & Hove 'Active Living Taskforce' bringing together volunteers and paid workers from across the City, involved in promoting Active Living, to pool knowledge and start work on the *Active Living Strategy*.

July 2003

'*Sports in Sussex – A County Statement*' is published by the Sussex Sports Partnership and calls for greater inclusion and more opportunities for people, particularly inactive children, to start, stay and succeed in sport.

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2003

'The Health, Lifestyle and Social Capital Survey' makes the following findings for Brighton & Hove:

- a) **Only 15% (19% men and 12% women) take the nationally recommended level of a minimum of 30 minutes physical activity five times a week.**
- b) **44% of men and 40% of women over 75 years of age never exercise, or have less than, 30mins in a given month.**
- c) **The 18-24 age group for men (27%) and the 55-64 age group for women (15%) are the most active, achieving at least the minimum recommended level of physical activity per week**

December 2003

The 'Area Investment Framework' for Brighton & Hove and Adur is published. The AIF maps spending plans against local priorities and will enable future regeneration funding to be targeted accordingly. Investment in leisure and sporting facilities and supporting equal access are listed as key actions.

July 2004

'Move It', a regional framework for action on physical activity in the South East, is published in draft. The document calls for a co-ordinated, population-based approach to 'moving the South East to becoming a more active region'. The

framework catalogues current action across the region and identifies gaps.

2004

Neighbourhood Action Plans (NAPs) are completed for each of the nine Neighbourhood Renewal areas in Brighton & Hove. Physical activity needs are identified in every one.

2005

Work is completed on the City-wide Active Living Strategy. At the same time, the City's Sports Strategy is updated, ready for a joint launch in March 2006.



Brighton & Hove and Adur Area Investment Framework

Active Living is a priority for strategic action within the local AIF:

Strategic Aim

Reducing health inequalities

Investment Priority

Encourage physical activity and involvement in exercise and sports

Strategic Aim

Developing, promoting and supporting equal access to new and existing cultural, leisure and sporting facilities and supporting the visitor economy.

Investment Priority

The voluntary and community sector has a role in providing arts, cultural and sports opportunities to the wider community, as part of tackling social exclusion and improving physical health and well-being.

"It's been a great way to get fit and make friends. It's amazing how a regular walk increases fitness - what started off as a difficult climb has become so much easier - proving that it really does work!! It's also fun to explore places with like-minded people and to get out and feel a million dollars for it!"



Jenny, Whitehawk Healthwalker

Inactivity – costs lives!

Coronary Heart Disease (CHD) kills 150,000 people each year (400 every day) at an estimated cost to the UK economy of £10 billion¹. Just over a third of all these deaths (37%) are attributable to physical inactivity; smoking accounts for one fifth (20%). Both demand action but have we got the balance right? Consider the number of health messages you filter on a daily basis, about smoking - but can you recall the last message that inspired you to be more active?

Do you know how much and what sort of physical activity you need to do, on a daily basis, to benefit your health? If you do, you are in the minority. Currently, while 80% of people think they do enough, only 25% of women and 37% of men actually do².



Section 2 the benefits of active living

2.1 Who has most to gain?

Tackling health inequalities through active living is a Government priority. Interventions aimed at the general population will benefit all but action also needs to be focussed specifically on certain groups who have been identified as the most sedentary. Recent research by the Health Development Agency³, Sport England⁴ and the British Heart Foundation reveals the priority groups to be:

- Young People aged 5-16
- Women
- Older People
- People living in areas of high deprivation

Each of these groups will also include people with disabilities. Disability takes many forms and the restriction on choice of physical activity imposed by disability will vary. Every intervention

designed to increase levels of physical activity in the general population must take all reasonable measures to be inclusive by responding to the needs and requirements of people with disabilities.

Although we have little, specific data on the current levels of activity undertaken by Brighton & Hove residents, it is reasonable to assume that the local picture is not very different from the national one.

Young People

In 2001, the Evidence for Policy and Practice Centre (EPPI) at the University of London, undertook a systematic review of the research literature around barriers to participation in physical activity amongst young people, especially those from socially excluded groups.⁶



School-based Interventions¹⁹

The features of a well-designed, school-based programme to increase levels of activity are:

- Training & development of teachers
- Variety of activities to meet diversity of pupils' needs and backgrounds
- Whole school approach to promotion
- The involvement and support of the local community
- Mechanism to measure increases in activity
- Refurbishment of facilities, including changing rooms (especially for girls)

The EPPI report, 'Young people and physical activity: a systematic review of research on barriers and facilitators (2001)', concludes that the interventions with the greatest chance of success are those which:

- aim to increase the range of 'free' diverse activities through after-school clubs and community-based initiatives;

- provide community- and school-based facilities for safe cycling;
- improve PE facilities at school: in particular, the environment suitable for young women's needs (e.g. adequate changing facilities and appropriate gym kit); making PE more appealing;
- emphasise the fun and social aspects of sport and exercise.

The importance of the school setting is emphasised in the Department for Education and Skills' 'Schools Achieving Success' White Paper and the subsequent DfES/DCMS Public Service Agreement:

'All children will be entitled to two hours of high-quality PE and school sport each week within and beyond the curriculum. The target is for 75% of all schools to be receiving this entitlement by 2006.'

Factfile

DfES research in 2002 showed that Specialist Sports Colleges had 5% more pupils achieving good GCSE results than other schools⁸

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The Barriers

The reasons commonly cited by individuals for not doing enough activity to benefit their health are:

- Lack of knowledge and information about how they could benefit from becoming more active
- Lack of time often due to other priorities (e.g. work and family commitments, other social or leisure options)
- Lack of an exercise partner or social support
- Not the 'sporty type', lack of perceived required skills
- Financial constraints
- Lack of available or 'welcoming' facilities
- Lack of motivation and willpower
- Fear of injury, fear of embarrassment (elderly groups)
- Don't enjoy it
- Fear of overdoing it

Factfile

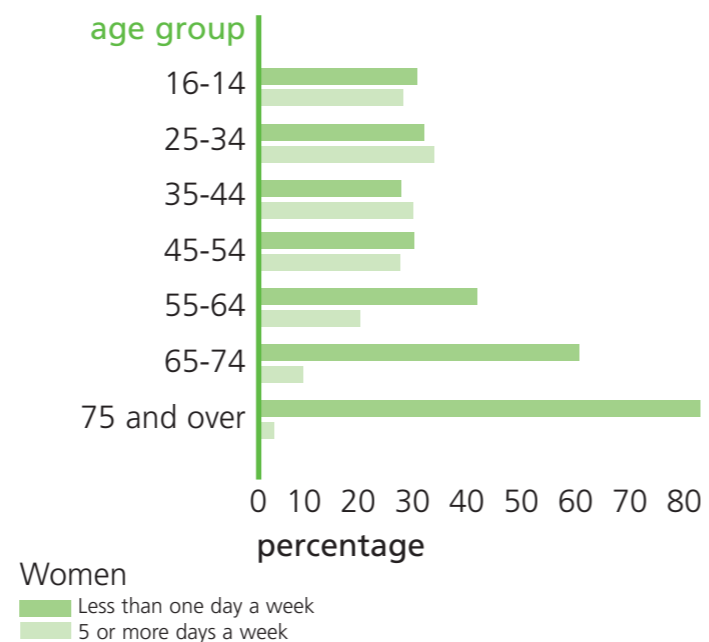
Breast cancer is 30% less prevalent in active communities

Women

The Health Survey for England 1998³ revealed that three-quarters of women, compared with about two thirds of men, do less than 30 minutes of moderate intensity physical activity a day on 5 or more days of the week. Clearly, all groups in the population stand to benefit from increased activity levels but focussing on those who are already physically active will only help to widen health inequalities.

As can be seen from the graph below, the inequality is at its widest in the younger age groups, up to age 44.

Women

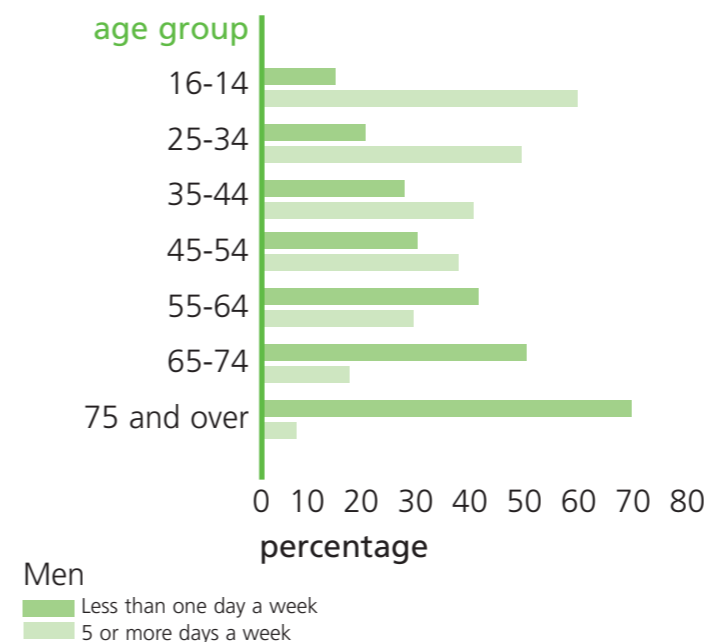


The commonly cited barriers to active living (left), provide an indication of why women are less active than men but the pattern is set in childhood.

According to the Health Survey for England (1998)³, fewer than half of all girls, aged 12 or older, participate in physical activities for 60 minutes or more on most days. By age 15, only 36% of girls do 30 minutes of physical activities on most days compared to 71% of boys age 15.

Children, especially girls, who are inactive in their early to teenage years are ten times more likely to become inactive adults.

Men



Older People

'At Least Five A Week'⁹, the Chief Medical Officer's report in 2004 on the impact of physical activity and its relationship to health, sets out that in addition to the significant health gains applicable to everyone, regular activity can also help prevent depression and cognitive impairment in older people while strength exercises can reduce the risk of falls by 25%.

Greater emphasis on the contribution of physical activity to the health of older people was brought about in 2001 by the National Service Framework for Older People¹⁰

Currently, 95% of people aged 65 and over do not take part in the recommended level of physical activity

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People Living in Areas of High Deprivation

People in the lowest socio-economic groups are half as likely as people in the highest groups to be doing sufficient physical activity to benefit their health.

Within Brighton & Hove, a great deal is already being done to reduce inequalities, especially in health, early years development, education, community safety and employment.

Neighbourhood Action Plans, covering Bevendean, Portland Road & Clarendon, Queens Park & Craven Vale, Portslade, Hangleton, Knoll, Laburnum & Moyne and the Bristol Estate, & eb4u, covering East Brighton, all include priorities for increasing activity levels, especially among young people.

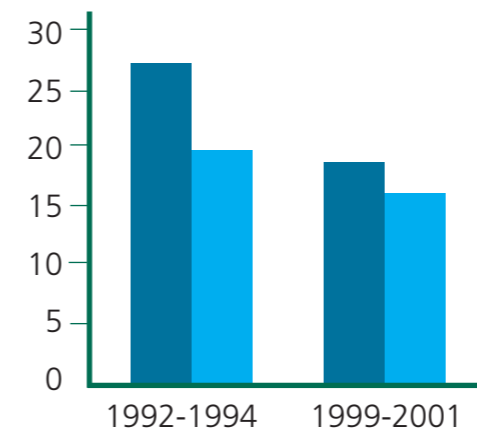
For this reason, and in order to avoid duplication, the interventions proposed in this strategy are City-wide and do not focus on particular areas of deprivation.

Recommendations for active living at different ages

- Children and young people should achieve a total of at least 60 minutes of at least moderate intensity physical activity each day. At least twice a week this should include activities to improve bone health (activities that produce high physical stresses on the bones), muscle strength and flexibility.
- For general health benefit, adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity on 5 or more days of the week.
- The recommended levels of activity can be achieved either by doing all the daily activity in one session, or through several shorter bouts of activity of 10 minutes or more. The activity can be lifestyle activity* or structured exercise or sport, or a combination of these.
- More specific activity recommendations for adults are made for beneficial effects for individual diseases and conditions. All movement contributes to energy expenditure and is important for weight management. It is likely that for many people, 45-60 minutes of moderate intensity physical activity a day is necessary to prevent obesity. For bone health, activities that produce high physical stresses on the bones are necessary.
- The recommendations for adults are also appropriate for older adults. Older people should take particular care to keep moving and retain their mobility through daily activity. Additionally, specific activities that promote improved strength, co-ordination and balance are particularly beneficial for older people.

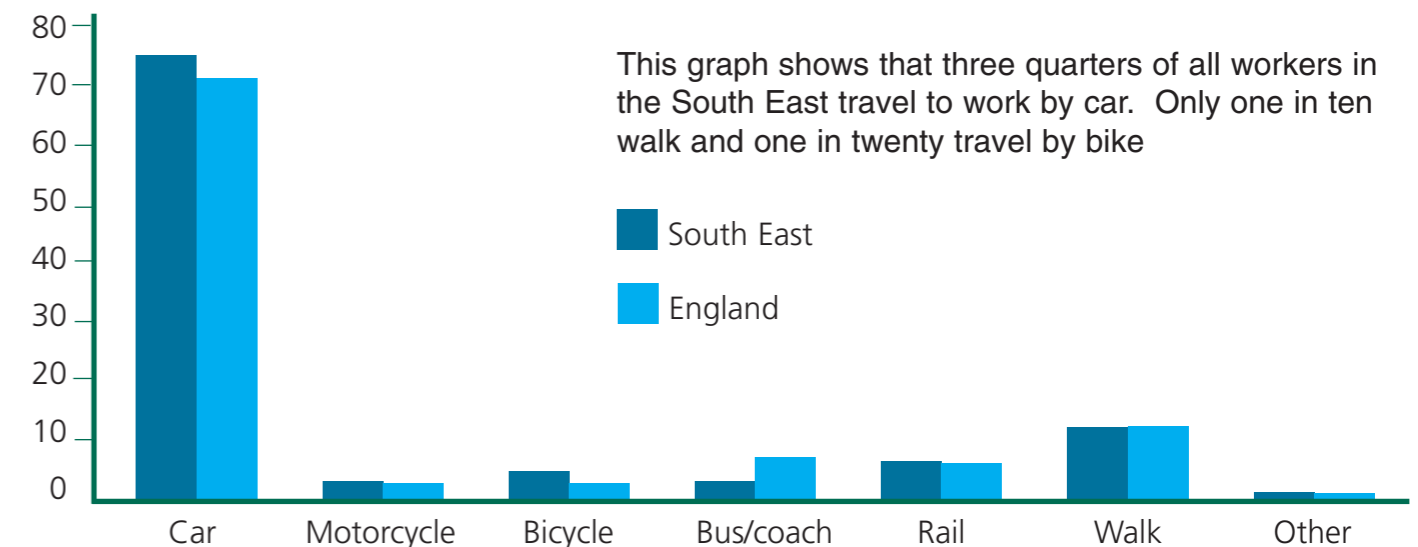
Lifestyle activity means activities that are performed as part of everyday life, such as climbing stairs, walking or cycling to work, gardening and manual labour.

Trips using a bicycle



This graph illustrates the decline in trips made by bicycle since 1992 in the South East compared with England as a whole.

Travelling to work



This graph shows that three quarters of all workers in the South East travel to work by car. Only one in ten walk and one in twenty travel by bike.

From Choosing Health in the South East – Physical Activity²⁰

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2.2 The Wider Social and Economic Benefits

Individuals who maintain active lifestyles will live longer, happier and healthier lives. But the benefits of a more active population will be felt much more widely.

“The annual costs of physical inactivity in England are estimated at £8.2 billion – including the rising costs of treating chronic diseases such as coronary heart disease and diabetes. This does not include the contribution of inactivity to obesity – an estimated further £2.5 billion cost to the economy each year”

Sir Liam Donaldson, ‘At Least Five A Week’⁹

Savings for the Health Services

The costs to the NHS of physical inactivity in England are estimated at £8.2 billion. This is in line with the average for western nations generally, in which 2.5% of all health costs are incurred as a result of inactivity. What this means is that if the proportion of insufficiently active people were reduced by just 5%, a £300 million saving in costs per year could be achieved.

Statistics specific to Brighton & Hove are not available but it is safe to assume that there would be little variance from the national picture.



Positive Futures

A Government and voluntary sector partnership managed locally by the Youth & Community Service uses sport to reconnect vulnerable young people with local services and give an alternative to drugs and anti-social behaviour. Evidence to date shows that:

- 44% have achieved goals in personal development
- 25% showed improvement in social relations
- 10% showed improvement in educational attainment

Stronger and Safer Communities

It is widely recognised that sport and physical activity can have an impact on people’s outlooks by providing challenge and adventure and by bringing a sense of well-being and self-control.



Sport, in particular, can make an important contribution to the physical infrastructure of communities, providing a social focus and affecting people’s perceptions of their neighbourhood.

East Brighton Sports Project

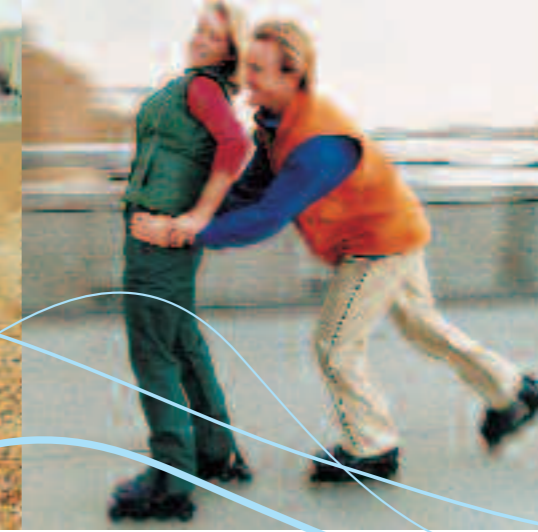
Using sport as a medium for community development is very effective. The independent evaluation of this project in East Brighton revealed that, between 2002 and 2004, levels of participation rose by 15%.

Residents were clear about the benefits of physical activity:

- Better health – 90%
- Crime reduction – 60%
- Better education – 72%
- Stronger community – 64%



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Improving Educational Attainment

DfES research in 2002 demonstrated that Specialist Sports Colleges had 5% more pupils achieving good GCSE results than other schools².

In 2000, OFSTED reported a reduction in truancy rates in schools with a sport and PE focus.

In 2001, Qualifications and Curriculum Authority research showed that playing fields at schools contribute to better learning with less disruption.

Enterprise and the Economy

Company based fitness and exercise initiatives reduce absenteeism and improve overall employee health and motivation¹⁶

DTI figures from 2002 suggest that Sport is the second fastest growing sector of the economy¹⁶

Travel to work incentives that encourage walking or cycling plus the use of public transport rather than car, are part of existing national¹⁴ and local¹⁷ policy



Active Workplace

Brighton & Hove resident, Leanne Amacucci has been unhappy about being overweight since childhood but, in the last 3-4 years, has made a real difference to her life. First, she took up netball and got very active (currently she plays for four teams!). Her desire to play better netball encouraged her to get fitter so she took up cycling to work. She is passionate about how much better she feels and is keen to share her experience. She campaigns with her employer, Legal & General, to encourage a more active workforce.

A key strategic aim for the Brighton & Hove and Adur 'Area Investment Framework' is:

Developing, promoting and supporting equal access to new and existing cultural, leisure and sporting facilities and supporting the visitor economy.

The main investment priorities identified are:

- Deliver key infrastructure projects within the AIF area; e.g. re-developing the Brighton Centre, developing the Community Stadium, delivering the Ropetackle Centre in Shoreham.
- Improve the AIF area's profile by developing and promoting arts, sport, and cultural initiatives to attract more off-peak visitors and to increase the quality of the tourism offer, capitalising on developments such as the new National Park and legislative changes in licensing and gaming.



Potential Savings¹⁵

- 9% of CHD could be avoided if sedentary and lightly active became more moderately active
- Regular moderate physical activity has the potential to reduce half the incidence of hip fractures in over 45 year olds
- Risk of death in men who walk more than 1 mile a day is 1.8 times that of men who walk less than 1 mile a day



Section 3 The Action Plan

3.1 Selecting Interventions

Many interventions are already underway or are about to start. Some are featured in this document. Others will clearly emerge from the processes of priority setting and gap analysis. However, there will always be more interventions than resources will allow.

The following principles will guide the selection process. For all interventions, there should be:

1. An evidence base
2. Ownership by key stakeholders
3. Flexibility to adapt to a changing environment
4. Clear implementation plans
5. Evaluation built in from the start

3.2 Levels of Intervention

Interventions will take place at different levels:

- With individuals, one to one
- With groups
- Community-wide approaches

and in different settings:

- Playgroups, schools and colleges
- Workplaces
- Community groups
- Primary care
- Local and national media
- City planning and strategic partnerships

3.3 Types of Intervention

There will be four types of intervention:

Promotion & Publicity Communicating the importance of active living through a variety of outlets, including local and national media, poster campaigns, the internet and public events.

Projects Increasing the demand and opportunities for people to adopt more active lifestyles, such as Healthy Schools, Active Workplaces, Small Grants, and GP Referral.

Physical Environment Changes to the built and natural environment that will encourage active living, such as cycle routes, improvements to parks and open spaces and attractive staircases in new buildings.

Policy Influencing strategic plans for the City to keep active living as a priority for investment. Policy makers have a key role in determining community designs, transportation options and investment in the local infrastructure.

World Leaders

Brighton & Hove is now one of the best cities in the world when it comes to helping its population lead healthy lives.

The World Health Organisation (WHO) has made us a member of its 'Healthy Cities Network' after scrutinising efforts to close the so-called 'health divide' through a collaboration of city-wide agencies, including the local authority, the NHS and local charities.

The designation was signed on behalf of the Council by Council leader, Ken Bodfish and by the director of the WHO European Office, Dr Gudion Magnusson.

High Seas

Local businesses have come up with some unique projects to help young people in East Brighton to develop their skills and find employment.

Marina-based Neilson Activity Holidays has launched the UK Sail Training Project, with eb4u.

Some 130 trainees will get the chance to sample sailing, gain new skills and learn about career opportunities.

Active living and employment training rolled into one!

Every intervention designed to increase levels of physical activity in the general population must take account of and meet the needs and requirements of people with disabilities. Disability takes many forms. For some, disability will impose little if any restriction on their choice of physical activity. For others, it may have a major effect. Service providers have a duty to ensure their service is properly inclusive.

3.4 Overcoming Barriers¹⁸

Individuals Factors

Different activities suit different people. A wide range of individual factors – physiological, psychological, behavioural and cultural – may influence the motivation of individuals to be more active.

The most common negative factors cited are lack of time, lack of confidence and lack of energy or motivation. These can be minimized by choosing activities, or interventions, that are:

- Moderate intensity (such as brisk walking) in short bouts (10-15 minutes)
- Home-based (rather than reliant on sporting facilities)
- Useful (e.g. gardening or walking to the shops) rather than just exercise for its own sake

Brighton & Hove City

Active Living Strategy



Such interventions build activity into everyday life. For people who are the least active, these will be the interventions that are effective.

Community sports and activity groups, whether structured or informal, have the added benefit of providing social exchange.

However, for the least confident and the least motivated, joining a group may be too big a leap.

For people whose active lifestyles are underway, groups are an excellent way to stay active, especially if a buddy system is incorporated (people phoning each other up and/or sharing lifts)

Provider Factors

Provider factors that may act as barriers to participation include:

- Inconveniently situated leisure facilities
- Lack of public transport to venues
- Lack of bike racks at venues
- Inappropriate timetables for activities
- Lack of publicity
- Lack of capacity to take more members
- Shortage of volunteers
- Shortage of skills or coach development
- Inadequate safety measures
- Charges too high for people on low incomes

Corporate Factors

In order to move from the planning stage into real action, the Brighton & Hove Active Living Strategy will require high-level commitment from a number of partner agencies. The reasons some partners may cite for being reluctant to engage fully with the action plan are:

- Lack of available staff
- Inadequate operating budget
- Managerial inertia
- Lack of vision
- Competing priorities
- Short-term planning horizons
- Actions not linked to existing work-plans or performance assessment criteria

Involving stakeholders from an early stage and establishing clarity about roles and expectations may overcome these barriers.

Another important step will be to find an Active Living Champion – a senior Councillor or Executive to lead the way, demonstrating the authority's commitment to getting more people, more active, more often and inspiring others to follow suit.

Teaming up¹⁹

Joint working between physical activity and neighbourhood renewal practitioners can help improve deprived areas

Evidence suggests that physical activity can play a key role in:

- helping people achieve healthier lifestyles;
- creating safer communities;
- promoting positive behaviour and confidence;
- improving educational attainment;
- helping to build social networks within communities; and
- reaching out to and engaging with people who might otherwise 'slip through the net'.

Yet too often, these potential benefits are not being realised. In fact, participation in sport is generally lower in deprived areas than most other areas.

Sport and Neighbourhood Renewal organisations can help each other by working together.

Did you know...

Brighton & Hove City has a total population of 247,817, of whom:

- 37% (91,692) are aged either under 16 or over 59⁵
- 11.8% (29,310) live in the 5% most deprived wards in the country⁵
- 11.4% (28,326) go to one of the 78 primary or secondary schools⁵

How healthy are we?

The wards in East Brighton are within the top 3% most 'health deprived' wards in the region.

Deaths due to circulatory diseases in B&H are 10% higher than would be normally expected, given the nature of the area's population

Since the early 1990s, the proportion of primary-aged children walking to school has declined from 60% to 51%. Over the same period, the number being driven to school has increased from 29% to 41%⁷

Factfile

Every minute spent walking adds up to two minutes to your life – so the longer you walk, the longer you'll live!



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