



HAMPSHIRE & ISLE OF WIGHT

PHYSICAL ACTIVITY STRATEGY 2017-21

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INTRODUCTION



This strategy provides a framework for all organisations involved in the development and co-ordination of physical activity and sport across Hampshire, the Isle of Wight, Portsmouth and Southampton ('our area').

It has been developed collaboratively with partners working in the area and will be led by Energise Me, the County Sports Partnership (CSP) for Hampshire and the Isle of Wight.

The implementation of this strategy is the collective responsibility of all partners. It will be a team effort to achieve it.

Who are the partners?

A partner can be any organisation or person who can help to tackle inactivity.

We need the whole system to join forces to transform levels of physical activity in our community. That means health, planning, education, community and leisure providers, voluntary and private sectors, local authorities, national governing bodies of sport, clubs, and others working together.

Would you like to build a happier, healthier and stronger community?

Join us; together we can kick inactivity into touch!

GLOSSARY

Energise Me

The County Sport Partnership covering the geographical area of Hampshire, the Isle of Wight, Portsmouth and Southampton. It is part of a national network of 43 County Sports Partnerships (CSPs) across England committed to tackling inactivity.

Hampshire & IOW / Energise Me area / Our area

The areas governed by Hampshire County Council and the unitary authorities of Isle of Wight Council, Portsmouth City Council and Southampton City Council.

Whole system approach

A strategic and integrated approach to planning and delivering services at a local level. This encompasses any service that can impact on levels of physical activity, directly or indirectly.

Inactive

Percentage of people doing less than 30 minutes of physical activity per week in bouts of at least 10 minutes of moderate intensity.

Active

Percentage of people doing at least 150 minutes of physical activity per week in bouts of at least 10 minutes of moderate intensity.

OUR VISION: TO BEAT INACTIVITY

We want everyone to feel they can be active on their own terms – knowing they will be supported as individuals, whatever their physical and mental wellbeing needs.

We aim to:

1. Accelerate the reduction of inactivity amongst adults
2. Reverse the rising trend of inactivity amongst females
3. Narrow the gap in levels of inactivity between those adults with (or at risk of) a long-term health condition and those without
4. Improve levels of physical activity among children and young people

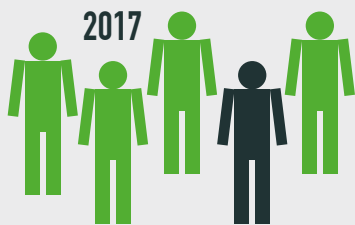
Strategic objectives for the whole system:

1. Drive investment and innovation to increase physical activity based on insight, evidence and identification of need
2. Support an environment that makes physical activity the easy choice
3. Encourage positive lifestyle choices and support behaviour change that enables people to increase their physical activity levels
4. Reduce inequalities in physical activity by focusing on people and populations most at risk

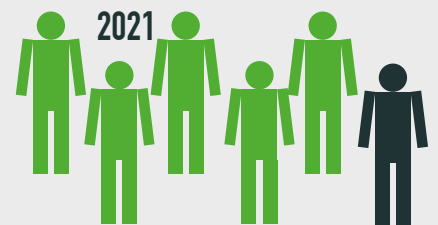


HOW WE'LL MEASURE SUCCESS

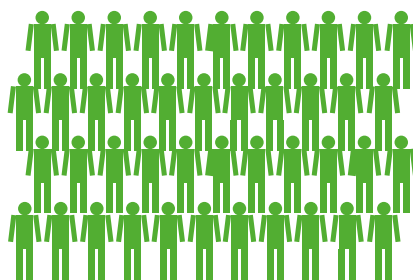
Fewer inactive people in our area by 2021



The number of inactive people in our area reduces from 1 in 5 to 1 in 6.



That's 44,000 adults (16+) moving away from an inactive lifestyle...



the equivalent to the average home attendance at Portsmouth and Southampton Football Clubs combined.

Success isn't just about numbers. We'll delve into what people get out of being active and the social good that physical activity can deliver. In line with the government's key outcomes, we'll focus on physical and mental wellbeing, individual development, social and community development and economic development.

WHY WE NEED TO BEAT INACTIVITY

Physical activity has been proven to help and manage over 20 chronic conditions and diseases.^A Some diseases causing early deaths can be attributed to physical inactivity.^A

Persuading inactive people to become active could prevent 1 in 6 deaths.^B

Physical inactivity is the 4th largest cause of disease and disability in the UK.^C

In children aged 0-5 years, lower levels of physical activity are associated with increased levels of obesity.^D

On average, active adults have a 30% higher chance of enhanced wellbeing than inactive adults. They also have a 20-30% lower risk of depression, distress and dementia.^E

The estimated annual health cost of physical inactivity is £27.8 million in our area. £12.8 million of this is on coronary heart disease alone. Diabetes and cancer are the next largest contributors. These figures exclude the indirect costs of lost working days through sickness and subsequent lower productivity levels.^F

Physical activity programmes at work can reduce absenteeism by up to 20% and on average physically active workers take 27% fewer sick days.^G

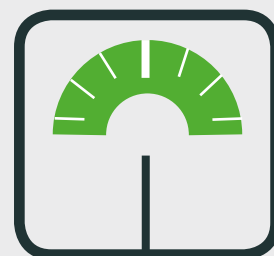


Figure 1: Physical activity and health - the facts

^A BHF National Centre: Making the case for physical activity. | ^B PHE Health Matters: Getting every adult active every day.

^C Murray et al. (2013) UK health performance: finding of the Global Burden of Disease Study 2019. The Lancet 381: 997-1020.

^D Monasta L, Batty GD, Cattaneo A, Lutje V, Ronfani L, van Lenthe FJ, et al. Early-life determinants of overweight and obesity: A review of systematic reviews. Obes Rev. 2010; 11 (10): 695-708. | ^E Physical Activity Guidelines Advisory Committee. Physical activity guidelines advisory committee report, 2008. Washington, DC: US Department of Health and Human Services: 2008. | ^F Tackling Physical Inactivity - A coordinated approach. All Party commission on Physical Activity (2004).

^G Faculty of Public Health and Faculty of Occupational Medicine - Creating a Healthy Workplace.

Prevalence of overweight (including obese) in our area.^H

	Hampshire CC	Isle of Wight	Portsmouth	Southampton
Children in Reception	22.8%	21.9%	23.7%	22.2%
Children in Year 6	29.6%	32.7%	35.1%	36.7%
Adults	65.8%	67.4%	63.1%	62.6%

Key: compared with benchmark (England)

Better	Similar	Worse
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Our population¹

Broadly similar to England, the population of our area is characterised by slightly higher proportions of over 65-year-olds and people in higher socio-economic groups than the national averages.

Our area is a mixed picture though. There are higher proportions of young people (16-25 years) in the student cities of Portsmouth and Southampton. By contrast, one quarter of the population in the New Forest is aged 65 years and over.

Areas such as Southampton, Havant and Gosport have a higher than average proportion of people in lower socio-economic groups.

^H. Source: Fingertips.phe.org, Oct 2017.

WHERE WE WILL FOCUS

The UK Chief Medical Officers have set out how much physical activity people should do, on a weekly basis, for it to benefit their health.

	Activity duration and intensity Moderate = increased breathing, able to talk Vigorous = breathing fast, difficulty talking	Muscle and bone strengthening activities
Birth to 5 years	180 minutes every day	
5 to 18 years	60 minutes every day	3 times a week
Adults	150 minutes a week of moderate intensity OR 75 minutes a week of vigorous intensity OR a combination of both	2 or more times a week
Pregnant women	150 minutes a week of moderate intensity If not currently active – start gradually	2 times a week

Figure 2: Chief Medical Officers' physical activity guidelines for all ages

Using these guidelines, we categorise behaviours into Active^a, Fairly Active and Inactive^b.

We'll focus on the area of highest impact: tackling inactivity

The greatest health gains and best value for public investment can be found in addressing the people who are least active.² We recognise the need to support people who are already active to maintain a resilient habit. However, to achieve maximum impact, this strategy will focus on tackling inactivity.

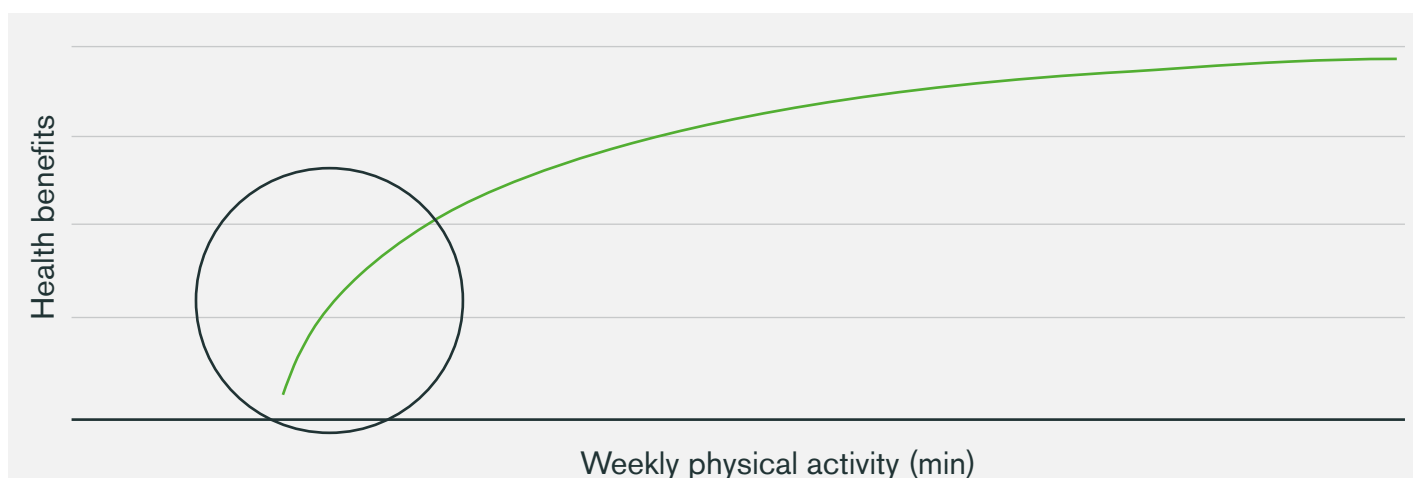


Figure 3: The value of getting people active from different starting points. HM Government, A New Strategy for an Active Nation

^a ACTIVE: Doing at least 150 mins of physical activity per week in bouts of at least 10 mins of moderate intensity

^b INACTIVE: Doing less than 30 mins of physical activity per week in bouts of at least 10 minutes of moderate intensity

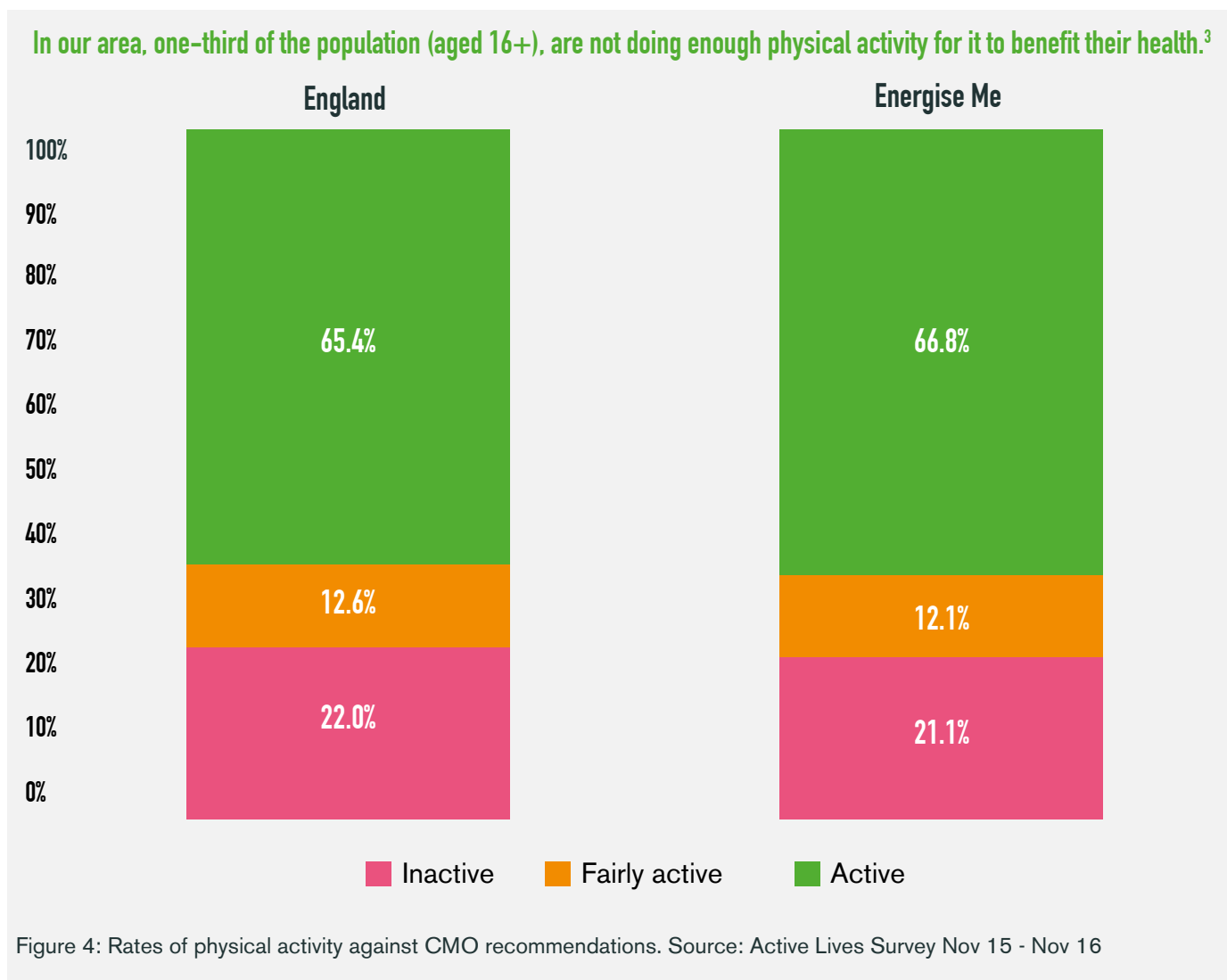
We'll address the local picture within a national context

The national Active People Survey (carried out by Sport England, in collaboration with Arts Council England, Public Health England, and the Department of Transport), has measured sports participation over the last ten years and physical activity behaviour for the last four years.

The data helps identify trends in the activity levels of our communities. We've used analysis of this data to identify key target groups to focus on.

In 2015, Sport England introduced Active Lives as the replacement for the Active People Survey. The new survey allows for much deeper analysis of behaviour among groups.

Active Lives will be used as the data set to monitor the success of this strategy.



At a total population level (16+), our proportion of inactive people is slightly better than that of England and appears to be improving over time.

There are still some areas of concern, particularly when we look at the inequalities that exist within some demographic groups.

Inactive by demographic group compared to England

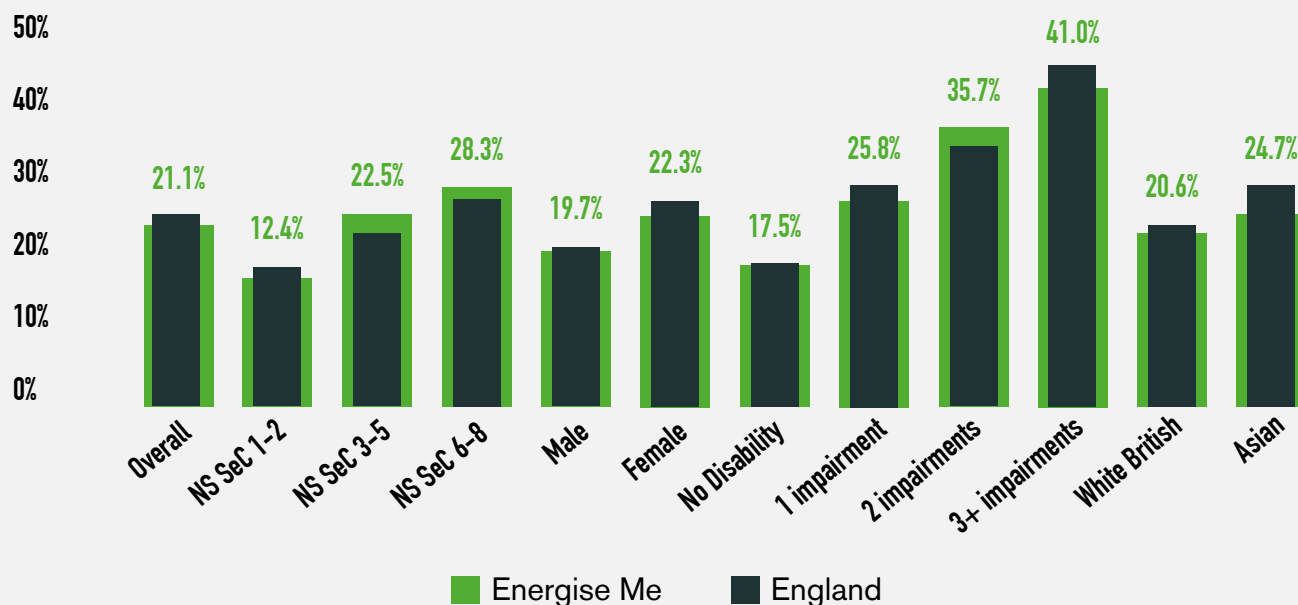


Figure 5: Proportions of inactive people within different demographic groups compared to England. Source: Active Lives Survey Nov 15 - Nov 16 (including gardening). NS SeC: National Statistics, Socio-economic classification

Inactive trends by demographic group compared to England

Population group	National inactive trend	Energise Me inactive trend
Whole population (16+)	↓	↓
Female	↓	↑
Male	↓	↓
Higher socio-economic groups (NS Sec 1-4)	↓	↑
Lower socio-economic groups (NS Sec 5-8)	↑	↓
No disability	↓	↓
Long term limiting disability	↑	↑
White British	↓	↓
Black and Minority Ethnic	↓	↓

Figure 6: Inactive trends for demographic groups - Energise Me compared to England. Source: Active People Survey Jan 12 - Jan 16 (including gardening)

We'll focus on three demographic groups

The Active Lives data and the four-year trends from the Active People Survey highlight groups that warrant attention in our area:

- The trend of inactivity is rising among females.⁴
- Those who have a long-term limiting illness and/or disability are also those most likely to be inactive⁵ and the trend of inactivity is rising in this group.⁶
- Compared to national averages, those in middle and lower socio-economic groups have larger proportions of inactive people.⁷

Beating inactivity across all population groups will be our priority but we realise this is a significant challenge. Informed by the Active Lives data and a need to build active habits from an early age, we will focus on three demographic groups whose inactive behaviours put them at greater risk.

We believe working with these groups will make the biggest difference to inactivity levels in our area:

- **Inactive females**
- **People with (or at risk of) a long-term limiting disability**
- **Children and young people**

While there is a rising trend of inactivity among those in the higher socio-economic groups,⁸ we recognise that this group is less likely to be experiencing poorer health outcomes.

Local evidence may lead some partners to focus on the needs of those in lower socio-economic groups, where they may feel that greater health gains will be had. In such cases we urge partners to focus on the above demographics *within* lower socio-economic groups.



AIM 1: Accelerate the reduction of inactivity amongst adults

The current levels of inactivity can be attributed to a number of factors, including:

- Insufficient participation in physical activity during leisure time
- An increase in sedentary behaviour during occupational and domestic activities
- An increase in the use of "passive" modes of transport

21.1% of our area's adult population are inactive; they don't achieve 30 minutes of at least moderate intensity physical activity in a week in bouts of 10 minutes or more. They are not walking, cycling, or doing any kind of physical activity where their heart rate increases and they are mildly out of breath for the recommended amount of time.

National evidence⁹ suggests there are 3 distinct behaviours within this group:

- Those doing nothing
- Those not doing enough
- Those missing the intensity (this is by far the largest group and accounts for approximately two thirds of inactive people).

Aiming to reduce inactive behaviour may appear a daunting prospect. The fact that many already do some activity makes it a more achievable goal.

We'll work with partners to better understand these groups through commissioned insight and analysis of other data sets.



AIM 2: Reverse the rising trend of inactivity among females

Local and national trends

Population group	National inactive trend	Energise Me inactive trend
Female	↓	↑

The trend of female inactivity in our area has risen over the past four years, while the national picture shows a decline. The gap between levels of male and female inactivity is therefore widening at a faster rate than it is nationally.

The size of gap varies between districts but reducing the gap between males and females will be a priority for most authorities.

Gender inequality gaps: inactive behaviour

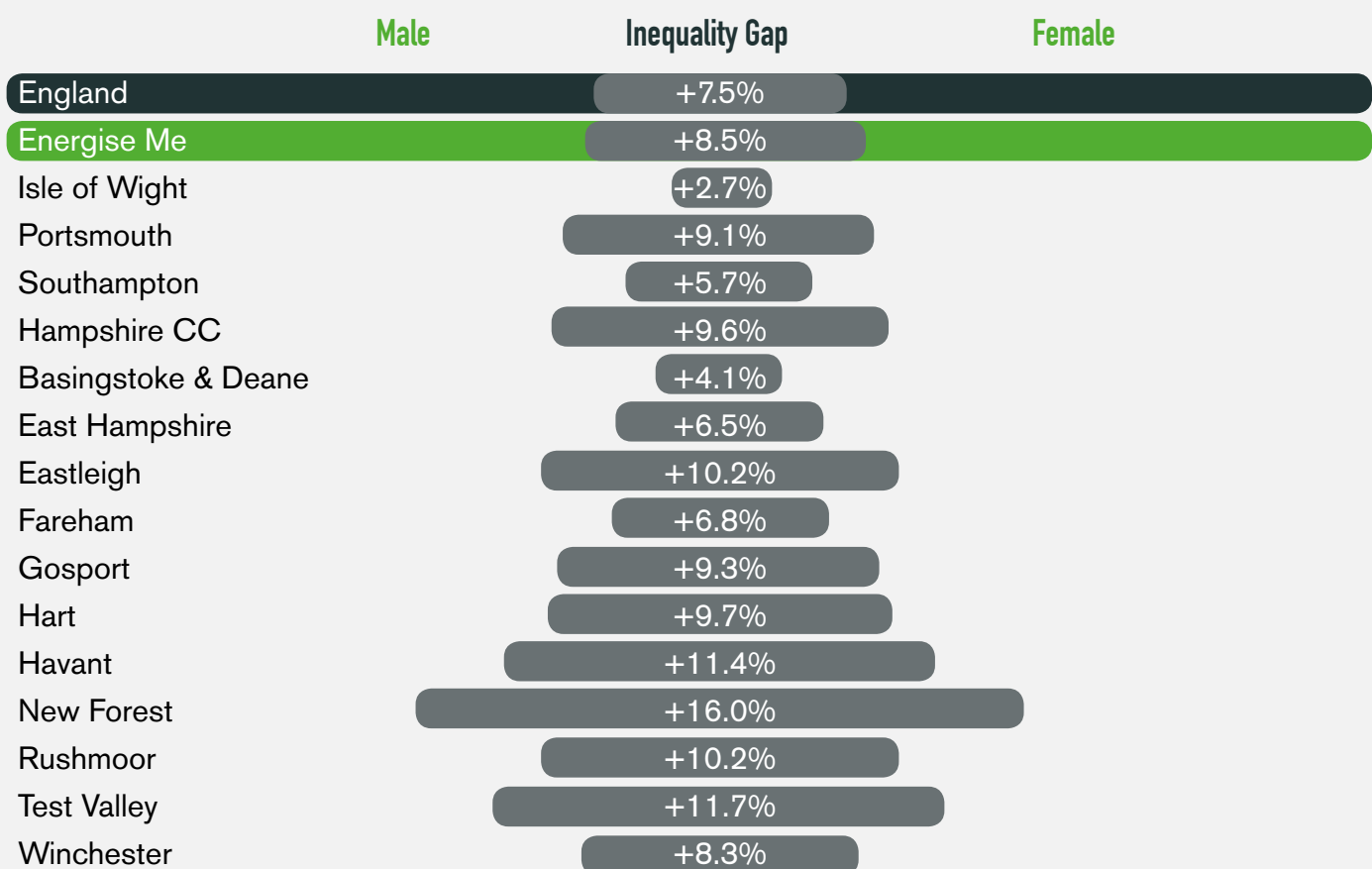


Figure 7: Gender inequality gaps across Hampshire and the Isle of Wight authorities for inactive behaviour.

Socio-economic groups

- There's a significantly higher proportion of inactive females from lower social grades compared to higher social grades.
- The proportion of inactive females in higher social grades is growing. This group appears to be driving the rising trend across the whole female population and also the rising trend among the higher social grades.

Caring responsibilities

- There is an increasing proportion of inactive females with children under the age of 15 in the household.

Age groups

- The only age group with a declining trend of female inactivity is 16-25 years.
- The age group with the second lowest levels of inactivity is 35-44 years but their trend appears to be rising.
- The trend for all other age groups is flat or rising. Of concern are the age groups 26-34 years and 45-54 years.

Rising levels of female inactivity are not limited to specific demographic age groups. It is a problem across the board, which is why we've made inactive females a priority. This will enable us to work across social grades, age groups, ethnicities and geographies.



AIM 3: Narrow the gap in levels of inactivity between those adults with (or at risk of) a long-term health condition and those without¹⁰

Local and national trends

Population group	National inactive trend	Energise Me inactive trend
Adults with a long-term health condition	↑	↑

People with a long-term limiting disability are significantly more likely to be inactive than those without. Whilst this is also the case across England, the gap in our area is widening at a faster rate than it is nationally.

The size of the inequality gap is of concern across all districts but it varies greatly between them.

Disability inequality gaps: inactive behaviour

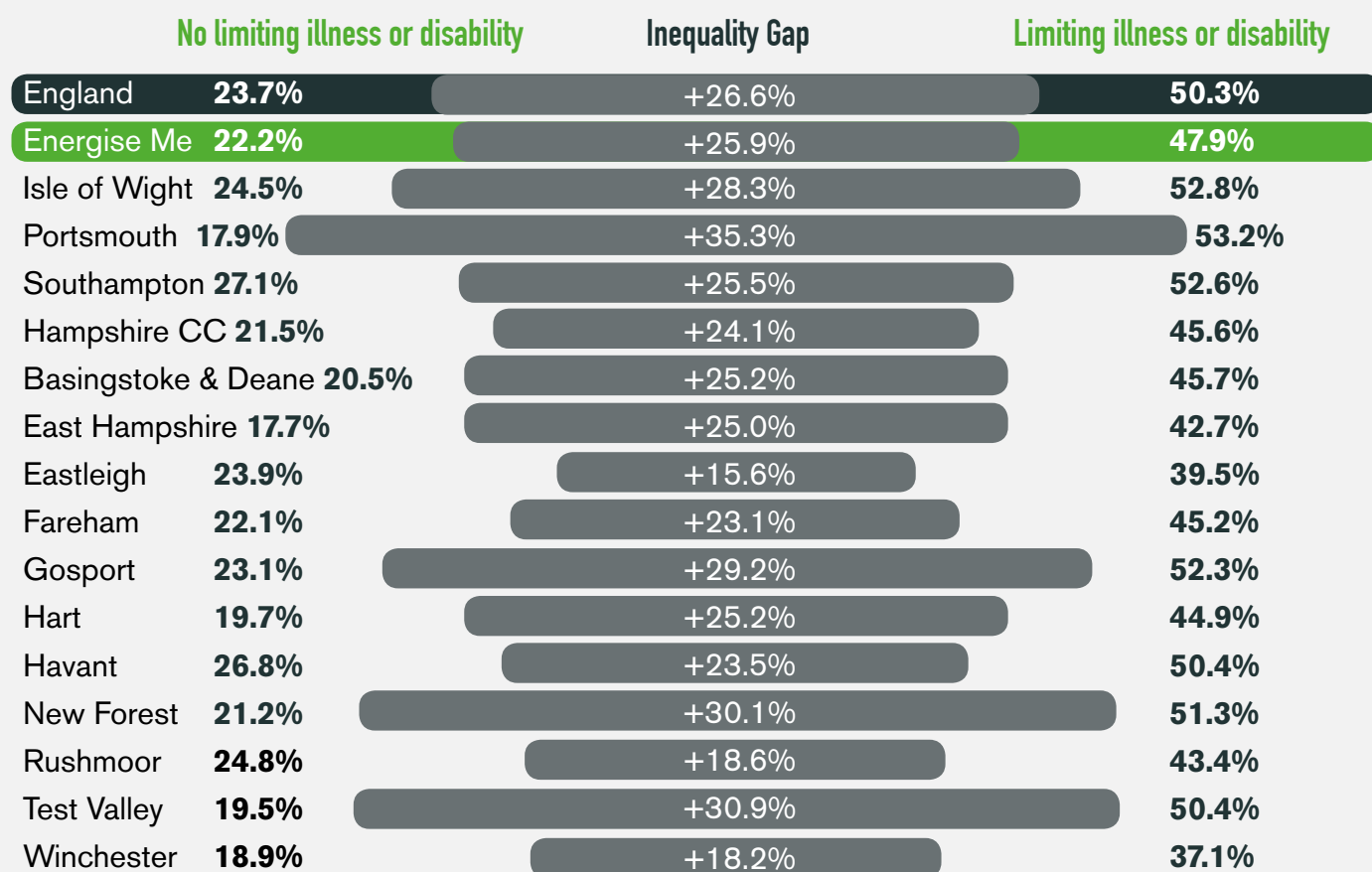


Figure 8: Disability inequality gaps across Hampshire and the Isle of Wight authorities for inactive behaviour.

What we know about inactive people with a long-term limiting illness or disability

Social grade

- There appears to have been a steep increase in the proportion of inactive disabled people from higher social grades.

Age groups

- All age groups above 45 years are seeing rising proportions of inactive disabled people. The most significant increase appears to be for those aged 45-54 years.

Gender

- There are rising proportions of inactive disabled males and females. The trend is rising more steeply among men.

Inclusion of *at risk* groups

We have included people who are *at risk* of developing a long-term limiting disability in our priority group. This is especially important when we consider our population is getting older. We are living longer and life expectancy is increasing; at the same time, quality of life is getting worse.

The longer people live in poor health, the more they need from health and social care. We need to highlight the role that physical activity can play in prevention to reduce the risk of people becoming ill or needing more care services. We will promote physical activity as the leading lifestyle choice for good health and maintaining independence. This will be a focus across all geographies but with emphasis on those living in the most deprived areas where healthy life expectancy is much worse.



AIM 4: Inspire our children and young people to form an active habit for life

Across England, only 22% of children aged 5-15 years meet the recommended levels of activity (an hour a day).

In the South-East region, this figure is even lower at 19%. Across England, the most active age group is 5-7 years and yet only 30% meet the recommendations.

Of greatest concern is the younger age group of 2-4 years, with only 9% meeting the recommended level of 3 hours of activity every day.¹¹

There is currently no reliable evidence to show how active children and young people are across Hampshire and the Isle of Wight.

This will change during the life of this strategy as Active Lives has been expanded to collect data on physical activity and sporting behaviour of 5-18 year olds. The survey opened in 2017, with the first set of baselines available from early 2019.



HOW WE WILL ACHIEVE OUR AMBITION

Thinking and acting differently

The scale of change needed to beat inactivity means we must work differently. Organisations and services in our area need to come together like never before. We need to learn how to change behaviour and be led by the evidence of what works and what doesn't, recognising failure as an important part of learning.

We must find as many different ways of beating inactivity as there are different causes. Across the public, private and voluntary sectors everyone has a role to play — be it increasing access to active opportunities or influencing social norms and values.

Policy makers, planners, community workers and residents themselves must all focus on helping people make healthy choices by committing to a combination of strategies that target the complex causes of inactivity.

Whole organisation strategies, for example in schools and workplaces, can have a powerful effect on social and cultural norms and values over time. An individual's choices may be based on the value they place on physical activity, which in turn may be based on the norms that are prevalent within their community — if no-one else I know exercises, why would I?

The model below shows how layers of influence intersect to shape a person's physical activity choices. The different parts of the system need to interact to make the change needed.

We will make every contact count across sectors, supporting the needs of the broader workforce by helping them to understand their role and challenging them to use their influence and the tools available to them to beat inactivity.

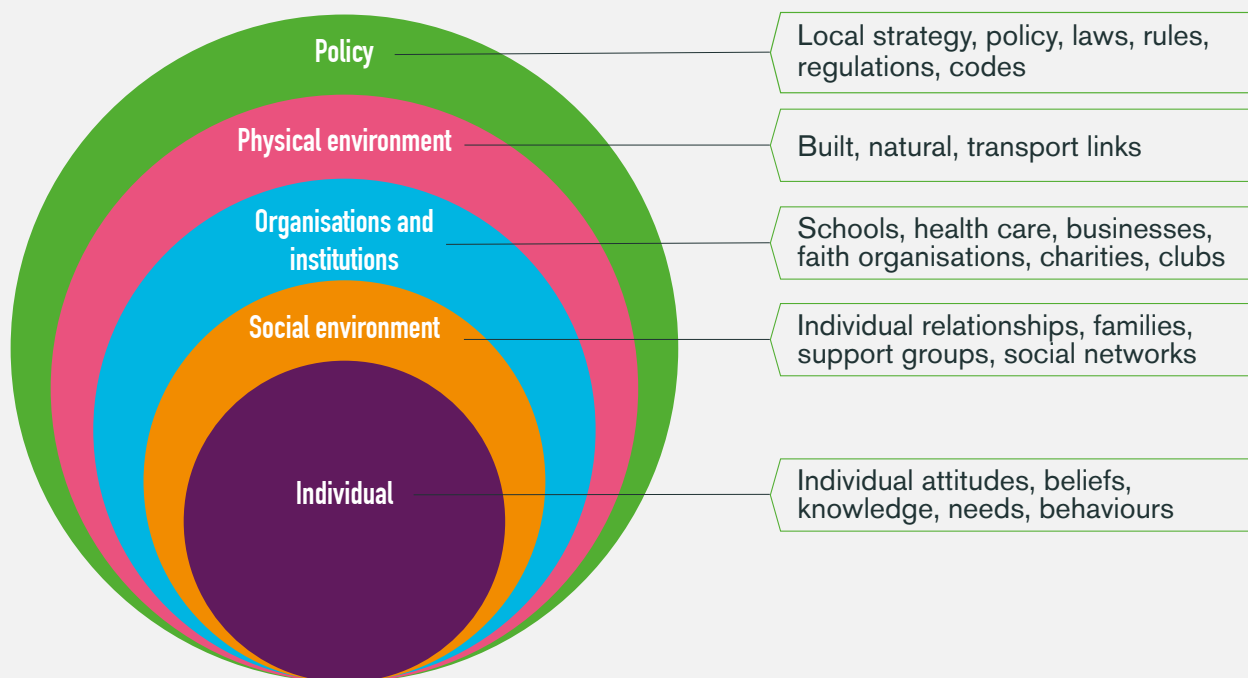


Figure 9: Socio-ecological Model. Adapted from Sport England: Towards an Active Nation 2016-21.

OBJECTIVE 1. Drive investment and innovation to increase physical activity based on insight, evidence and identification of need

We want to move away from a 'build it and they will come' approach. Instead, we want partners to take an insight-driven and person-centred approach to designing physical activity intervention.

To change the behaviour of inactive people we need to understand their behaviour within the context of how they live their lives. Being insight-driven will help us build such an understanding and tailor our support.

Collectively, we will learn about what works and why in the fight to beat inactivity. Keeping abreast of national insight and sharing findings among partners will make good use of the resources invested in this area. We will also commission our own research to fill local gaps.

We will be creative in the design of interventions. Not all solutions will be a success but we will share results between us to speed up the learning among partners.

This insight-driven approach will lead partners to be able to develop local needs-led strategies and related investment decisions. Partners will be able to provide evidence of need for internal investment as well as to secure external investment from various sources.

Community engagement will become increasingly important. Getting closer to our communities and seeing physical activity and local assets through their eyes will help us understand their needs better. It will enable us to design local interventions, alongside people from local communities, that encourage participation across the life span.

OBJECTIVE 2. Support an environment that makes physical activity the easy choice

We aim to plan our built environments and open and green spaces to proactively enable physical activity. Understanding what healthy communities look and feel like will point us in the right direction to help communities make the best use of the assets they have on their doorstep.

We will advocate for transport policies and systems that favour walking, cycling and public transport to encourage people to choose active travel.

We will champion whole school, college and workplace physical activity programmes which energise the places in which we work and play. Integrating physical activity into these typically sedentary environments will make it easier for everyone to form an active habit.



OBJECTIVE 3. Encourage positive lifestyle choices and support behaviour change that enables people to increase their physical activity levels

To beat inactivity, we will need to understand how to change physical activity behaviour. Learning which interventions work, which don't and why will help us to direct investment to achieve the greatest gains.

We need to think differently about community. It's time to broaden the scope to include communities of people with common interests and shared experiences. We will help them to design their own physical activity opportunities and challenge perceptions about where physical activity can take place.

We will influence contracting across all parts of the system as a powerful tool to influence physical activity. We need to challenge all leisure contractors as to how they are going to engage inactive people.

We will help organisations and the workforce across our system to understand and adopt the principles of behaviour change. This approach has been used effectively across health and wellbeing from smoking cessation to weight management. We will apply the COM-B Behaviour Change model developed by Michie et al.¹² that recognises that for physical activity behaviour to occur, there must be:

- The capability to do it - e.g. the physical strength, knowledge or skills to perform the activity
- The opportunity to be active - e.g. the opportunity must be accessible, affordable, socially acceptable etc.
- Sufficiently strong motivation to be active

We will also address the needs of the broader workforce and help them understand and play out their role in tackling inactivity.

By advocating the use of tools such as the logic model, we will provide user-friendly ways to evaluate how interventions have changed behaviour and supported the government's five outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

We will make the most of public education and mass media initiatives by piggy-backing on evidence-led campaigns that aim to raise awareness and change social norms on physical activity. Where these appear to be resonating with target audiences, such as This Girl Can and Change 4 Life, we will adapt them to our local circumstances to boost their impact in our area.



OBJECTIVE 4. Reduce inequalities in physical activity behaviour by focusing on people and populations at most risk

We will reduce inequalities in physical activity behaviour across our area by prioritising inactive females and people with (or at risk of) a long-term health condition. We'll work with partners to develop a more in-depth understanding of these groups through commissioned insight and data analysis.

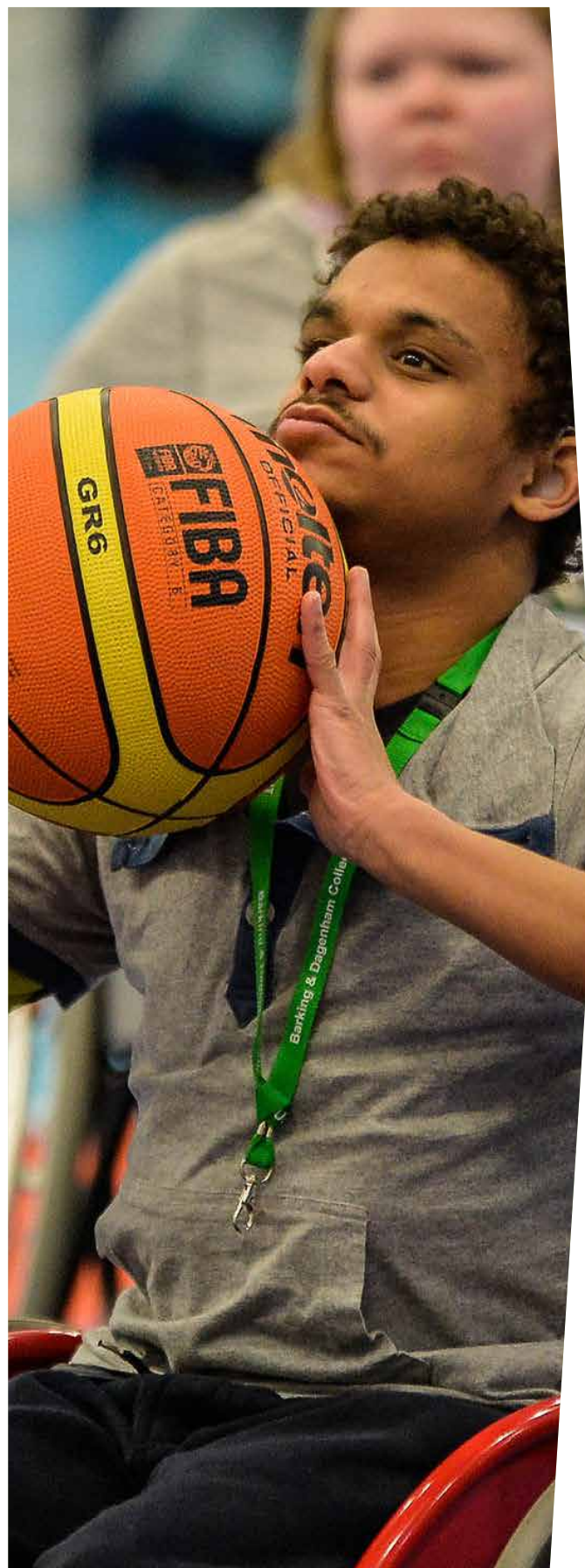
Partners may decide to prioritise other groups that are at risk of inequalities, particularly those who are likely to experience poor health outcomes alongside inactivity. Energise Me and local partners will work together to agree a combined focus, i.e. females in lower socio-economic groups.

Because of the strong link between physical activity and Non-Communicable Diseases, we will prioritise prevention initiatives and integrate these into the primary health care system.

Using community engagement approaches, we will create new opportunities to reach those experiencing inequalities. We will collaborate with other sectors and use non-traditional physical activity settings to put people at ease.

Based on insight, we will design customer-centred opportunities to meet identified needs such as:

- Families being active together
- Single sex activities
- Putting physical activity into a care package for people with a long-term health condition or those at risk of developing the disease
- Impairment group-specific activities
- Carers being active together while supporting each other



The role of Energise Me

Energise Me is the lead organisation for physical activity and sport across our area. As an independent charity, it can provide cross-sector leadership and objectivity to challenge the status quo. Energise Me will support any organisation who wants to help beat inactivity.

Energise Me's focus is to encourage the adoption of this strategy and the framework it provides to bring about a transformational change in levels of inactivity. For this strategy to be a success, it's essential that all partners are engaged and recognise the critical role they need to play.

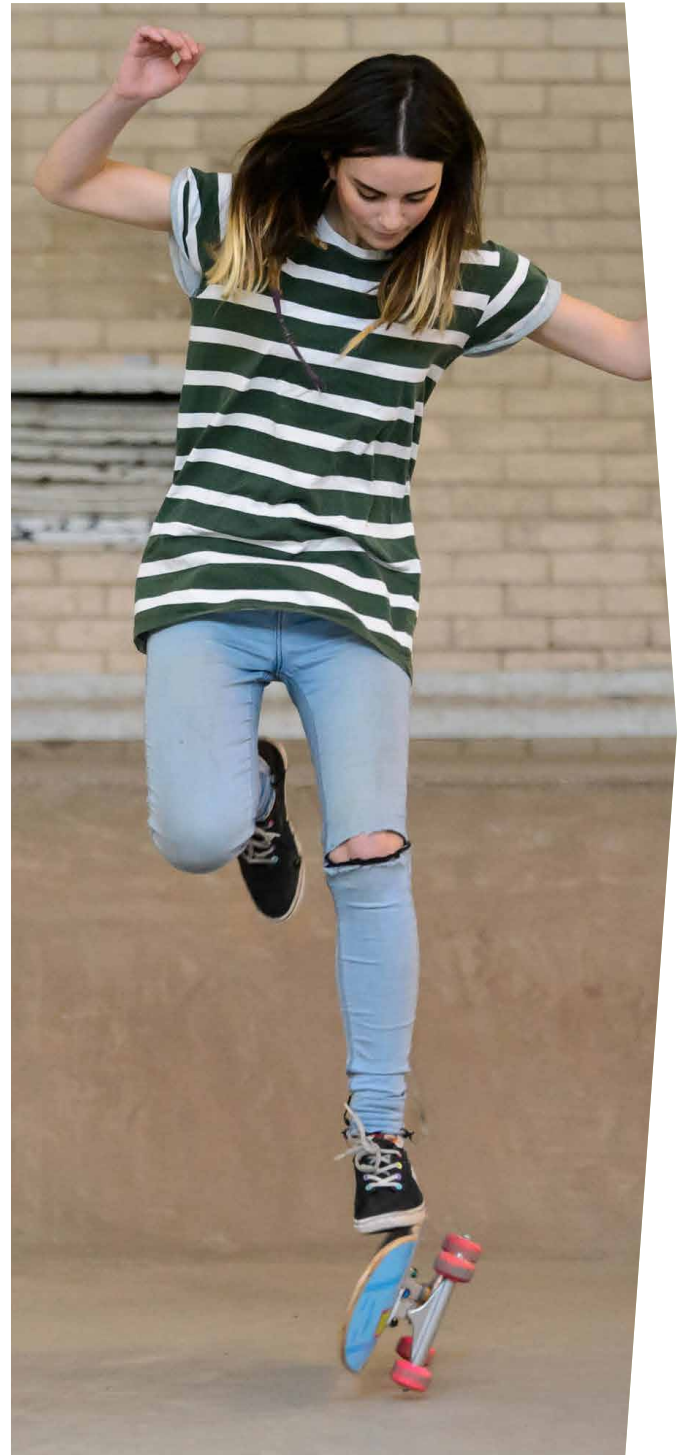
Energise Me does not compete for funding but supports its partners to secure investment by sharing expertise, knowledge and insight.

Energise Me will:

- Advocate for physical activity through effective strategic engagement, networking, lobbying and brokering
- Facilitate collaboration and innovation across the whole system to drive implementation of this strategy
- Bring investment into the area to support the delivery of this strategy
- Be the physical activity behaviour insight hub, sharing and commissioning research and interpreting what it means for the implementation of the strategy
- Lead behaviour change learning and practices to help partners focus on this as a definition of success
- Support partners to grow and develop the diverse workforce needed to meet the new challenges in this strategy
- Work with local partners to develop action plans which reflect local priorities to deliver against the ambitions of this strategy
- Coordinate targeted marketing and communications to inspire behaviour change

The role of Partners

This strategy is a 'call to arms'. We need partners to adopt the principles of this strategy and apply them in their own organisations. Partners will lead the way in their communities, applying behaviour change theory, being person and customer centred, using robust evaluation and collaborating with others to beat inactivity.



HOW WE'LL KNOW WE'VE SUCCEEDED

There will be fewer inactive people, leading to healthier and stronger communities

People will be more resilient and living healthier lives for longer

Social norms will have changed and greater value will be placed on being physically active

The places in which we live, work and play will encourage physical activity through design and influence

Being active will be the easy choice for our children and young people

We'll no longer see inequalities in the active behaviour of disabled people and women

Employers will benefit from a fitter and more productive workforce

Physical activity will be relevant and appealing to people who didn't think it was for them

People who were once inactive will be getting their friends, family and neighbours involved too

People will be happier, experiencing better physical and mental wellbeing

In short, we'll be beating inactivity

SUPPORTING POLICIES AND FOOTNOTES

Equality statement

Energise Me has an ongoing commitment to equality and has achieved the Equality Standard. Equality is embedded into its work.

Safeguarding

Energise Me is committed to the protection and safety of children, young people and adults at risk.

Physical activity and sport can have a huge impact on all participants, especially when they are in a safe environment. Safeguarding is one of the most important areas of work that Energise Me supports.



Footnotes

¹ Hampshire JSNA 2017, Isle of Wight JSNA 2017-18, Portsmouth JSNA 2016 and Southampton JSNA accessed Oct 17

² Sport England: *Towards an Active Nation Strategy 2016-2021*, 2016

³ Sport England's Active Lives Nov 2015 - Nov 2016 (including gardening)

⁴ Sport England's Active People Survey Jan 2012 - Jan 2016

⁵ Sport England's Active Lives Nov 2015 - Nov 2016 (including gardening)

⁶ Sport England's Active People Survey Jan 2012 - Jan 2016

⁷ Sport England's Active Lives Nov 2015 - Nov 2016 (including gardening)

⁸ Sport England's Active People Survey Jan 2012 - Jan 2016

⁹ Sport England's Tackling Inactivity Guidance

¹⁰ Equality Act 2010: "You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities"

¹¹ Health and Social Care Information Centre: Health Survey for England 2015

¹² Michie et al (2011) Implementation Science



LET'S BEAT INACTIVITY

WWW.ENERGISEME.ORG