

Surrey's Physical Activity Strategy 2015 – 2020

Final draft version (23 Feb 2015)

For consideration by Surrey's Borough, District and County Councils

DRAFT

Introduction

Being physically active helps us feel good, grow well and achieve at school or work. We can walk, run or ride through Surrey's superb countryside or save time and money on our commutes. We can experience the joy of winning and losing together with teammates or feel pride in conquering a personal challenge. Sport brings us together as a community and allows us to pass on, or develop new, skills through volunteering. Being active can support us to live independently as long as possible and can reduce social isolation. It improves our physical health and reduces the risk of developing many illnesses. In short, it is a sure and enjoyable way to improve our mental and physical wellbeing.

Physical activity includes sport, dance, play, gardening, PE, walking and cycling.

We are a nation of sport supporters, as evidenced by the millions of spectators lining the Olympic cycling routes through Surrey in 2012. But for many of us, watching is all we do and we are simply not active enough. Almost 40% of Surrey's adults don't meet the NHS's activity guidelines and almost a quarter of adults are completely inactive. This is worrying as scientific evidence is now showing that being physically inactive is as bad for our health as smoking.

In Surrey there are a large number of people who would benefit from being more physically active and there are many opportunities in daily life to be active. Our challenge is to bring the two together by:

- Enabling people to be more active, for example by helping sports clubs become more accessible or better quality, making active travel an easier choice, or by ensuring our natural and built environment supports active choices rather than creating barriers.
- Identifying what is currently happening and spreading this information more widely; and, where provision or promotion of services does not match the needs of specific population groups, take positive action to rectify this where we can.

This strategy aims to encourage everyone in Surrey to be more active and therefore gain the many benefits that being active can bring - whatever our age or ability. We need to spread the message so that, throughout our lives, we can all:

Start Moving

Move Every Day

Stay Moving

This strategy has been developed by Active Surrey, the County's Sports Partnership, with input from its wide range of partners and stakeholders who will continue to help drive it forward through detailed action plans. The organisations are all keen to play their part but we can make a greater impact across our county by encouraging other organisations to align strategies and plans that impact on physical activity with the priority areas identified in this strategy. By working together more effectively we can use existing resources better, access new ones, and make a real difference to the lives of the population.

This physical activity strategy provides guidance to strategic leads, policymakers, commissioners and providers on the key approaches and priority groups we need to focus on to improve activity levels in Surrey. But everyone has a role to play in increasing levels of physical activity and therefore health and wellbeing – whether in our school, our work, our community or home, as we travel and how we plan and use our built and natural environment. Let's create a real legacy from London 2012; help us to implement this strategy to make Surrey the most active county in England by 2020.

The Active Surrey Board, June 2015

Why are we focusing on physical activity?

It is only in the past 50 years that physical fitness and activity have become non-essential in our daily lives. National statistics show year-on-year declines in walking and cycling rates as car ownership continues to increase, we have less active jobs, more labour saving appliances and more screen based technology for home entertainment. The result is that we walk less, sit down more, and allow gadgets to do the work for us - during this time, physical activity levels have declined by 20% in the UK with projections indicating a further 15% drop by 2030. The physical demands placed on our bodies are so low that we are becoming more overweight, less fit and in many ways less healthy as a nation.

Of the big four causes of preventable ill-health (smoking, poor nutrition, lack of physical activity and alcohol excess), the impact of physical inactivity has not been as high profile. This is worrying as it has now been shown that physical inactivity is as bad for our health as smoking. Yet, relatively low levels of increased activity can make a huge difference. All the evidence suggests small amounts of regular exercise (20 to 30 minutes every day for adults) brings dramatic benefits. The exercise should be moderate – enough to get a person slightly out of breath and/or sweaty, and with an increased heart rate.

Fig 1: Defining Physical Activity



It is important to understand the scope of this strategy and what is meant by physical activity. We will focus on the activity measured by the Active People Survey, a large, annual telephone survey of adults (14+) in England, commissioned by Sport England. The survey measures participation in sport, active recreation and everyday activity, and provides details of how participation varies from place to place and between different groups in the population. The activities are measured in bouts of 10 minutes and include: sport, recreational cycling, recreational walking, walking for active travel purposes, cycling for active travel purposes, dance and gardening/housework. Occupational activity or DIY is not measured and therefore it will not be considered for development as part of this strategy.

According to the Health Survey for England (2008) and analysis of the annual Active People Survey, it is clear that there are significant health inequalities in relation to the prevalence of physical inactivity according to income, gender, age, ethnicity and disability. The extent of people meeting the recommended levels of physical activity decreases with age, with marked step changes down at specific life transitions such as moving schools (in particular primary to secondary), adolescence, leaving school, moving house, having children and retirement.

The greatest drop-off in activity levels is seen in the teenage years, in particular in girls. There is a clear gender gap with females participate in sport 20% less on average than males. People with a disability are half as likely to take part in physical activity and sport and their experiences are less positive than non-disabled peers.

Some of the key findings for Surrey:

- Over 360,000 adults are not active enough to meet Chief Medical Officer (CMO) health guidelines (at least 150 minutes per week at moderate intensity)
- One in four of the adult population (210,000 people) are classed as physically inactive, that is, they fail to achieve 30 minutes of moderate intensity activity per week. They fall into the CMO's "high risk" category and are at a much greater risk of developing serious chronic diseases
- 55,000 children and young people are overweight or obese (see Appendix 2)
- 56% of Surrey adults want to do more sport

Fig 2: The Cost of Physical Inactivity



Table 1: Rates of physical activity, sport and active commuting by adults (aged 16+)

	<30 mins Activity per week	30-149 mins Activity per week	150+ mins Activity per week	1 x 30 mins Sport per week	Commuting on foot	Commuting by cycle
England	28.9%	15.5%	55.6%	35.8%	10.7%	3.0%
Surrey	23.5%	16.1%	60.4%	41.1%	8.6%	2.2%
Elmbridge	21.9%	17.3%	60.8%	42.2%	6.2%	3.2%
Epsom and Ewell	20.5%	20.9%	58.6%	39.4%	8.2%	2.5%
Guildford	21.9%	15.4%	62.7%	41.2%	12.0%	2.6%
Mole Valley	22.2%	16.4%	61.4%	44.7%	9.7%	1.9%
Reigate and Banstead	20.0%	13.7%	66.3%	42.7%	9.0%	1.7%
Runnymede	24.3%	13.5%	62.2%	41.7%	9.9%	2.9%
Spelthorne	29.2%	12.7%	58.1%	34.4%	6.3%	2.7%
Surrey Heath	27.9%	15.7%	56.4%	44.6%	7.3%	1.7%
Tandridge	19.8%	21.8%	58.4%	41.8%	7.0%	0.9%
Waverley	27.2%	16.1%	56.7%	39.2%	9.2%	1.5%
Woking	25.1%	14.9%	60.0%	39.8%	8.9%	2.7%
Sources:	APS 7 (2013)	APS 7 (2013)	APS 7 (2013)	APS8 (2014)	Census 2011	Census 2011

The Surrey [Joint Strategic Needs Assessment](#) (JSNA) on Physical Activity (2013) gives full details of the state of the county, its needs, the gaps in knowledge (eg children's activity levels) and recommendations for action.

By working across the life course with targeted support for particular groups, the Surrey Physical Activity Strategy will put many of the JSNA recommendations into action.

A national and local priority

Many national advisory papers, reports and strategies have been published over the last few years which provide detailed background information and evidence and should be read in conjunction with the Surrey Physical Activity Strategy 2015-2020. They all demonstrate that physical activity is firmly in the national spotlight, showing an increasing drive to improve the health of the nation and tackle health inequalities. Recognition of the need to invest in preventative health is growing, focusing on staying healthy and promoting wellbeing.

National context

The Department of Health published [Start Active, Stay Active](#) in 2011, aimed at the NHS, local authorities and a range of other organisations that develop services, advocating a partnership approach to increasing physical activity levels across the country. Known as the UK's Chief Medical Officers' guidelines (see Appendix 3) the report listed the volume, duration, frequency and type of physical activity required for the UK population to achieve the range of benefits of being active (see Appendix 1).

In January 2012, the Government published the '[Public Health Outcomes Framework](#)' which includes two key outcomes in which physical activity can play a role in increasing healthy life expectancy and reducing differences in life expectancy. The Government's [national ambition for physical activity](#) (2012) remains to achieve these two outcomes: to (year on year) reduce the numbers of adults classed as inactive and to increase the numbers meeting the UK's Chief Medical Officers' guidelines. The Surrey Physical Activity Strategy supports this ambition.

The same year, the Department for Culture, Media and Sport's (2012) [Creating a sporting habit for life](#), focused much attention on addressing the drop off rates in sport in teenage years and early adult life. Sport England-funded programmes like Sportivate and Satellite Clubs are currently showing impact in this age group.

The 2012 [National Policy Planning Framework](#) sets out principles that local plans should reflect in order to achieve sustainable development (ie, meeting current needs without compromising the ability of future generations to meet theirs). The scope of a local plan is broad but one of the key principles is promoting healthy communities - play, active recreation and sport have an obvious role as well as in enhancing community cohesion / a sense of place.

In 2013 the Government launched an all-party [commission on physical activity](#). The commission took evidence about transport planning and the design of the urban environment as well as sport and health. Its first report (2014) emphasised the need to take action to increase the amount of physical activity taken by children and adults. It includes recommendations for making workplaces more active and reinforces the need to ensure that infrastructure encourages activity, incorporating cycleways, places to walk and access to recreation. It emphasised the need to improve cross-sector working, to design physical activity back into our everyday lives and make physical activity a lifelong habit.

In 2013, UK Active produced a report entitled [Turning the Tide on Physical Inactivity](#) recommended a number of ideas including asking local authorities to: prioritise and resource physical inactivity programmes to the same level as other top tier public health risks; partner with all local activity and sports providers to deliver a local ambition of a 1% reduction in inactivity year-on-year for the next five years; and ensure that their green spaces are developed to make them safe, accessible and integrated into their leisure and physical inactivity strategies.

In 2014, UK Active partnered with the Local Government Association, Public Health England and the County Sports Partnership Network to publish [Everybody Active Every Day](#), a framework for national and local action to address the national physical inactivity epidemic. It identified priorities for the next 10 years which included researching gaps, building evidence, and implementing action across settings and life course, and provided a range of national and international best practice on what works to raise physical activity levels. The framework looks for providers and commissioners to:

- change the social ‘norm’ to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives
- identify and up-scale successful programmes nationwide.

The Sport and Recreation Alliance’s [Raising the heartbeat of the nation](#) (2015) is the latest five-step call to action to central and local government, again emphasising the need to make physical activity part of everyone’s lives every day.

The role of the NHS is further defined through the NHS’s [Five Year Forward View](#) (2014) which sets out a vision for the future of the NHS to close the widening gaps in the health of the population, quality of care and the funding of services. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The 2015 Academy of Medical Royal Colleges’ report [Exercise – the miracle cure and the role of the doctor in promoting it](#) outlines not just ‘why’ doctors in all four nations in the UK must take a leading role in the fight against a sedentary lifestyle, but also sets out in clear and simple terms ‘how’ they should do that.

Locally, Surrey produced a Joint [Health and Wellbeing Strategy](#) (2013) with a key vision to “improve the health and wellbeing of Surrey people”. The strategy was drawn up by the Surrey Health and Wellbeing Board which consists of Borough, District and County councillors and staff, GPs and other partners who work together to achieve the shared vision of improving health and wellbeing in Surrey. The public were also widely consulted on the strategy which has the following priorities:

- Improving children’s health and wellbeing
- Developing a preventative approach
- Promoting emotional wellbeing and mental health
- Improving older adults’ health and wellbeing
- Safeguarding the population

Whilst physical activity is specifically mentioned as a key part of developing a preventative approach, it can play an integral role in supporting each of these priorities. Other key local strategies which mention the importance of increasing physical activity include the [Surrey Children & Young People’s Strategy](#) 2012-17 and [Surrey Cycling Strategy](#) 2014.

In October 2014, 115 people from 70 local organisations took part in a consultation day to consider the landscape, discuss priorities and provide ideas which started the conversation about the scope of the Surrey Physical Activity Strategy 2015-20. Since then Active Surrey has continued these conversations with stakeholders. The vision and headline actions have been drawn from all the guidance and suggestions provided by the national reports and local discussion, with this final draft version prepared for endorsement by statutory partners.

Where do we want to get to? The vision for Surrey in 2020

In Surrey we want to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives and, by 2020, ensure Surrey is the most active county in England.

We need to take both a universal and a targeted approach. Building activity into everyday life can impact on all of us. But we know that those on a low income, females, those from minority ethnic groups and those with a disability are less active than the general population. Our action plans will take this into account, targeting more effort into reducing these activity and health inequalities thus making Surrey a more prosperous and healthier place to live.

THE VISION

By enabling more residents of all ages to meet the Chief Medical Officers' physical activity guidelines, our vision is that by 2020, Surrey will be the most active county in England

HEADLINE KEY PERFORMANCE INDICATORS

KPI 1: By 2020, achieve a 2.5% increase in adults* being active for 150 mins per week	Baseline: 60.4% [APS 7 (2013)] Target: 62.9%
KPI 2: By 2020, achieve a 2.5% decrease in adults* not being active for at least 30 mins/week	Baseline: 23.5% [APS 7 (2013)] Target: 21.0%
KPI 3: By 2020, achieve a 2.5% increase in adults* playing sport once per week	Baseline: 41.1% [APS 8 (2014)] Target: 43.6%

A number of other KPIs will be developed as part of our detailed action planning work

PRIORITIES

- **START MOVING:** Supporting all children and young people to have an active start in life.
- **MOVE EVERY DAY:** Encouraging all adults to build activity into their everyday lives.
- **STAY MOVING:** Supporting older adults to live longer and more active lives.

PRINCIPLES:

- **ACTIVE TOGETHER:** Working in partnership across all sectors to develop shared priorities and projects and to highlight the importance of, and benefits from, everyone moving more.
- **ACTIVE LONGER:** Working together to make physical activity a priority in health and social care.
- **ACTIVE ENVIRONMENT:** Using and shaping the natural and built environment to encourage residents to move more in their everyday lives (including active travel).

* Adults are defined as aged 16 or over.

HEADLINE ACTIONS

START MOVING

- Expand the role of children's centres / early years settings in developing physical literacy
- Ensure educational, community and work facilities meet sporting, physical activity and active travel needs
- Raise the standard of physical education, activity and school sport in all Surrey schools
- Listen to and address the needs of young people to reduce teenage activity drop-off rates
- Provide more opportunities to smoothly transition from sport in schools, colleges and universities to excellent community clubs
- Help the most inactive get moving

MOVE EVERY DAY

- Improve community access to, and quality of, facilities for sport, play and recreation
- Better coordinate and improve countywide sport provision for those with disabilities
- Promote the benefits of activity, including active travel, to workplaces (especially sedentary workers)
- Meet the needs of women and girls to reduce the physical activity gender gap
- Increase access to, and awareness of, green spaces, particularly by those with the poorest health (mental & physical)
- Consider physical activity implications when planning projects and housing developments

STAY MOVING

- Implement a systematic approach to assessment/promotion of physical activity in primary care generally, and specifically within disease management pathways
- Include physical activity training (prevention and treatment) within primary care training activities
- Increase availability, and awareness, of appropriate programmes in various settings

Implementation, monitoring and evaluation

This five year strategy highlights the importance of increasing physical activity levels for the health and wellbeing of the population and identifies the key measures that will be needed within Surrey to achieve increased levels of activity.

Each aim has a high level headline action (shown above). In turn, these actions will have their own project plan created to implement, monitor and evaluate the strategy. Organisations will be encouraged to align strategies and plans that impact on physical activity with the priority areas identified in this strategy.

Whilst all agencies, working in partnership, have a role to play, effective leadership and coordination of effort is needed. Each action plan will have clear lines of accountability overseen by the Active Surrey Board which will work closely with Health and Wellbeing Boards (county and local). An annual progress report on the key actions will be undertaken.

Appendix 1: the health and social benefits of being physically active

Being active is hugely beneficial – not just for our health, it can also improve other aspects of our daily lives:

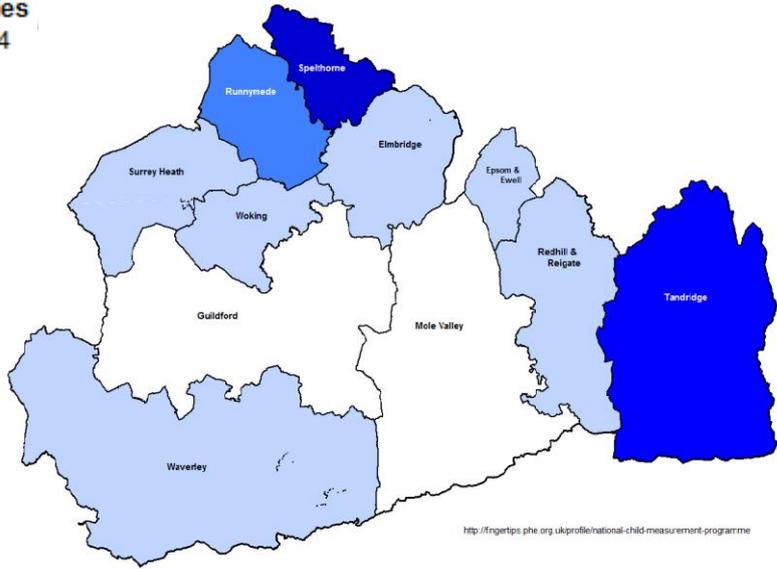
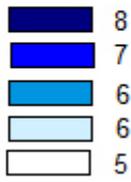
- It prevents and helps to manage over 20 conditions and diseases including coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers⁴. It can also be part of the treatment for these conditions⁵.
- It has a positive effect on wellbeing, mood, sense of achievement, relaxation and release from daily stress⁴.
- It reduces the risk of depression, dementia and Alzheimer's².
- It improves the health of those with a physical or mental disability⁸.
- In childhood it aids healthy growth and development, maintenance of energy balance, mental wellbeing and social interaction. In adolescence, activities that stress the bone are important for bone health and reduce the risk of osteoporosis¹.
- Sport can improve educational attainment, teach important life skills, divert young people from crime and foster social inclusion^{6,9}.
- Active children are less likely to smoke, or to use alcohol/get drunk or take illegal drugs⁷.
- Increasing physical activity levels has been shown to reduce the risk of premature death by 20 – 30%¹².
- Being active can help older people to maintain independence and promotes happiness and mental health and wellbeing¹¹.
- Active travel such as walking and cycling can reduce congestion and improve productivity in the workplace³.
- Active outdoor recreation can help protect our local green spaces as more people use and enjoy them.
- It reduces the strain on NHS budgets: inactivity costs Surrey £13 million a year through disease treatment, sickness absence and premature death³. When compared to those who are active, an inactive person, on average, spends 38% more days in hospital and visits their GP 6% more often¹⁰.

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1. Department of Health (2004) At least five a week: evidence on the impact of physical activity and its relationship to health.
 2. Department of Health (2011) [Start Active, Stay Active](#): A report on physical activity for health.
 3. Department of Health (2009a). [Be Active, Be Healthy](#): A Plan for Getting the Nation Moving.
 4. National Institute for Health and Clinical Excellence (NICE) (2013). [Physical activity: brief advice for adults in primary care](#).
 5. Macmillan (2011) The importance of physical activity for people living with and beyond cancer: A concise evidence review.
 6. Castelli, D.M. Hillman, C.H. Buck, S.M. Erwin. H.E. (2007); Physical fitness and academic achievement in 3rd- and 5th-grade students.
 7. Physical Activity Task Force (2002); Let's Make Scotland More Active – A Strategy for Physical Activity.
 8. US Department of Health and Human Services (2008). Physical Activity Guidelines for Americans.
 9. Sport England (2013) Economic Value of Sport. <http://www.sportengland.org/media/177230/economic-value-of-sport.pdf>
 10. Sari, Nazmi (2008). Physical inactivity and its impact on healthcare utilisation.
 11. http://www.chroniclive.co.uk/news/north-east-news/newcastle-university-study-shows-lifestyle-8616223?dm_i=1IYM,36FOW,8903UG,BDUPS,1
 12. Academy of Medical Royal Colleges (2015) Exercise – the miracle cure and the role of the doctor in promoting it. <http://www.aomrc.org.uk/#>

Appendix 2: Reception and Year 6 obesity levels for Surrey local authorities 2013-14

Surrey County: Local Authorities

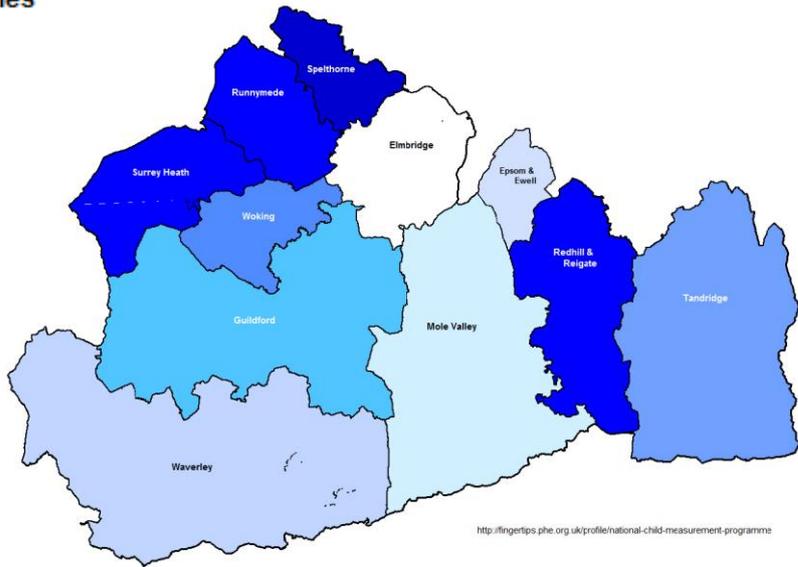
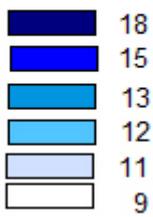
Receptions: % Obese, 2013/14



<http://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Surrey County: Local Authorities

Year 6: % Obese, 2013/14



<http://fingertips.phe.org.uk/profile/national-child-measurement-programme>

Appendix 3: Chief Medical Officer (CMO) Guidelines 2011

In July 2011, The Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland published [new guidelines for physical activity](#). The report emphasised the importance of physical activity for people of all ages and also highlights the risks of sedentary behaviour. The recommendations for different age groups are as follows:

EARLY YEARS (under 5s)

Physical development involves providing opportunities for babies and young children to be active and interactive and to improve their skills of coordination, control, manipulation and movement. Children should be supported in developing an understanding of the importance of physical activity.

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

CHILDREN AND YOUNG PEOPLE (5–18 years)

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

ADULTS (19–64 years)

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

OLDER ADULTS (65+ years)

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Produced by Active Surrey (February 2015) in conjunction with the following partners/stakeholders:

- Elmbridge Borough Council, Epsom & Ewell Borough Council, Guildford Borough Council, Mole Valley District Council, Reigate & Banstead Borough Council, Runnymede Borough Council, Spelthorne Borough Council, Surrey County Council, Surrey Heath Borough Council, Tandridge District Council, Waverley Borough Council, Woking Borough Council
- Amateur Swimming Association, Badminton England, British Athletics, British Canoeing, British Gymnastics, British Judo, British Universities & Colleges Sport, British Water Ski and Wakeboard, County Sports Partnership Network, England Athletics, England Boxing, England Netball, Exercise Movement and Dance Partnership, Lawn Tennis Association, Public Health England, Rugby Football Union, Sport England, Table Tennis England, Triathlon England, UK Active, UK Sport, Volleyball England, Youth Sport Trust
- Achieve Lifestyle, ActivKids, A2Dominion, Camberley Cricket Club, Dance Woking, East Surrey College, Everyone Active, Farnham Sports Council, Freedom Leisure, Fulham Football Club Foundation, Fusion Lifestyle, Guildford & Godalming Athletic Club, Holy Family Catholic Primary School, Laleham Sailing Club, Links Partnership, North East Hampshire & Farnham Clinical Commissioning Group, North Runnymede Learning Partnership, Places for People Leisure, Reigate & Redhill YMCA, Reigate Priory Athletic Club, Royal Holloway University of London, R-U-Able2, Special Olympics Surrey, Sport Godalming, Sport Guildford, Sport Woking, Surrey Athletics Network, Surrey Connects, Surrey County Bowling Association, Surrey County Football Association, Surrey County Netball Association, Surrey Cricket Board, Surrey Disabled People's Partnership, Surrey Golf Partnership, Surrey Hills AONB, Surrey Playing Fields, Surrey Rugby, Surrey Sports Park, Surrey Wheels for All, Surrey Wildlife Trust, Surrey Youth Focus, Sustrans, Tandridge Trust, Voluntary Action in Spelthorne, Walking Basketball Ltd, Walton Athletic Club, Walton Rowing Club, Weir Archer Academy