

Consultation response from the
National Heart Forum

Consultation: Physical Activity Strategy
and Action Plan

Consulting body: Department of Health,
Social Services and
Public Safety

Date: September 2004

National Heart Forum response to:

Consultative document. A five-year physical activity strategy and action plan (Northern Ireland)

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum (NHF). The NHF is an alliance of over 45 organisations working to reduce the risk of coronary heart disease in the UK. (For more information about the NHF, see annex A).

The NHF is content for this response to be made public by the DHSSPS and for the department to contact the NHF for further consultation or research purposes.

September 2004

AIM OF THE STRATEGY (Chapter 2)

Q1 Do you agree with the overall aim of the strategy set out in paragraph 2.1? If not, what do you think the overall aims should be?

No. The overall aim does not convey the need to encourage activity as part of everyday life, be it active travel, leisure or sport. By using the word *participate*, it conveys the impression that people must 'join in'.

We recommend that the aim is amended to read:

To promote the benefits of regular physical activity and to encourage everyone in Northern Ireland to be more active every day, with particular emphasis on those who are inactive.

Q2 Do you agree with the key objective set out in paragraph 2.5 and how it will be met? If not, why?

No. The objective should relate closely to the desired outcomes. Since the desired outcomes are all health benefits, **we recommend** the objective should be:

To increase the number of people being physically active at the level recommended to bring health benefits.

Regarding how the objective will be met, **we recommend** that you make the third bullet more explicit:

- addressing the physical and cultural environments so as to make it easier for people to incorporate physical activity into their daily lives, through active travel, leisure, play and recreational activities, and through schools and workplaces.

Q3 Do you agree with the priorities set out in paragraphs 2.7 and 2.8? If no, why?

No. Whilst we agree in principle the need to prioritise, para 2.8 sets out so many priority groups that the only group not specified is white, young adults from social groups A, B and C.

We recommend that priority should be given to the groups that can derive most health benefit on the basis of the evidence available, and these are older people (immediate health gains) and children and young people (immediate health gains and long-term health protection).

Q4 Do you agree with the targets specified in paragraph 2.10? If not, why?

No. The current strategy quotes 25% of adults as being sedentary, and 75% of adults as being physically active. We believe that quoting the proportions of sedentary and physically active adults in this way is unhelpful and misleading. We are dismayed that targets have been developed based on these statistics.

The *NI physical activity strategy and action plan 1998-2002* stated that 70-80% of adults were insufficiently active to benefit their health. This latter statistic relates much more closely to the desired outcomes of the current strategy, and to the aim and objective that we are recommending in our response to this consultation.

We strongly recommend that the baseline measures should be the proportion of adults and children currently undertaking physical activity to the recommended levels for health.

We recommend that a target of 1% per annum increase in proportion of the population undertaking physical activity to the recommended level for health is set.

To convey the need for physical activity to become habitual and part of daily living, **we recommend** that para 2.11 should be revised to read:

These targets are likely to be best achieved by promoting physical activity as part of daily life across the whole life course in a number of settings including schools, workplaces, the community (parks and open spaces, leisure and care centres), and active transport to all destinations (schools, workplaces, shops, transport hubs, leisure centres). It should be noted that targets set in other Government strategies will contribute to the achievement of the physical activity targets set out in this document.

ACTION PLAN (Chapter 3)

Q5 Do you agree with the proposed actions 3 to 12 under “Policy development to create a supportive environment” set out after paragraph 3.3? Are there other actions you consider should be included?

Yes and No. Action 3 is very laudable but how will the MGPH and the implementation team ensure that assessment of health impact is more than a tick-box exercise and really scrutinises all new policy to ensure that health is protected and promoted?

We recommend a further action to set in train the development and adoption of a robust framework for health impact assessment that sets out a hierarchy for all the Government’s priority health outcomes including physical activity.

This would ensure that all health outcomes are considered during policy development, and also set out the basis for conflict resolution, for example how to proceed when a policy will promote physical activity but is likely to be detrimental to another health outcome.

Further, **we recommend** an action that the Government and all public sector agencies will lead by example and develop healthy workplace and travel plans to increase opportunities for physical activity for their workforce. This will benefit both employees and communities by creating a healthier workforce and reducing congestion.

Action 4: This action has no meaning and the use of 'ongoing' as a target date is too vague. **We recommend** that specific goals should be stated e.g. increasing the number of schools committed to the health promoting ethos, or extending the health promoting schools framework to include more actions on physical activity, or increasing the number of schools that have implemented school travel plans.

We recommend that key annual milestones related to these goals should be set to demonstrate progress towards the five-year target (see our response to Q9).

We recommend a further action to develop extended schools policies to allow after school hours access to the local community. This needs to be supported by policies to ensure that insurance premiums for use of facilities are affordable and that where liability rests is made clear.

Action 6: As stated in our response to Q3, **we strongly recommend** that HSS Boards and Trusts and Investing for Health Partnerships should focus on developing policies and programmes for children and young people and for older people.

We endorse the call from Sustrans that commitment to the continued development, expansion and marketing of the National Cycle Network (NCN) should be included as an action in this section.

We recommend that there should be an action to address the quality of the built environment. In particular, to develop and implement a schedule for auditing streets in all local communities to assess their walkability for all population groups. On the back of these audits should rest a firm commitment to make all necessary changes to ensure that street lighting and pavements are of the highest standards for pedestrians. The organisation Living Streets champions this type of work and their expertise should be drawn on.

Action 12: As well as promoting participation in sport and physical activity, **we recommend** that policies to improve access to sport and leisure opportunities are implemented. In particular, action to reduce the cost of public facilities, to improve the safety and lighting of open spaces, and to address existing local 'rules' that hinder access, such as requiring a certain and often unrealistic ratio of adults to children in swimming pools, and the siting of 'no ball games' signs in public places.

Q6 Do you agree with the proposed actions (13 to 15) under "Raising awareness" set out after paragraph 3.5? Are there other actions you consider should be included?

Answer – Yes and Yes.

Regarding para 3.5, **we recommend** that a further action to rigorously evaluate projects and initiatives that aim specifically to raise awareness. This evaluation should not be by measuring the number of people in different settings that participate in activities as stated in para 3.5, but by measuring awareness before and after an initiative has been undertaken.

Q7 Do you agree with the proposed actions (16 to 18) under “Improving knowledge and skills” set out after paragraph 3.7? Are there other actions you consider should be included?

Yes and Yes. **We recommend** a further action to look more broadly at the workforce needs. In particular, we would like to see School Travel Advisors, Work Place Advisors and Sports Development Officers being funded to ensure that relevant and accurate advice and support is available in the two key settings of schools and workplaces.

Q8 Do you agree with the proposed actions (19 to 20) under “Research and evaluation” set out after paragraph 3.9? Are there other actions you consider should be included?

Yes and No. Regarding para 3.9, it is the *progress* towards meeting the strategy’s objective and targets that must be monitored, and the *actions* taken to meet these that should be evaluated. We are concerned to ensure that research and evaluation of the strategy is fully funded and begins as soon as possible.

Existing surveys can provide baseline data and a useful means to develop targets and to monitor progress. However, they may not yield the richness of data required for the evaluation of initiatives. **We recommend** that a research group should be convened to advise, at the time that the initiatives are being planned, on how they will be evaluated.

Q9 Do you agree with the subsidiary targets to assist in monitoring progress set out after paragraph 4.6?

No. As we set out in our response to Q4, **we recommend** that the headline strategy target should be a 1% per annum increase in the proportion of the population undertaking physical activity to the recommended level for health.

Use of this headline target precludes the need for the first suggested subsidiary target. Any subsidiary targets that are chosen should relate in a meaningful way to the aim, objective and desired outcomes of the strategy, or to the specific actions described in the document. Subsidiary targets should also provide clear indication that progress is being made towards reaching the overall strategy target, rather than be used simply because they can be measured.

Examples of subsidiary targets relating to strategy actions that could be used include:

- Number of streets receiving ‘clean bill of health’ for their walkability (lighting, well-maintained pavement etc) for people of all ages;
- Percentage of schools that are demonstrably health-promoting;
- Percentage of schools delivering PE in the curriculum for all key stages;
- Percentage of schools providing at least 2 hours of high quality PE per week;
- Percentage of pupils walking to school.

We endorse the recommendation from Sustrans that to avoid unnecessary conflict, subsidiary targets for walking and cycling should link directly to their respective NI strategy documents published by the Department for Regional Development.^{1,2}

¹ Department for Regional Development. 2000. *Northern Ireland cycling strategy.*

² Department for Regional Development. 2003. *Walking Northern Ireland, An action plan.*

Q16 Do you have any other comments or suggestions on the Strategy and Action Plan that you feel would improve the promotion of equality of opportunity and/or good relations or human rights?

Yes. It is not clear how this strategy will be funded. We note in para 4.2 that DHSSPS has pledged £500,000 during 2004/2005. By our reckoning, this figure equates to £0.29 per person in Northern Ireland (based on 2001 census figures) which, when compared with the marketing budgets of major private sector companies, is minuscule. We cannot hope to bring about the necessary culture shift if we do not make available the resources to effectively pitch the need to be physically active against other options that compete for our time and energies.

We strongly recommend that the final strategy and action plan is accompanied by a clear statement of intent from each department together with realistic estimated costs (based on the best evidence available) for each pledged action and its evaluation, and of the total budget that each department has committed to implementation of the strategy.

We have concerns that without such a statement and financial plan, government departments will not demonstrate sufficient commitment to the strategy's implementation and can not be held to account for its delivery. The key to the strategy's success at raising physical activity levels will be its implementation across government and across all sectors.

Many lessons can be learned from elsewhere in the UK and internationally about effective actions to increase physical activity levels in the population. **We recommend** that a key part of the strategy should be to review this evidence. The National Heart Forum has produced several publications that describe actions that can increase population physical activity levels.^{3,4,5,6,7}

We recommend that full use is made of the not-for-profit sector, which is well-placed to work locally on delivery of specific actions, as well as nationally on delivering awareness-raising campaigns. It is essential that their support is garnered at the earliest possible stage in order to secure full commitment to the strategy.

³ National Heart Forum. 2002. *Towards a generation free from coronary heart disease. Policy action for children's and young people's health and well-being*. London: National Heart Forum.

⁴ National Heart Forum. 2003. *A lifecourse approach to coronary heart disease prevention. Scientific and policy review*. London: The Stationery Office.

⁵ National Heart Forum and Faculty of Public Health. 2001. *Let's get moving. A physical activity handbook for developing local programmes*. London: NHF and FPH.

⁶ National Heart Forum (unpublished). 2004. A review of the impact of the law on the promotion of physical activity for the Dept of Health in England.

⁷ National Heart Forum. 1995. *Physical activity: An agenda for action*. London: National Heart Forum.

Annex A

About the National Heart Forum

The National Heart Forum (NHF) is the leading alliance of over 45 organisations working to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations, and include the Health Promotion Agency Northern Ireland, and the Northern Ireland Chest, Heart and Stroke Association. Members also include many individual experts in cardiovascular research. Government departments have observer status.

Our mission

To work with and through NHF members to contribute to the prevention of premature avoidable coronary heart disease and related conditions in the UK.

Our functions

The NHF has adopted the following functions in order to deliver its mission:

1. To provide a forum for members for
 - The exchange of information and ideas and co-ordination of activities;
 - The development of policy based on evidence and/or the need for action.
2. To collectively stimulate and advocate effective action nationally and internationally through information, education, and policy and strategy research and development.
3. To facilitate and broker relations between not-for-profit and non-government organisations and the political centre, and to strengthen and expand public health capacity cross-sectorally.