

Consultation response from the
National Heart Forum

Consultation: Choosing Health?
Choosing activity

Consulting body: Department of Health
and Department for
culture, Media and Sport

Date: June 2004

Status of this response

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 RECOMMENDATIONS

Our response is set out under the five themes we believe should form the backbone to the government's approach to addressing physical activity promotion.

1. **Overarching co-ordination and leadership**
2. **Transport, planning and new build**
3. **Training and development**
4. **Opportunity**
5. **Information**

1. **Overarching co-ordination and leadership**

Cross-government strategy development and implementation

R1 The National Heart Forum strongly recommends that the Department for Transport and the Office of the Deputy Prime Minister should be jointly responsible and therefore have clear input into the physical activity action plan. This will indicate recognition of their central public health role and demonstrate their strong commitment to the need for a complete change in policies that govern our environment and how we move about in it.

A public health institute

R2 The National Heart Forum recommends that a national public health institute is established, accountable to the chief medical officer for England. The institute should assume the same functions as *Health Scotland* i.e. co-ordinate delivery of public information messages around health and well-being, and co-ordinate the public health research programme.

Scientific advisory group on physical activity

R3 There is an urgent need to establish a statutory scientific advisory group on physical activity to provide the government with much needed independent and credible expertise in the area of sports exercise science, and in the known or potential effectiveness of interventions to increase physical activity. Scotland has recognised the need to establish such a group.

National alliance for physical activity

R4 The National Heart Forum recommends that the Department of Health should reinstate the National Alliance for Physical Activity (NAPA).

Measuring success

R5 We recommend that robust tools for measuring population activity levels at the relevant level (local or regional) are developed as a matter of urgency **and prior to the establishment of formal targets**. Funding should be made available at the local level to commission the public

health observatories or academic departments to use these tools to provide relevant timely data on demographics, behaviours and lifestyles in order to measure progress.

- R6** We welcome the proposed DCMS culture and leisure survey as the basis for a nationally representative survey to measure temporal trends in physical activity. We recommend that some key questions remain constant from year to year and that the temptation to capture a diverse range of activities or qualitative data is resisted in favour of establishing bench mark data on the number and duration of active travel journeys by bicycle and foot, and levels of participation in a few key activities e.g. swimming.
- R7** Performance management across the board (NHS, local government, police forces etc) needs to be reviewed and where necessary revised to ensure that all levers for local action to support and promote physical activity are being used.

National targets

- R8** The target should be a 1% increase in activity levels year on year. This target should be the national target and the target for the NHS as an employer and service provider, local authorities, local education authorities, schools, and employers.
- R9** A subset of targets should be developed that relate specifically to the identified priority groups e.g. adolescent women, older people, minority ethnic groups to ensure that action is focused in these areas as well as more universally.

Funding for research

- R10** The Medical Research Council, or a new bespoke organisation, should step up the availability and allocation of funding for public health research, including research into the effectiveness of physical activity interventions for improving health outcomes.

2. Transport, planning and new build

- R11** We need clear leadership and central cross-government intervention to set standards and targets for the implementation of the excellent DfT document *Walking and cycling: an action plan*. Publication of this document as mere guidance is not enough. If the standards and targets fail, we need the will of central government to introduce regulations. Existing transport targets must be rethought where these contradict targets to slow traffic and make roads safer e.g. targets to improve traffic flow.
- R12** The government should afford local authorities the powers to refuse planning permission on the basis that plans are not in the interests of public health and will not promote good health.
- R13** The government must put a stronger emphasis on the introduction of NHS travel plans, as set out in the NSF for CHD. The impact of NHS travel plans could be very significant on road safety, congestion, and on influencing other organisations to follow suit.
- R14** Local authorities as employers should be expected to meet active travel plan targets.

R15 As well as setting standards and targets for the public sector, the government should explore mechanisms to support and strengthen meaningful corporate social responsibility so that the corporate sector becomes part of the solution. If this fails, the government should look at the possibility of fiscal and tax incentives and disincentives to encourage employers and employees to move towards incorporating active travel as part of the working day.

Action by others

R16 There is a clear need for public health leadership at the local level to influence transport and planning decisions e.g. through the local strategic partnership.

R17 Sustrans should continue to be supported in establishing the National Cycle Network.

R18 Living Streets provides excellent guidance and support to local authorities to help them assess the walkability of neighbourhoods. Such support will be vital in order for local authorities to deliver when national standards and targets are set.

R19 The National Heart Forum, Living Streets, Sustrans and Move4Health are looking at ways to engage with professional bodies representing town planning, architecture, urban and highways design, to develop their understanding of the public health agenda and of their role within this. Such engagement will be crucial to supporting the development of the government agenda that we have outlined above.

3. Training and development

R20 The National Heart Forum recommends that Skills Active, the YMCA, the NHS and others continue efforts to reach a solution that ensures the appropriate level of training for the context but that does not jeopardise the continued interest of volunteers in setting up and running clubs and activities by creating unnecessary hurdles and barriers.

R21 Efforts should be made to join up training opportunities and qualifications to enable the creation of a single workforce that can move between sectors thus creating demand for jobs and for a career in physical activity delivery.

R22 Government should work with insurance companies to ensure the availability of appropriate and affordable insurance cover for individuals and organisations seeking to run clubs and activities for the public so that insurance costs are not a barrier to their provision.

R23 The government should work with professional bodies and academic departments to develop a qualification in Physical Activity and Exercise for Health that is specifically regulated by the Health Professions Council and regarded as a legitimate profession in the eyes of the NHS and DH. This would result in a new breed of health professional versed in motivational counselling across the areas of physical activity and nutrition. Individuals could come from backgrounds in dietetics, sports and exercise science etc.

- R24** New approaches to the training of health professionals at undergraduate level and as part of their continuing professional development, need to be developed to ensure competency in motivation/counselling skills across all the lifestyle issues.
- R25** Department of Health and professional bodies should continue to raise awareness among health professionals of the health benefits of physical activity and its importance and relevance as a means of treatment for several conditions.
- R26** We recommend that efforts are stepped up in Department of Health, in conjunction with the tripartite group, to develop the public health registration scheme for defined specialists in public health as soon as possible.
- R27** We recommend that the existing public health training scheme places greater emphasis on leadership, health promotion training and on translating evidence into practice.
- R28** The Department of Health and the tripartite group should develop and facilitate the role of NGOs and the not-for-profit sector in providing public health and health promotion training and experience to public health trainees.
- R29** Public health trainees should be encouraged to consider developing their careers in the NGO and not-for-profit sectors. At the very least they should be given experience and knowledge of how to engage with these sectors.

4. Opportunity

Government action to support opportunity in education

- R30** Sure Start and the early years development and childcare partnership, should ensure that young children (particularly girls), are supported to practise running, jumping, landing, rolling, throwing, catching and bouncing balls during nursery education.
- R31** Teacher training schemes should be influenced to ensure that primary school teachers can specialise as PE teachers, acquiring the necessary training to ensure young children, particularly girls, continue to develop physical skills.
- R32** Ensure that successful aspects of the QCA PE and School Sport Investigation (a component of the PESSCL strategy) are mainstreamed with core government funding, rather than published as guidance.
- R33** With regard to paragraph 3.7 of the consultation document, **all** money raised from the sale of school playing fields and pitches should be ploughed into sports facilities, not used for education facilities.
- R34** The government should provide a funding stream that all schools can apply to for non-compromised resources to improve facilities and access to fully trained staff to deliver high quality physical activity. These resources should not be dependent on partnerships between schools and the private sector (see **R36**)
- R35** Ofsted should look to include the provision and quality of physical education both in and outside the curriculum within its inspection remit. This should form part of a wider

requirement for schools to meet a health promoting standard across all areas of education and the school environment.

Government action to support community opportunities

R36 The government should introduce a code of practice (or regulations if necessary) governing the role of the food industry in supporting initiatives to promote physical activity opportunities. Currently, the food industry is using physical activity sponsorship as a means of marketing brand names and products and to deflect attention away from the contribution of many food products and their promotion to the obesity epidemic.

Government action to influence employers

R37 There should be central government and local public sector leadership and example setting to encourage employers to create and facilitate opportunities for their employees to be more active during the working day.

R38 The government could work towards the development of a healthy employer charter – this could be linked to Investors in People and reward employers for providing a health-promoting ethos. The Scotland Health at Work (SHAW) scheme serves as an excellent model. See <http://www.shaw.uk.com/>

R39 Government should continue to explore the possibility of corporate tax relief, subsidies or other incentives to encourage workplace activity schemes, which could be linked to a healthy employer charter. Examples of opportunities have been set out in the NHF report for Department of Health¹.

R40 Government could develop a voluntary code on the provision of cycle storage, lockers and changing facilities in the workplace for a given minimum percentage of employees.

Action needed by others

R41 Local Strategic Partnerships should take responsibility for sports and exercise facilities and review how resources for sport and leisure provision are used and organised, to target resources where they are most needed and to address access e.g. appropriate siting of facilities, regulations regarding the parent/child ratio (to ensure accessibility of swimming pools to all), and opening times.

R42 Leisure centres and after-school clubs should offer taster activity sessions or skills appraisal sessions to guide children and young people on which sports or activities might interest them and suit them best.

R43 The National Association of Governors and Managers should encourage school governors to take up the case with individual schools for school travel plans, cycle and changing facilities and opportunities for activity throughout the school day.

¹ A review of the impact of the law on the promotion of physical activity for the Department of Health (2003)

- R44** The National Association of Governors and Managers should develop guidance on how governors can establish and promote links between schools and community sports and leisure facilities.
- R45** Schools should be encouraged to include Safe Routes information in welcome packs to parents of new pupils, together with details of the other health promoting activities the school supports.
- R46** Trade Unions could take up the case with employers for a better work-life balance that includes policies for better provision for activity during the working day.
- R47** The Society for Occupational Medicine and private health insurance companies could develop programmes to encourage employers to provide opportunities for staff to be active during the working day, as part of a healthy workplace ethos.

5. Information

National campaign

- R48** The National Heart Forum recommends that there should be a national, long-running public health campaign that seeks to give individuals the 'whole picture'. This should link together all the current health campaigns (for example five-a-day, the forthcoming DH and Food Standards Agency campaigns on salt and blood pressure and any planned campaign on physical activity) into a well-being campaign. The rationale for well-being is set out on page 24.
- R49** The public health institute recommended in **R2** should take responsibility for the overall co-ordination and development of the well-being campaign.
- R50** The public health institute needs to ensure the development of social-marketing expertise. As highlighted above, the Food Standards Agency has taken on this role for nutrition but there is no agency taking on this role for physical activity, tobacco and alcohol.
- R51** The public health institute could award funding to NGOs with the expertise to run aspects of the campaign linking lifestyles and health. A model for this is the existing DH-funded tobacco campaigns run by British Heart Foundation and Cancer Research UK.

Physical activity components of a national campaign

- R52** In terms of physical activity, the campaign must promote physical activity as part of daily life and physical activity undertaken in leisure centres and clubs (individual and competitive/team activities). This is a policy area that has become dichotomous and needs to be seen and treated as a whole to avoid unnecessary competition and mixed messages.
- R53** The findings from the former Health Education Authority's Active for Life campaign and other evaluated campaigns must be taken into account when developing the physical activity campaign. The public health institute and the HDA should oversee this research.

- R54** Positive, inspiring messages need to be developed to encourage active travel, active living and sport. There also needs to be a strand of the campaign that specifically addresses road-user awareness.
- R55** Department of Health and professional bodies should raise awareness among the public of the importance and relevance of physical activity as a means of treatment for several conditions. This reflects the need to encourage health professionals to prescribe physical activity as a treatment (**R25**).

Delivery of the campaign

- R56** At the local level, the campaigning should seek to link active travel to leisure opportunities. Efforts should be made to co-ordinate as far as possible the activities of the local media, the private sector, retailers, NGOs (health, transport, sport, social policy), local education authorities, the NHS, and local authorities to maximise the impact, avoid duplication, and where possible share costs.
- R57** The Sport England online database described in the consultation will be a very useful resource and the National Heart Forum welcomes its development. It should be well-publicised by the national campaign and supported to ensure it receives the rigorous maintenance it will require.

Recommendations specific to the goals proposed in the consultation

2. Choosing activity

Ensuring that people in all parts of society get the information they need to understand the links between activity and better health.

- R58** This goal needs to be part of a much broader goal that is:

Ensuring that people in all parts of society get the information they need to understand the links between lifestyle and well-being. (see also page 24)

3. Choosing activity in education

Encouraging activity in early years settings, schools, further and higher education.

Extending further the use of schools, further and higher education facilities as a community resource for sport and physical activity, including out of hours use.

- R59** The first is not a goal and as such is not inspiring. It is a statement of what should already be happening. The NHF recommends that the appropriate goal is:

Extending the opportunities for physical activity in early years settings, in the school setting (both within and outside the curriculum) and in further and higher education.

4. Choosing activity in the workplace

Encouraging employers (in the public, private and voluntary sectors) to engage and motivate staff to be more active

Providing employers with support, such as practical advice and examples of best practice, on enabling and promoting activity in the workplace and promoting and disseminating best practice for an active physical and cultural environment.

R60 The first is not a goal. The NHF recommends that the goal should be:

Extending the number and breadth of employers engaging and motivating their staff to be more active

R61 The second goal should begin '*Providing employers with support and incentives,....*'

5. Choosing active travel

Ensuring high quality, well-targeted facilities for walking and cycling

Extending further school travel plans and encouragement of safe, healthy travel to school

Raising awareness of the health benefits of walking and cycling as part of the daily routine

R62 In goal three, NHF recommends that *well-being* should replace *health*, as well-being can encapsulate weight management and alertness which may be strong motivators for some people.

R63 A further goal should be:

Extending the number and breadth of employers committed to developing and implementing work travel plans.

Introduction

The National Heart Forum² welcomes the opportunity to respond to the consultation document *Choosing Health? Choosing activity* from the Departments of Health and Culture, Media and Sport, which sets out proposed goals for increasing physical activity among the population.

This response accompanies National Heart Forum responses to the overarching *Choosing Health?* consultation, and the *Choosing Health? Choosing a better diet* consultation.

The National Heart Forum has long been advocating for policy action in the area of physical activity. This response draws on the key recommendations, and the evidence to support these, set out in four NHF publications³:

- *Physical activity: An agenda for action* (1995) [response to OHN more people, more active, more often]
- *Looking to the future: Making coronary heart disease an epidemic of the past* (1999)
- *Towards a generation free from coronary heart disease. Policy action for children's and young people's health and well-being* (2002)
- *A review of the impact of the law on the promotion of physical activity* (2003) [report for Department of Health]

The key themes of our response

The questions set out in the consultation document are thought provoking and, in seeking to provide answers to them, the National Heart Forum has recognised five themes emerging:

1. **Overarching co-ordination of public health and physical activity**
2. **Transport, planning and new build**
3. **Training and development**
4. **Opportunity**
5. **Information**

We have therefore sought to address the consultation questions, but have set our thoughts out under these five themes to avoid repetition and to demonstrate a hierarchy to the approach that we believe the government should be taking to address physical activity promotion and public health more broadly.

Goals

Discussion of the goals set out in the consultation is included at the end of this response.

² see Annex 1 for details of the National Heart Forum

³ For further information on these publications please contact the National Heart Forum or see www.heartforum.org.uk

1. Overarching co-ordination and leadership

In his report to HM Treasury, Derek Wanless puts forward the concept of the fully engaged scenario. This is fully endorsed by the National Heart Forum - there is a need to nurture public understanding of the extent to which ill-health can be avoided through lifestyle choices. However, this can only be achieved with action across all sectors to address access, safety and affordability so that the healthy choice can be the easy choice for all.

Cross-government strategy development and implementation

The work of the government's Activity Co-ordination Team showed good promise in that it brought together all the relevant government departments in order to develop an action plan to deliver *Game Plan*⁴. The National Heart Forum is disappointed to see stated that the action plan arising from this current consultation document will only CONTRIBUTE to the delivery of Game Plan and we are concerned that much of Game Plan could be lost at a time when comprehensive cross-government action is needed.

We are deeply concerned that the vital components of a comprehensive strategy to deliver physical activity, namely transport and planning, will not be delivered under the umbrella of public health because the Department for Transport and the Office of the Deputy Prime Minister are not joint authors on this consultation document.

R1 The National Heart Forum strongly recommends that the Department for Transport and the Office of the Deputy Prime Minister should be jointly responsible and therefore have clear input into the physical activity action plan. This will indicate recognition of their central public health role and demonstrate their strong commitment to the need for a complete change in policies that govern our environment and how we move about in it.

A public health institute

The National Heart Forum recognises that a broad, coherent public health strategy could not be delivered by any single government department with the degree of detachment or credibility that would be required in terms of ensuring cross-government commitment and action, or in terms of public information provision.

The Food Standards Agency has recently taken on a more public health role around the issue of food and health. However, no such agency exists that has the capacity or the expertise to deliver credible public health information in the areas of physical activity, tobacco, and alcohol to bring about social change on the scale that is required to deliver the fully engaged scenario

⁴ The Strategy Unit/Department for Culture, Media and Sport. 2002. *Game Plan: a strategy for delivering Government's sport and physical activity objectives*. London: Strategy Unit.

There is every danger that the private sector will be looked to by government to deliver public health messages. The National Heart Forum believes that if unchecked, this could lead to the development of wholly inappropriate or ineffective messages for the public.

R2 The National Heart Forum recommends that a national public health institute is established, accountable to the chief medical officer for England. The institute should assume the same functions as *Health Scotland* i.e. co-ordinate delivery of public information messages around health and well-being, and co-ordinate the public health research programme.

Scientific advisory group on physical activity

The machinery for co-ordinating and developing physical activity policy is very underdeveloped in government. For nutrition, we have the Food Standards Agency, the Scientific Advisory Committee on Nutrition and a government-co-ordinated body involving other stakeholders, the Nutrition Forum. Equivalents in tobacco control include the Scientific Committee on Tobacco and Health and the informal DH-led tobacco stakeholders meetings.

R3 There is an urgent need to establish a statutory scientific advisory group on physical activity to provide the government with much needed independent and credible expertise in the area of sports exercise science, and in the known or potential effectiveness of interventions to increase physical activity. Scotland has recognised the need to establish such a group.

National alliance for physical activity

R4 The National Heart Forum recommends that the Department of Health should reinstate the National Alliance for Physical Activity (NAPA).

NAPA provided an invaluable opportunity for non-government and not-for-profit organisations to share information and best practice with each other and more importantly with central government, which was represented by several departments. NAPA appears to have been shelved in favour of the Activity Co-ordination Team, yet this provides very limited opportunity for NGOs to input ideas and expertise to government. With all the talk of partnership working, DH can play a crucial supporting role by hosting a forum.

Measuring success

R5 We recommend that robust tools for measuring population activity levels at the relevant level (local or regional) are developed as a matter of urgency **and prior to the establishment of formal targets**. Funding should be made available at the local level to commission the public health observatories or academic departments to use these tools to provide relevant timely data on demographics, behaviours and lifestyles in order to measure progress.

- R6** We welcome the proposed DCMS culture and leisure survey as the basis for a nationally representative survey to measure temporal trends in physical activity. We recommend that some key questions remain constant from year to year and that the temptation to capture a diverse range of activities or qualitative data is resisted in favour of establishing bench mark data on the number and duration of active travel journeys by bicycle and foot, and levels of participation in a few key activities e.g. swimming.
- R7** Performance management across the board (NHS, local government, police forces etc) needs to be reviewed and where necessary revised to ensure that all levers for local action to support and promote public health are being used.

National targets

- R8** The target should be a 1% increase in activity levels year on year. This target should be the national target and also be the target for the NHS as an employer and service provider, local authorities, local education authorities, schools, and employers.
- R9** A subset of targets should be developed that relate specifically to the identified priority groups e.g. adolescent women, older people, minority ethnic groups to ensure that action is focused in these areas as well as more universally.

Funding for research

- R10** The Medical Research Council, or a new bespoke organisation, should step up the availability and allocation of funding for public health research, including research into the effectiveness of physical activity interventions for improving health outcomes.

2. Transport, planning and new build

We agree that activity undertaken as part of daily life (walking and cycling between places, stair use) should have equal priority alongside efforts to increase opportunities for activity in workplaces, schools and in the community.

Activity undertaken as part of daily life includes:

- Active travel to work and school;
- Activity in the community, getting between homes and amenities such as shops, parks, leisure centres, medical centres; and
- Activity in the workplace (stair use, active travel as part of the working day).

There is a link between these activities – they all involve the complete or part replacement of a mechanised means of getting about with moving about on foot or by bicycle.

Barriers to choosing activity as part of daily life

These are numerous. We list several below:

- Poor quality pavements – uneven surfaces, narrow pavement widths, pavements cluttered with ‘street furniture’ and in particular the signage directing road traffic, pavements poorly lit because the street lighting overhangs the road rather than the pavement and the lights are too spread out;
- Poor traffic control measures – traffic light timings that give excessive time to road users, lack of enforcement of speed limits in towns and villages, lack of enforcement of one-way systems and illegal turns into roads across pedestrian rights of way,
- Poor road design – straight wide roads in towns and villages that encourage motorised vehicles to drive too fast, inappropriate road markings (cycle lanes that ‘run out’, cycle lanes vulnerable to motorised traffic because of bus lanes, or because traffic crosses over them without regard);
- Poor town planning controls – building permission granted to developments (commercial or housing) only accessible by motorised transport, lack of safe, pleasant routes to amenities (parks, countryside, shops, leisure centres, medical centres, post offices);
- Poor community management – lack of traffic enforcement; lack of provision of well-lit, safe green play/recreation space; lack of park rangers; lack of responsive street cleaning and rubbish clearing; lack of community policing; lack of community facilities for storing bicycles legally and safely and for taking rests (seating and water fountains);
- Poor building design – buildings and developments whose car access threatens the safety of pedestrians and cyclists, prominence of lifts and lack of attention to the siting and condition of staircases,

- Poor transport connectivity – lack of capacity for the carriage of bicycles on trains and buses where journeys are too long to walk or cycle the whole way;
- Lack of disincentives for workplace car use such that free car parking, provision of company cars, and subsidised fuel are still commonplace.

Government action to remove these barriers

Each of the above barriers to activity as part of daily life needs to be addressed in turn. The solutions are clear but we do not underestimate their complexity or their highly political nature.

We currently have a postcode lottery on transport and planning, with clear committed leadership in some areas (London, Bristol, York) bringing about real changes to traffic flows and urban design and giving priority to pedestrians and cyclists, contrasted elsewhere with continued priority being given to motorised vehicles.

Nobody's safety or access to amenities, let alone their health, should fall to the political whim of local council leaders.

Guidance about the health benefits of walking and cycling from the Departments of Health and Culture, Media and Sport will not be sufficient to bring about behavioural change.

It is unlikely that transport and road planning guidance from the Department for Transport or the Office of the Deputy Prime Minister will be sufficient to bring about the huge political changes to local transport policy that are needed. Meanwhile, the revision of the 10-year transport plan is underway that could further undermine the public health and physical activity agendas.

R11 We need clear leadership and central cross-government intervention to set standards and targets for the implementation of the excellent DfT document *Walking and cycling: an action plan*. Publication of this document as mere guidance is not enough. If the standards and targets fail, we need the will of central government to introduce regulations. Existing transport targets must be rethought where these contradict targets to slow traffic and make roads safer e.g. targets to improve traffic flow.

Only this level of leadership can demonstrate the government's commitments to community development and cohesion, to the issue of environmental sustainability, to improving the mental and physical health of the population and to reducing social and health inequalities.

There should also be government commitment to the following in the final strategy document:

- R12** The government should afford local authorities the powers to refuse planning permission on the basis that plans are not in the interests of public health and will not promote good health.
- R13** The government must put a stronger emphasis on the introduction of NHS travel plans, as set out in the NSF for CHD. The impact of NHS travel plans could be very significant on road safety, congestion, and on influencing other organisations to follow suit.
- R14** Local authorities as employers should be expected to meet active travel plan targets.
- R15** As well as setting standards and targets for the public sector, the government should explore mechanisms to support and strengthen meaningful corporate social responsibility so that the corporate sector becomes part of the solution. If this fails, the government should look at the possibility of fiscal and tax incentives and disincentives to encourage employers and employees to move towards incorporating active travel as part of the working day.

Action by others

- R16** There is a clear need for public health leadership at the local level to influence transport and planning decisions e.g. through the local strategic partnership.
- R17** Sustrans should continue to be supported in establishing the National Cycle Network.
- R18** Living Streets provides excellent guidance and support to local authorities to help them assess the walkability of neighbourhoods. Such support will be vital in order for local authorities to deliver when national standards and targets are set.
- R19** The National Heart Forum, Living Streets, Sustrans and Move4Health are looking at ways to engage with professional bodies representing town planning, architecture, urban and highways design, to develop their understanding of the public health agenda and of their role within this. Such engagement will be crucial to supporting the development of the government agenda that we have outlined above.

3. Training and development

The issue of human resources in terms of delivery of physical activity advice and programmes to the public, and in terms of setting and implementing local strategies was one that arose several times in seeking to respond to the Choosing Activity consultation.

Community workers

Increasingly, there is recognition that individuals working with members of the public in leisure centres, gyms and clubs should have training to an appropriate level. This protects the public from unintentional harm, but is also now a requirement of insurance companies as they seek to mitigate against claims made in the event of an accident arising.

Opportunities for receiving *appropriate* and *affordable* training can be limited. This may threaten the sustainability of small clubs that must rely on volunteers, where staff turnover may be high and where volunteers may be put off by having to jump through hoops in order to give their time.

R20 The National Heart Forum recommends that Skills Active, the YMCA, the NHS and others continue efforts to reach a solution that ensures the appropriate level of training for the context but that does not jeopardise the continued interest of volunteers in setting up and running clubs and activities by creating unnecessary hurdles and barriers.

R21 Efforts should be made to join up training opportunities and qualifications to enable the creation of a single workforce that can move between sectors thus creating demand for jobs and for a career in physical activity delivery.

R22 Government should work with insurance companies to ensure the availability of appropriate and affordable insurance cover for individuals and organisations seeking to run clubs and activities for the public so that insurance costs are not a barrier to their provision.

The NHS

The NHS is seen as one of the key sectors for the delivery of messages and advice about physical activity and its health benefits to the public. However, there is concern among health professionals and more widely that the current training programmes for health and the allied health professions do not provide enough training in counselling and motivational methods. There is also a lack of opportunity in the current health system to provide such advice and ongoing support, because of short primary care consultation times and a lack of other types of lifestyle counselling/motivational services that people can be referred on to.

R23 The government should work with professional bodies and academic departments to develop a qualification in Physical Activity and Exercise for Health that is specifically regulated by the Health Professions Council and regarded as a legitimate profession in the eyes of the NHS

and DH. This would result in a new breed of health professional versed in motivational counselling across the areas of physical activity and nutrition. Individuals could come from backgrounds in dietetics, sports and exercise science etc.

R24 New approaches to the training of health professionals at undergraduate level and as part of their continuing professional development, need to be developed to ensure competency in motivation/counselling skills across all the lifestyle issues.

R25 Department of Health and professional bodies should continue to raise awareness among health professionals of the health benefits of physical activity and its importance and relevance as a means of treatment for several conditions.

Public health workforce

Great progress has been made recently in expanding the public health profession by opening up formal public health registration to the non-medically trained public health workforce. However, one of the down sides to the current registration process is it fails to cater for defined public health specialists.

We are particularly concerned about the health promotion profession, which has been massively scaled down in the recent reorganisation of the NHS and is very underrepresented in PCTs. The public health registration process may be causing further shrinkage and fragmentation of this group at a time when the delivery of a coherent physical activity strategy is going to need health promotion specialists at the local level.

R26 We recommend that efforts are stepped up in Department of Health, in conjunction with the tripartite group, to develop the public health registration scheme for defined specialists in public health as soon as possible.

R27 We recommend that the existing public health training scheme places greater emphasis on leadership, health promotion training and on translating evidence into practice.

At the moment, the public health training schemes are very NHS-centric and yet the delivery of a coherent public health strategy is going to need the engagement and involvement of all sectors.

R28 The Department of Health and the tripartite group should develop and facilitate the role of NGOs and the not-for-profit sector in providing public health and health promotion training and experience to public health trainees.

R29 Public health trainees should be encouraged to consider developing their careers in the NGO and not-for-profit sectors. At the very least they should be given experience and knowledge of how to engage with these sectors.

4. Opportunity

The opportunity to choose activity will to a very large extent be dependent on efforts to make the environment safer and more hospitable to pedestrians and cyclists, as outlined above under transport, planning and new build.

Barriers

The barriers to opportunities to be active also include:

Schools

- Education pressures – curriculum time for physical education is too short to be meaningful
- Resource pressures in education – lack of qualified teaching staff to run activity clubs, lack of financial incentives to run activity clubs, lack of resources to buy, hire, retain or modify facilities to encourage or enable activity to take place,
- Leadership in education – lack of priority afforded to the health-promoting school, to encouraging a participatory approach involving children, and to the development of school travel plans.

Community facilities

- Affordability – insurance costs and litigation threats have increased the running costs of clubs and facilities. High running costs are passed on in turn to the participants thereby doing nothing to reduce inequalities in access to facilities.
- Affordability – linked to the above are the costs to small clubs of training their staff and volunteers to meet insurance (and professional) criteria.
- Accessibility – apart from affordability, and transport and town planning issues, barriers to access also include opening hours, and the ratio of parents to children 'allowed' by venues e.g. when using local swimming pools.

Workplaces

- Acceptability – the workplace culture nurtured in the UK means we are working longer hours than ever before and taking shorter lunchbreaks. These both present a barrier to employees being able to undertake activity during the working day.
- Workplaces and schools may have a culture that opposes arrival at work or school in active travel attire (trainers, cycling kit) or blocks the provision of appropriate facilities such as changing rooms, cycle storage and lockers.
- Employees often find themselves in buildings where the stairs are designed for emergency use only and may be locked, or at the very least unpleasant to use, with the lift given prominence. Disability rights may also have influenced this trend.

Government action to support opportunity in education

- R30** Sure Start and the early years development and childcare partnership, should ensure that young children (particularly girls), are supported to practise running, jumping, landing, rolling, throwing, catching and bouncing balls during nursery education.
- R31** Teacher training schemes should be influenced to ensure that primary school teachers can specialise as PE teachers, acquiring the necessary training to ensure young children, particularly girls, continue to develop physical skills.
- R32** Ensure that successful aspects of the QCA PE and School Sport Investigation (a component of the PESSCL strategy) are mainstreamed with core government funding, rather than published as guidance.
- R33** With regard to paragraph 3.7 of the consultation document, **all** money raised from the sale of school playing fields and pitches should be ploughed into sports facilities, not used for education facilities.
- R34** The government should provide a funding stream that all schools can apply to for non-compromised resources to improve facilities and access to fully trained staff to deliver high quality physical activity. These resources should not be dependent on partnerships between schools and the private sector (see **R36**)
- R35** Ofsted should look to include the provision and quality of physical education both in and outside the curriculum within its inspection remit. This should form part of a wider requirement for schools to meet a health promoting standard across all areas of education and the school environment.

Government action to support community opportunities

Lack of resources for the provision of facilities is often cited as the reason that such facilities do not exist. There is increasing interest from the food industry to sponsor events or the provision of facilities.

- R36** The government should introduce a code of practice (or regulations if necessary) governing the role of the food industry in supporting initiatives to promote physical activity opportunities. Currently, the food industry is using physical activity sponsorship as a means of marketing brand names and products and to deflect attention away from the contribution of many food products and their promotion to the obesity epidemic.

Government action to influence employers

- R37** There should be central government and local public sector leadership and example setting to encourage employers to create and facilitate opportunities for their employees to be more active during the working day.

- R38** The government could work towards the development of a healthy employer charter – this could be linked to Investors in People and reward employers for providing a health-promoting ethos. The Scotland Health at Work (SHAW) scheme serves as an excellent model. See <http://www.shaw.uk.com/>
- R39** Government should continue to explore the possibility of corporate tax relief, subsidies or other incentives to encourage workplace activity schemes, which could be linked to a healthy employer charter. Examples of opportunities have been set out in the NHF report for Department of Health⁵.
- R40** Government could develop a voluntary code on the provision of cycle storage, lockers and changing facilities in the workplace for a given minimum percentage of employees.

Action needed by others

- R41** Local Strategic Partnerships should take responsibility for sports and exercise facilities and review how resources for sport and leisure provision are used and organised, to target resources where they are most needed and to address access e.g. appropriate siting of facilities, regulations regarding the parent/child ratio (to ensure accessibility of swimming pools to all), and opening times.
- R42** Leisure centres and after-school clubs should offer taster activity sessions or skills appraisal sessions to guide children and young people on which sports or activities might interest them and suit them best.
- R43** The National Association of Governors and Managers should encourage school governors to take up the case with individual schools for school travel plans, cycle and changing facilities and opportunities for activity throughout the school day.
- R44** The National Association of Governors and Managers should develop guidance on how governors can establish and promote links between schools and community sports and leisure facilities.
- R45** Schools should be encouraged to include Safe Routes information in welcome packs to parents of new pupils, together with details of the other health promoting activities the school supports.
- R46** Trade Unions could take up the case with employers for a better work-life balance that includes policies for better provision for activity during the working day.
- R47** The Society for Occupational Medicine and private health insurance companies could develop programmes to encourage employers to provide opportunities for staff to be active during the working day, as part of a healthy workplace ethos.

⁵ *A review of the impact of the law on the promotion of physical activity for the Department of Health* (2003)

5. Information

Clearly, whilst the major barriers to activity concern the built environment and how our lives are structured, there is a role for providing information to professionals and to the public about the opportunities for physical activity and its benefits, to drive consumer demand.

National campaign

The current media and government emphasis on overweight and obesity ignores the other short-term risks associated with physical inactivity and poor diet. Of particular concern is that individuals may well be unaware that raised blood pressure and raised blood cholesterol are as important as obesity as risk factors for coronary heart disease.

A coherent strategy that puts equal focus on all the avoidable short-term risks of unfavourable lifestyle choices (raised blood pressure, high blood cholesterol as well as weight gain) may be more successful than focusing only on overweight/obesity or focusing on long-term outcomes such as coronary heart disease which may to many seem either inevitable or improbable.

R48 The National Heart Forum recommends that there should be a national, long-running public health campaign that seeks to give individuals the 'whole picture'. This should link together all the current health campaigns (for example five-a-day, the forthcoming DH and Food Standards Agency campaigns on salt and blood pressure and any planned campaign on physical activity) into a well-being campaign. The rationale for well-being is set out on page 24.

R49 The proposed public health institute recommended in **R2** should take responsibility for the overall co-ordination and development of the well-being campaign.

R50 The proposed public health institute needs to ensure the development of social-marketing expertise. As highlighted above, the Food Standards Agency has taken on this role for nutrition but there is no agency taking on this role for physical activity, tobacco and alcohol.

R51 The proposed public health institute could award funding to NGOs with the expertise to run aspects of the campaign linking lifestyles and health. A model for this is the existing DH-funded tobacco campaigns run by British Heart Foundation and Cancer Research UK.

The campaign should be a motivating nationally-branded campaign that local, regional and national bodies from all sectors can become a part of and it should be independent of commercial sponsors.

Physical activity components of a national campaign

R52 In terms of physical activity, the campaign must promote physical activity as part of daily life and physical activity undertaken in leisure centres and clubs (individual and competitive/team

activities). This is a policy area that has become dichotomous and needs to be seen and treated as a whole to avoid unnecessary competition and mixed messages.

- R53** The findings from the former Health Education Authority's Active for Life campaign and other evaluated campaigns must be taken into account when developing the physical activity campaign. The public health institute and the HDA should oversee this research.
- R54** Positive, inspiring messages need to be developed to encourage active travel, active living and sport. There also needs to be a strand of the campaign that specifically addresses road-user awareness.
- R55** Department of Health and professional bodies should raise awareness among the public of the importance and relevance of physical activity as a means of treatment for several conditions. This reflects the need to encourage health professionals to prescribe physical activity as a treatment (**R25**).

Delivery of the campaign

- R56** At the local level, the campaigning should seek to link active travel to leisure opportunities. Efforts should be made to co-ordinate as far as possible the activities of the local media, the private sector, retailers, NGOs (health, transport, sport, social policy), local education authorities, the NHS, and local authorities to maximise the impact, avoid duplication, and where possible share costs.
- R57** The Sport England online database described in the consultation will be a very useful resource and the National Heart Forum welcomes its development. It should be well-publicised by the national campaign and supported to ensure it receives the rigorous maintenance it will require.

Regional co-ordination of the national campaign could provide the necessary glue to hold the campaign together whilst allowing regional and local identities to be nurtured. With the advent of regional assemblies, it should be possible to develop regional identities and to build on the existing regional organisation of public health e.g. the regional Health Development Agencies, strategic health authorities, regional government, as well as the less formal regional physical activity and nutrition forums that have been established.

Recommendations specific to the goals proposed in the consultation

2. Choosing activity

Ensuring that people in all parts of society get the information they need to understand the links between activity and better health.

R58 This goal needs to be part of a much broader goal that is:

Ensuring that people in all parts of society get the information they need to understand the links between lifestyle and well-being. (see also page 24)

The rationale for using 'lifestyle' rather than activity has been set out above. The rationale for using well-being is set out below.

Well-being

- The use of '*well-being*' rather than '*health*' better encapsulates the sense of happiness and energy, and mental as well as physical health that can be brought about by lifestyle changes.
- The National Heart Forum suggests that health will not be the motivator for the majority of the population to change their behaviour.
- Well-being encapsulates the sense of happiness and calm that may arise from choosing active travel over choosing the car. These could be incentives for choosing active travel that are difficult to encapsulate under the term 'health'.
- Health to most simply means the absence of ill-health - being in good health is not something that people tend to be aware of. Well-being is a concept that is more easily identified with and that has broader, more positive connotations that go beyond the rather narrow concept of 'health'.
- Most people believe themselves to be fitter and more active than they actually are. Therefore, health may not motivate them. However, people are likely to respond to a desire for well-being.
- The word health may limit the extent to which government departments take ownership of their role in delivering the activity plan thus raising the danger that delivery of the plan will be left to the Department of Health. Other government departments may find well-being an easier concept to identify with.
- A diverse range of organisations are likely to see well-being as something they can support and work towards. The use of well-being may therefore enable greater sign up to the action plan from the private, not-for-profit and NGO sectors. There could be a dual emphasis on community well-being and individual well-being.

3. Choosing activity in education

Encouraging activity in early years settings, schools, further and higher education.

Extending further the use of schools, further and higher education facilities as a community resource for sport and physical activity, including out of hours use.

R59 The first is not a goal and as such is not inspiring. It is a statement of what should already be happening. The NHF recommends that the appropriate goal is:

Extending the opportunities for physical activity in early years settings, in the school setting (both within and outside the curriculum) and in further and higher education.

4. Choosing activity in the workplace

Encouraging employers (in the public, private and voluntary sectors) to engage and motivate staff to be more active

Providing employers with support, such as practical advice and examples of best practice, on enabling and promoting activity in the workplace and promoting and disseminating best practice for an active physical and cultural environment.

R60 The first is not a goal. The NHF recommends that the goal should be:

Extending the number and breadth of employers engaging and motivating their staff to be more active

R61 The second goal should begin ‘*Providing employers with support and incentives,....*’

5. Choosing active travel

Ensuring high quality, well-targeted facilities for walking and cycling

Extending further school travel plans and encouragement of safe, healthy travel to school

Raising awareness of the health benefits of walking and cycling as part of the daily routine

R62 In goal three, NHF recommends that *well-being* should replace *health*, as well-being can encapsulate weight management and alertness which may be strong motivators for some people.

R63 A further goal should be:

Extending the number and breadth of employers committed to developing and implementing work travel plans.

Annex One

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. 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.

For further information see www.heartforum.org.uk