



A strategy for physical activity – a consultation

Consultation response form

Introduction

The Physical Activity Task Force has developed a strategy for physical activity in Scotland, and is keen to have your views on the Strategy before it is presented to Scottish ministers and the Scottish Executive later this year. As noted in the report, this strategy is only the first stage in a longer process. We are not expecting you / your organisation to implement our recommendations at this stage. However we are keen to have your views on whether the broad framework and principles reflect what you / your organisation believes needs to be at the core of a strategy to raise levels of physical activity in Scotland.

Although action plans will be developed at later stages, we are also keen to hear about your ideas for how you / your organisation may be able to assist with the development of work to help deliver the strategy.

We would be grateful if you would record your views on this consultation form.

Values, Vision, Goal and Targets

It has been proposed that the work associated with the Strategy should be consistent with the following **Values**: sustainability, equity and access, collaborative, high quality (paragraph 39).

1. Do you agree that these are the **Values** that should underpin our strategy?
yes

2. Are there any changes (additions or amendments) you would suggest?

We believe that the strategy should make specific mention of the need to consult with the local constituents when developing action plans. Understanding the knowledge, beliefs and behaviours of the local population will be vital for developing interventions of local relevance. The equal opportunities value should be worded to be more specifically about reducing inequalities in health and targeting the most vulnerable to be less sedentary.

3. Do you have any other comments on the **Values**?

We applaud the observation that development of the strategy cannot only depend on the existence of evidence. The use of pilot schemes and other research will be crucial but we urge the planning team to a) ensure that the precautionary principle is adopted throughout the delivery of the strategy; b) make the research strategic objective (paras 96-98) a priority; c) to develop and consult on a distinct research agenda to help maintain the focus of commissioned research on the vision and goal of the strategy. Critically, the agenda must reflect current concerns regarding research methods, including how projects should be evaluated and what constitutes evidence of effectiveness.

The **Vision** of the strategy has been outlined that: 'People in Scotland will enjoy the benefits of participating in a physically active life' (paragraph 40).

4. Do you agree with the general focus of the **Vision**?

in part

5. Are there any changes (additions or amendments) you would suggest?

Much of the change required to make Scotland more active involves the removal of barriers and the creation of opportunities to participate in physical activity. We therefore urge you to add the words 'be able' to the vision statement so that it reads 'People in Scotland will be able to enjoy the benefits of participating in a physically active life'

6. Do you have any other comments on the **Vision**?

[Click here](#) and type your answer in this text box

The **Goal** of the strategy has been outlined as: 'To increase and maintain the proportion of physically active people in Scotland.' We also are setting **Targets** to achieve 50% of adults and 80% of children meeting the minimum recommended level of physical activity by 2020 (paragraphs 41 to 43).

7. Do you agree with the general focus of the **Goal and Targets**?

in part

8. Are there any changes (additions or amendments) you would suggest?

We believe that sub-targets and indicators should be set up-front (see Q9) and included alongside these two overarching targets.

9. Do you have any other comments on the **Goal and Targets**?

Clearly there is a political need to have a target to work towards. However, though worthy, the proposed target may not be achievable. Other European countries have set similar targets (Finland, Northern Ireland, Netherlands) and all have struggled to meet them. We suggest that it would be more realistic to set targets at the outset for particular types of physical activities and for particular (age or target) groups. This

would also enable the various partners delivering the strategy to clearly identify their own targets and contributions.

Strategic Co-ordination Framework

We believe that a clear framework for co-ordinating physical activity needs to be developed at both national and local levels. We have proposed a **Strategic Co-ordination Framework** at both national and local levels to take forward the strategic objectives and priorities (paragraphs 70 to 83).

10. Do you agree with the proposed **National co-ordination framework** and the proposed means of **Strengthening the national infrastructure** (paragraphs 72 to 74)?

in part

11. Are there any changes (additions or amendments) you would suggest?

We suggest that more clarity should be given at this stage to the remit of the proposed planning team. In particular, we suggest that paragraph 74 should be incorporated into a specific remit for the team such that pooled budgets, shared appointments etc become a requirement of the team to establish between departments and agencies, rather than an aspiration of the overall strategy.

12. Do you have any other comments on the issues relating to the **National co-ordination framework**?

The document rightly identifies that physical activity has been everyone's and no-one's business to date. However, as per our comments in Q11, we believe that the planning team needs to be given teeth in order to ensure that all relevant departments and agencies not only sign up to but deliver the strategy. It would therefore be advisable that the planning team not only identifies lead departments and agencies but also works closely with these bodies to set clear performance management systems and agree areas of responsibility and targets.

13. Do you agree with the proposed **Local co-ordination framework** and the proposed means of **Strengthening the local infrastructure** (paragraphs 75 to 83)?

yes

14. Are there any changes (additions or amendments) you would suggest?

Click here and type your answer in this text box

15. Do you have any other comments on the issues relating to the **Local co-ordination framework**?

1) Learning from experience in England, it is not enough to specify that joint health improvement plans include physical activity as a priority. The national physical activity planning team must consider the setting of milestones and mechanisms for ensuring delivery and ongoing monitoring of plans. The strategy should acknowledge the many competing priorities at local level and look to clearly identify where and how physical activity fits within these and if necessary work with the lead departments and

agencies to develop new service level agreements and qualifying criteria.

2) A further key driver of success will be to ensure a minimum level of investment in physical activity at local level, and if possible the ring-fencing of money for this purpose. A further lesson can be learnt from England, where NHS spending on NCD prevention and health promotion, including physical activity promotion, is determined locally but competes with clinical treatments and rehabilitation. Clear targets and requirements for improving treatment systems and outcomes, including league tables, have caused a skewing of budgets towards these and away from primary prevention/health promotion activities. Investment in the latter in Scotland is vital given Scotland's position in UK and world NCD and health inequality league tables.

Strategic objectives

We have proposed 4 **Strategic objectives** to help reverse the trend towards declining levels of activity and to achieve incremental improvements in overall levels of physical activity across the entire population (paragraphs 84 to 98).

16. Do you agree with the 4 **Strategic objectives** identified?

in part

17. Do you have any comments on the issues relating to the **Strategic objective**: *'To develop and maintain long-lasting, high-quality physical and social environments to support inactive people to become active'* (paragraphs 85 to 89)?

We strongly support the use of codes and standards, legislation and incentives for supporting this objective. We urge you to consider that the converse of this must also be addressed. Examples of this include: 1) existing local legislation which puts barriers in the way of increased physical activity such as by-laws restricting use of public space for activities of interest to young people - skateboarding, rollerskating and cycling - and curfews regarding use of open spaces for 'hanging around' (the latter may influence time spent being sedentary at home); 2) unintended encouragements and subsidies to inactive and sedentary behaviour, such as subsidised workplace or retail car parking, and planning of new developments on the assumption of user access by car.

18. Do you have any comments on the issues relating to the **Strategic objective** *'To provide accurate and evidence-based advice to staff who are involved in government policy and service delivery, and who work in the voluntary sector'* (paragraphs 90 and 91)?

1) This appears to be two critical objectives rolled into one. We agree that there is a need to provide training and advice to all those who may influence physical activity at national and local levels, including advice to parents. However, we strongly urge the taskforce to consider adding a fifth strategic objective, that of strengthening the dedicated physical activity specialist workforce (this is relevant to para 90) in terms of numbers and skill-base. Only by doing this will we be able to provide the skills locally to unlock the potential of other public health workers to deliver on physical activity. This objective should address a) the skills and qualifications required to work with the public to deliver physical activity; b) how to provide adequate resources at local level to make the career an attractive one; c) provision of protected time for the training of staff, given the pace of change within the NHS. At present, training is not often a mainstream work activity, job opportunities are few, career prospects are limited and unstable and many of the jobs are poorly paid; 2) The activity of briefing the ministers belongs more appropriately with the objective which follows (to raise awareness); 3) Regarding the dissemination of best practice, it would be more cost-effective to establish a central website and/or newsletter highlighting best practice and new research findings,

than to produce numerous resources which can quickly become obsolete. However, for reaching people operating in other sectors such as transport and land use planners, civil engineers, and council officers, paper documents highlighting best practice and making the arguments for physical activity are more appropriate since they are more likely to be referred to (we could not rely on a website being known or remembered as a source of guidance and direction). To support this, it is vital that the planning team builds and maintains a contacts database that goes deep and wide into sectors with which we want the physical activity promotion people to engage.

19. Do you have any comments on the issues relating to the

Strategic objective: *'To raise awareness and develop knowledge and understanding about the benefits of physical activity and provide access to information'* (paragraphs 92 to 95)?

Mass media campaigns are effective at raising public awareness of issues. However, before any such campaign is launched efforts should be made to identify a) what the information and motivational needs of the public are; b) lessons from previous campaigns, nationally and internationally; c) interventions which will run alongside any such campaign, for example help/information lines, local events and promotions. We suggest that the proposed website should be explicitly labelled as a national resource to which the community planning partnerships each contribute, to ensure relevance to and ownership by the local community.

20. Do you have any comments on the issues relating to the

Strategic objective: *'To carry out research, monitoring and evaluation'* (paragraphs 96 to 98)?

1) We commend the proposal to develop a research and evaluation plan (see response to Q3). However, a key activity of the physical activity planning team must also be to secure a straightforward funding stream(s) for research into physical activity. At a recent National Audit Office conference on obesity, one of the key difficulties identified at local level for the running of projects was the complex and varied nature of bidding for funds and the stipulations made on researchers by the funders. A further concern was the lack of funds and time made available for the effective evaluation of projects. Such evaluation is crucial if we are to advance the evidence base on effective interventions. 2) A further activity must be to develop a dissemination plan. Scotland has set itself the objective of becoming a world leader in addressing the problems of physical inactivity; therefore, advertising the successes demonstrated by research and monitoring - externally and to the Scottish public - would be a bonus output in terms of promoting Scotland and would help reinforce the progress made under the strategy. 3) We would like to emphasise the potential disparities regarding how we measure levels of physical activity. The IPAQ study referred to in para 139 gives rise to higher recorded levels of physical activity than do the more traditional surveys because IPAQ accounts for all activity whereas most surveys specify particular

activities. Therefore care should be exercised in looking at progress towards targets or at progress in different settings etc to ensure that comparable techniques have been used.

21. Do you have any other comments on the issues relating to any of the ***Strategic Objectives?***

Click here and type your answer in this text box

Strategic priorities

We have proposed ***Strategic priorities*** for life stage groups and settings (paragraphs 99 to 168). We believe that this life-course approach is required to bring about fundamental shifts in levels of physical activity.

22. Do you agree with the ***Strategic priorities*** identified to support ***Children and Young People*** (paragraphs 99 to 132)?

yes

23. Are there any changes (additions or amendments) you would suggest?

1) For the prevention and treatment of obesity in children, it has been shown that the most effective policies are those which seek to reduce sedentary behaviour. Therefore, whilst we agree that physical education in nurseries and schools is critical for the learning of skills, we applaud the inclusion of active tasks such as stair-climbing and active travel, including school travel plans, and believe that these should be key components of a physical activity plans and strategies. 2)This section over-concentrates on schools and should be broadened to explicitly include schools and all the other places where children and young people go, and address those places which may have been designed to be driven to. 3) Studies indicate that special emphasis must be given to after-school and weekend activities as a way of tackling the most sedentary periods for most children of all ages. There needs to be more emphasis on the role that local services and the wider community can play with regard to young people and physical activity. In particular, pricing policies, siting and access (i.e. proximity to housing and provision of subsidised or free public transport both reduce dependency on the car), opening times and provision of activities suitable for unaccompanied children and young people in leisure centres need to feature in the strategy, as do issues such as use/restriction of open space for activities such as skateboarding and roller skating (the 'don't ban it, organise it' argument). Community safety is a further area which the strategy should flag, in particular issues such as street lighting, speed limits and road crossings. Safety, and parents' perceptions of safety play a large part in children's ability to walk or cycle to school and may also determine whether they are able to participate in after-school and weekend activities. 4) Annex B refers to appropriately-trained teachers. The strategy should recognise that schools, particularly in more rural or disadvantaged areas, might not be able to attract staff trained in the delivery of physical exercise, and should therefore be more explicit in highlighting the importance of partnerships between schools and local leisure service providers so that this resource may be provided to schools from outside.

24. Do you agree with the ***Strategic priorities*** identified to support ***Adults of Working Age*** (paragraphs 133 to 151)?

in part

25. Are there any changes (additions or amendments) you would suggest?

1) A key strategic priority which is missing is the role that the community planning partnership can itself play. For example, local women-only community events are very successful for raising awareness and interest in physical activity amongst this key target group for whom workplace initiatives will often not be relevant. 2) Specific groups can also be targeted by studying the rest of their lifestyle and designing environmental changes to tempt them into more activity. For example, townplanning should address access to shops and make it easier for people (most likely women) to reach them on foot or by bicycle rather than by car. 3) Workplace strategies must be cross-cutting and comprehensive. For example, the Walk In to Work Out scheme would be more effective if implemented in parallel with a travel plan, improvements to sustainable transport access, workplace facilities and a national education programme.

26. Do you agree with the **Strategic priorities** identified to support **Adults in later Life** (paragraphs 152 to 168)?

yes

27. Are there any changes (additions or amendments) you would suggest?

No but pertinent to this strategic priority is the issue of funding. 1) Helping older people to remain active and mobile is very time-consuming and therefore requires more support/care staff on hand to assist them as they move around. A lack of staff will mean that older people are more likely to be pushed about in wheel-chairs, for example to and from bathrooms, than encouraged to get there on foot however slowly. 2) Delivery of programmes which encourage maintenance of strength, balance and coordination are vital but also require funding to buy-in or to train the people responsible for their delivery. 3) A funding stream should also be made available so that structural changes can be made to premises to facilitate physical activity and independence in this target group.

28. Do you have any other comments on the issues relating to any of the **Strategic priorities**?

1) In reference to paragraph 12 on page 8 of the strategy, it is wrong to say that power, agility, co-ordination, balance and reaction time are not vital for good health. They are absolutely vital for good health in old age for the prevention of fractures and falls. This strategy has failed to give due attention to these two consequences of physical inactivity and we strongly recommend that this failing is addressed. 2) The strategy does not make clear how vulnerable groups such as the homeless, the travelling population and people from minority ethnic groups will be reached.

National Priorities for Education

National priorities for education have given us the opportunity to develop and consult on performance and quality indicators for physical activity in schools in Scotland (Annex C).

For National Priority 5: ***'Pupils are equipped with the necessary foundation skills, attitudes and expectations necessary to prosper in a changing society and to encourage creativity and ambition'***, we propose that the indicator for pupils in primary schools and secondary schools is:

Percentage of pupils achieving health-related level of physical activity: Target = 80% of pupils

29. Do you agree with the proposed indicator for primary and secondary schools?

[click here](#) and pick an option from the list

30. Are there any changes (additions or amendments) you would suggest?

[Click here](#) and type your answer in this text box

31. Do you have any other comments on the proposed indicator for primary and secondary schools?

1) Include reference to walking and cycling to school as a health related physical activity that schools should be encouraged to promote in order to reach this target. 2) As mentioned in answer to Q23, encourage schools to seek help with meeting this target from local leisure service providers, either by taking the children to the centre or by getting the centre's staff to come to the school. Partnership forming such as this can also be of great benefit for encouraging use of leisure centres outside of school time, particularly for vulnerable children, because children will be familiar with leisure service staff and therefore feel they are going to a safe and welcome environment.

We propose the following indicator for local authorities:

Percentage of schools delivering two hours a week of physical education to each class:

Target = all schools.

32. Do you agree with the proposed indicator for local authorities?

[in part](#)

33. Are there any changes (additions or amendments) you would suggest?

1) Curriculum time in the classroom is very tight - schools should be able to use and promote active journeys to school as a means to meet targets. 2) The word school should be used in the broadest sense to include

delivery of activities by leisure centres (staff and/or facilities) during the school day.

34. Do you have any other comments on the proposed indicator for local authorities?

[Click here](#) and type your answer in this text box

Future development and implementation of the strategy

35. Please comment on the role you / your organisation might be able to play in the further development and implementation of the strategy, for example, how you / your organisation might provide suggestions and advice, what kinds of actions you / your organisation might take, how you / your organisation might work with others.

1) This response has been written by members of the National Heart Forum and by non-governmental members of the National Alliance for Physical Activity (NAPA), including Sustrans. The NHF has for over a decade been the leading alliance of 45 organisations in the UK concerned with the prevention of coronary heart disease, with a particular focus on the identification and filling of gaps in national policy. Members include the British Association of Sports and Exercise Scientists, the Stroke Association, Sport England, British Association of Cardiac Rehabilitation, British Heart Foundation, Faculty of Public Health Medicine and SHARP. NAPA is a biannual meeting of individuals and organisations concerned with the UK-wide coordination of research into and promotion of physical activity, which is chaired by the English Department of Health and includes representatives from other government departments, Scotland, Wales and Northern Ireland. 2a) With a collaboration between the NHF, members of NAPA and leading physical activity experts (and the planned inclusion of organisations concerned with cancer, osteoporosis and mental health in due course), we hope to raise the profile of physical activity at national and international levels. The collaboration will be looking at obtaining funding to work on specific areas of concern where gaps in policy and strategy currently exist. b) Of particular relevance to the development and delivery of the Scottish Taskforce's strategy is our plan to look in depth at the training and career development needs of physical activity specialists and other practitioners working in the field of physical activity. Several of the members of the collaboration were authors of the National Quality Assurance Framework for exercise on referral schemes and our proposed work will link closely with the framework recommendations. We believe that this work could be of great value to the forthcoming planning team and we would be happy to discuss these plans further with you. c) A further proposed work stream is to look at how our collaboration can influence and support capacity building at local level, and provide guidance. We would be delighted to work with the Taskforce and forthcoming planning team on ways in which we might provide such support. To date the NHF has worked with the BHF, the FPHM and others to produce toolkits to assist partnership working at local level towards increasing physical activity and towards preventing obesity and we would be happy to share these with the Taskforce. Many NHF and NAPA members have developed resources of their own which would support the delivery of the strategy. d) The National Heart Forum, together with a wide number of stakeholders, has developed the components of a national physical activity strategy for children and young people as part of its recent young@heart policy framework document. This document will be formally presented to the Scottish Executive in the near future.

Any further comments

36. Do you have any other comments on any aspect of the draft strategy? If so, please indicate the paragraph numbers to which your comments refer.

1) We warmly congratulate the Taskforce for making the overwhelming case for a national strategy for physical activity. We are particularly pleased that the Taskforce included the economic case for physical activity. This will be vital when arguing for the comprehensive implementation of the strategy, which is necessary if we are to realise its vision and goal. We hope that the Taskforce and the subsequent planning team are able to successfully argue against any attempts to adopt a piecemeal approach, as this would give rise to a lack of coordination across all departments and agencies and undermine the purpose of this document. 2) We would like to highlight again the benefits that partnership working will bring to the strategy. As said in answer to Q23, sharing of resources between schools and local authorities can greatly benefit both, in terms of meeting targets and encouraging use of leisure centres by children and families. This is also true of partnerships between the NHS and leisure centres, where for example BACR-trained leisure centre staff can deliver rehabilitation within the NHS, and build up a rapport with the patient which may provide the motivation and support they need to then use the leisure centre.

Your details

To ensure that we keep accurate records of this consultation exercise we would be grateful for you to complete the following - enter your details in the text boxes provided:

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I am responding on behalf of my organisation
(Please tick box if this applies to you)

My organisation is Scotland wide
(Please tick box if this applies to you)

I wish my response to be treated as confidential
(Please tick box if this applies to you)

Responses to this strategy should be provided by 13th September 2002.

Please return this form to:
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Responses can be submitted electronically via the Physical Activity Task Force website: <http://www.show.scot.nhs.uk/sehd/PATF/Index.htm>