NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards and indicators

Briefing paper

Quality standard topic: Physical activity: encouraging activity within the general population

Output: Prioritised quality improvement areas for development.

Date of Quality Standards Advisory Committee meeting: 17 October 2018

Contents

1 Introduction

This briefing paper presents a structured overview of potential quality improvement areas for physical activity: encouraging activity within the general population. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

1.1 Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development sources below are included to help the committee in considering potential statements and measures.

1.2 Development source

The key development sources referenced in this briefing paper are:

- Physical activity and the environment (2018) NICE guideline NG90.
- Physical activity: walking and cycling (2012) NICE guideline PH41. This was checked in March 2016 and no new evidence that affects the recommendations was identified. Next review is not yet scheduled.
- Physical activity for children and young people (2009) NICE guideline PH17. This was checked in July 2018.The majority of the new evidence was found to be broadly consistent with the current recommendations. Next review is scheduled in 2019 when the next update of the Chief Medical Officer guidelines on UK physical activity levels is published.

2 Overview

2.1 Focus of quality standard

This quality standard will cover encouraging physical activity within the general population. It will not specifically cover encouraging physical activity in people who are in contact with the NHS, including staff, patients and carers. This is addressed by NICE quality standard 84 Physical activity: for NHS staff, patients and carers.

2.2 Definition

Physical activity is 'Any force exerted by skeletal muscle that results in energy expenditure above resting level'[1]. It includes the full range of human movement and can encompass everything from competitive sport and active hobbies to walking, cycling and the general activities involved in daily living (such as housework and gardening).

Physical inactivity is defined as 'doing less than 30 minute of physical activity per week.'[2]

The Chief Medical Officers' physical activity guidelines[3] recommend specific activities and the frequency and duration of these needed to achieve general health benefits across age range:

- Children and young people (5-18 years) should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.
- Adults (19-64 years) should aim to take part in at least 150 minutes of moderate intensity physical activity each week, in periods of 10 minutes or more.

2.3 Incidence and prevalence

In the UK, physical inactivity is the fourth largest cause of disease and disability and directly contributes to one in six deaths. The annual UK cost is an estimated £7.4 billion[4]. If current inactivity trends continue and with the increasing costs of health and social care, this is unsustainable and could potentially destabilise public services and affect people's quality of life (including mental health and wellbeing) and their communities.

People in the UK are approximately 20% less active now than in the 1960s and if current trends continue, people will be 35% less active by 2030[5]. In England it is reported that around one in two women and a third of men are damaging their health

[1] Caspersen et al (1985) Physical activity exercise and physical fitness: definitions and distinctions for health related research
[2] Public Health England (2016) Health matters: getting every adult active every day
[3] Chief Medical Officers (2011) Physical activity guidelines
[4] Public Health England (2014) Everybody active, every day: an evidence based approach to physical activity
[5] Public Health England (2016) Health matters: getting every adult active every day

through a lack of physical activity[6] with one in four women and one in five men classified as 'inactive'[2].

The 2016/17 Sport England Active Levels survey[7] reported sport and activity levels (excluding gardening) of 200,000 adults in England. It concluded 6 out of 10 adults (27.7 million) are achieving 150 minutes or more of activity a week with 11.5 million adults doing less than 30 minutes a week.

In terms of health inequalities, the survey also reported that physical activity varies by socioeconomic group, gender, age, disability and ethnicity:

- People who are long term unemployed or never worked are the most likely to be inactive (38%) compared to managerial, administrative and professional occupations (17%).
- Men (64%) are more likely to be active than women (60%).
- Inactivity levels generally increase with age with the most significant increase of inactivity between the ages of 75 and 84 (48%) and age 85+ (71%).
- For people with a disability inactivity is more common (43%) than those without (21%). Also, as the number of impairments an individual has increases so does the level of inactivity with 51% of those with three or more impairments inactive.
- White British people (24.7%) are more likely to be active than black people (30.1%) and people of other ethnic origin (30.2%).

2.4 National policy

Helping people in the UK to be more active, more often is an overarching government policy objective. The design and layout of towns and cities with public transport access can influence people's ability to be active. Active environments are being created to make physical activity the easiest and most practical option in everyday life.

As mentioned in the definition section above, in 2011 the Chief Medical Officers' physical activity guidelines[8] recommended specific activities across the 3 age ranges and the frequency and duration of these needed to achieve general health benefits.

In 2014 the UK government's report[9] restated the 2012 Olympic and Paralympic legacy commitment to increase the number of adults taking at least 150 minutes of physical activity a week and to reduce the number taking less than 30 minutes per week, year on year.

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[6] Public Health England (2014) Everybody active, every day: an evidence based approach to physical activity
[7] Sport England (2018) Active Lives Adult Survey November 2016/2017 report
[8] Chief Medical Officers (2011) Physical activity guidelines
[9] UK government (2014) Moving More, Living More-The Physical Activity Olympic and Paralympic Legacy for the Nation

Also in 2014, Public Health England (PHE) published the national physical activity framework[10] which outlined national and local action plans to tackle inactivity across four domains:

- Active society (creating a social movement)
- Moving Professionals (activating networks of expertise)
- Active environments (creating the right spaces)
- Moving at scale (interventions that make us active).

This framework aimed to engage with a number of partners including planning, design, health, transport and sport to encourage and support people to become more physically active every day.

In 2017 a 2 year progress update on this framework reported positive results:

- A 1% increase in the local population achieving the recommended 150 minutes of moderate intensity physical activity each week. This represents over half a million more people who are benefiting from being active every day.
- All nine England regions demonstrated an increase in physical activity.
- There was an improvement in 60% of local authorities.[11]

In line with this national framework the Sport England and PHE report, Active design[12] was published in 2015. This promoted the role of sport and physical activity in creating healthy and sustainable communities. In response to this in 2016 Sport England published their 2016-2021 strategy[13] which focused on the local delivery of physical activity. Through funding plans local authorities would be supported to invest cost-effectively to enhance their local communities.

In 2017 Department for Transport[14] outlined the need for increased walking and cycling in England. By 2025 their aims include doubling cycling activity and reversing the decline in walking by increasing children walking to school for instance.

2.5 Resource impact assessment

The resource impact statement for NG90 stated that the guideline was not expected to lead to a significant impact on resources. While practice is anticipated to change, the recommendations reinforce what is covered and advocated by other existing national bodies (for example, the Department for Transport's Cycling and walking investment strategy and Public Health England's Obesity and the environment briefing: increasing physical activity and active travel), and are aligned with Acts of

[10] Public Health England (2014) Everybody active, every day: framework for physical activity
[11] Public Health England (2017) Everybody active, every day: 2 year update
[12] Sport England and Public Health England (2015) Active Design
[13] Sport England (2016) Towards an active nation
[14] Department for Transport (2017) Cycling and walking and investment strategy

Parliament (for example, Bus Services Act 2017: new powers and opportunities), for which local authorities already provide funding.

3 Summary of suggestions

3.1 Responses

In total 15 stakeholders and 6 specialist committee members responded to the 2-week engagement exercise 15/08/18 – 11/09/18

Stakeholders were asked to suggest up to 5 areas for quality improvement. Specialist committee members were also invited to provide suggestions. The responses have been merged and summarised in table 1 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendix 3 for information.

Table 1 Summary of suggested quality improvement areas

Suggested area for improvement	Stakeholders
Policy and planning • Local strategies • Physical activity champions • Community engagement approaches • Planning permissions • Measuring impact	 • ALZ, AR, NOS, PK, RMD, SCM1, SCM2, DFT • SCM1, SCM5 • PK • SCM6 • DFT, SCM1, SCM5
Active travel • Local areas • Public transport • Footways, paths and cycle routes • Road and street design	 • SCM2, SCM6 • SCM3, SCM6 • SCM6 • DFT, SCM3, SCM6
Public open spaces	• OG, PK, SCM4, SCM5, SE
Buildings • Active travel • Staircase	 • LIV, SCM1, SCM4, SCM2 • PK
Schools • Active travel • Play	 • LIV, SCM4 • SCM1
Additional areas • Behaviour change • Brief advice incl. social prescribing • Digital health • Outdoor air • Technological developments	 • DFT,PK • OG, PK, RCGP, RMD, SCM2, SCM4, SE • SCM2, SCM5, SE • SCM3 • SCM3
ALZ, Alzheimer's Research UK AR, Arthritis Research UK DFT, Department for Transport LIV, Living Streets NOS, National Osteoporosis Society OG, British Dietetic Association (Obesity Group) PK, Parkrun UK	

Suggested area for improvement	Stakeholders
RCGP, Royal College of General Practitioners RMD, Richmond Group of Charities[15] SCM, Specialist Committee Member SE, Sport England	

3.2 Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 2424 papers were identified for physical activity: encouraging activity within the general population. In addition, 52 papers were suggested by stakeholders at topic engagement and 50 papers internally at project scoping.

Of these papers, 8 have been included in this report and are included in the current practice sections where relevant. Appendix 1 outlines the search process.

[15] Richmond Group of Charities- Age UK, Alzheimer's Society, Arthritis Research UK, Asthma UK, Breast Cancer Now, British Heart Foundation, British Lung Foundation, British Red Cross, Diabetes UK, Macmillan Cancer Support, MS Society, Rethink Mental Illness, Royal Voluntary Service, Stroke Association.

4 Suggested improvement areas

4.1 Policy and planning

4.1.1 Summary of suggestions

Local strategies

Physical activity strategies should link to, or inform, the development of local Health and Wellbeing Strategies, Health and Care Plans and Joint Strategic Needs Assessments (JSNAs). In particular, JSNAs were highlighted as a useful source to identify and implement the benefits of physical activity for the management of specific health conditions in the local population.

A stakeholder highlighted that local physical activity initiatives should address the underlying causes of inactivity by focusing investment on the least active and their needs. The least active should be encouraged to not only participate in sport but other activities such as walking and cycling.

Physical activity champions

Stakeholders reported that physical activity has a low profile in policy. To address this they suggested that local communities should identify a physical activity champion at a senior level to lead and drive up quality improvement. This in turn would encourage local authorities to prioritise the importance of physical activity long term.

Community engagement approaches

Stakeholders highlighted the importance of community engagement approaches including to enable stakeholders and residents to discuss and identify local priority areas. In particular voluntary organisations were highlighted as playing an important role to provide local advice and support on physical activity participation.

It was suggested that physical activity participation can have a long term, positive effect on communities with park runs, for instance, creating a collective sense of effort and achievement.

Planning permissions

A stakeholder highlighted how planning permissions should address people's needs (including people with limited mobility) to be physically active in their daily life.

Measuring impact

Due to limited resources stakeholders highlighted the need for assessment tools to measure and monitor the impact of physical activity investment on activity levels.

4.1.2 Selected recommendations from development source

Table 2 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. These are presented in full after table 2 to help inform the committee's discussion.

Table 2 Specific areas for quality improvement

Suggested quality improvement area	Suggested source guidance recommendations
Local strategies	**Strategies, policies and plans to increase physical activity in the local environment** NICE NG90 Recommendation 1.1.1 **High-level support from the health sector** NICE PH41 Recommendation 1 **Raising awareness of the importance of physical activity** NICE PH17 Recommendation 2
Physical activity champions	**High-level support from the health sector** NICE PH41 Recommendation 1
Community engagement approaches	**Strategies, policies and plans to increase physical activity in the local environment** NICE NG90 Recommendation 1.1.2 **Public open spaces** NICE NG90 Recommendation 1.3.3
Planning permissions	**Strategies, policies and plans to increase physical activity in the local environment** NICE NG90 Recommendation 1.1.4
Measuring impact	**Strategies, policies and plans to increase physical activity in the local environment** NICE NG90 Recommendation 1.1.6 **High-level support from the health sector** NICE PH41 Recommendation 1

Local strategies

NICE NG90 – Recommendation 1.1.1

Develop and use local strategies, policies and plans to encourage and enable people to be more physically active. Use information from sources such as the joint strategic needs assessment and local cycling and walking implementation plans. Follow

established best practice to ensure everyone's needs are identified and addressed, including those of people with limited mobility. **[2018]**

NICE PH41 – Recommendation 1

- Ensure the joint strategic needs assessment, the joint health and wellbeing strategy and other local needs assessments and strategies take into account opportunities to increase walking and cycling. They should also consider how impediments to walking and cycling can be addressed.
- Ensure walking and cycling are considered, alongside other interventions, when working to achieve specific health outcomes in relation to the local population (such as a reduction in the risk of cardiovascular disease, cancer, obesity and diabetes, or the promotion of mental wellbeing[16]). These include outcomes identified through the joint strategic needs assessment process.

NICE PH17 – Recommendation 2

- Ensure the following explicitly address the need for children and young people to be physically active:
    - children and young people's plans
    - joint strategic needs assessments
    - local development and planning frameworks
    - sustainable community plans and strategies.

Physical activity champions

NICE PH41 – Recommendation 1

- Ensure a senior member of the public health team is responsible for promoting walking and cycling. They should support coordinated, cross-sector working, for example, by ensuring programmes offered by different sectors complement rather than duplicate each other (see recommendation 2). The senior member should also ensure NICE's recommendations on physical activity and the environment are implemented.

[16] Descriptions of the links between physical activity and health outcomes can be found in the Chief Medical Officers' report on physical activity Start active, stay active.

Community engagement approaches

NICE NG90 – Recommendation 1.1.2

Use community engagement approaches to develop and review these local strategies, policies and plans:

- Take account of the views and needs of people who walk, cycle, drive or use public transport in the local area, particularly in relation to shared or contested space. (For example, space shared by pedestrians and cyclists, or cyclists and motorists.)
- Take account of the views and needs of people with limited mobility who may be adversely affected by the design and maintenance of streets, footways and footpaths and urban and rural public open spaces.
- Take account of the views of voluntary and community sector organisations.
- Assess whether initiatives successfully adopted elsewhere are appropriate locally and, if they are, how they can be adapted to local needs. [2018]

For more information see NICE's guideline on community engagement.

NICE NG90 – Recommendation 1.3.3

Involve community groups and volunteers in decisions on how to design and manage public open spaces, including trails, footpaths and towpaths. Encourage them to help maintain them, for example by reporting any problems affecting use and accessibility (see NICE's guideline on community engagement). **[2018]**

Planning permissions

NICE NG90 – Recommendation 1.1.4

Ensure planning permissions always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their daily life, for example ensuring access on foot to local services such as shops and public transport stops.

For more information see Public Health England's Spatial planning for health report. **[2018]**

Measuring impact

NICE NG90 – Recommendation 1.1.6

Use existing health impact assessment tools to assess in advance what impact (both intended and unintended) any proposed changes are likely to have on physical activity levels. For example, will local services be accessible on foot, by bike, and by people with limited mobility? Make the results publicly available and accessible. **[2018]**

NICE PH41 – Recommendation 1

- Ensure walking and cycling projects are rigorously evaluated. This includes evaluating their impact on health inequalities.

4.1.3 Current UK practice

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

4.2 Active travel

4.2.1 Summary of suggestions

Local areas

Active travel such as walking and cycling to work and school is supported to improve health that can be incorporated into everyday life. Stakeholders however highlighted that local authorities need to identify appropriate local areas that will encourage people to be active.

Public transport

Public transport services were supported to increase physical activity such as walking and cycling. However it was suggested that services need to accessible to everyone including people with visual and hearing impairments and limited mobility.

Footways, footpaths and cycle routes

Local communities can have mobility challenges which can be a deterrent to active travel. Therefore improved footways, footpaths and cycle routes and their connectivity with public transport is needed to enable active travel rather than people opting to drive short journeys.

Road and street design

There are a range of interventions that aim to manage or reduce traffic flows. A stakeholder highlighted that these would positively create supportive environments for active travel with improved safety. Restricting motor vehicle access was however seen to be a challenge.

Improved access for people with limited mobility to move around their local area was also highlighted. In particular, pedestrian crossings with flush kerbs and tactile paving and signal-controlled crossings with tactile rotating cones were highlighted as important.

4.2.2 Selected recommendations from development source

Table 3 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. These are presented in full after table 3 to help inform the committee's discussion.

Table 3 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Local areas	**Active travel** NICE NG90 Recommendation 1.2.1
Public transport	**Active travel** NICE NG90 Recommendation 1.2.2
Footways, footpaths and cycle routes	**Active travel** NICE NG90 Recommendation 1.2.3
Road and street design	**Active travel** NICE NG90 Recommendations 1.2.5 - 1.2.7

Local areas

NICE NG90 – Recommendation 1.2.1

Identify and prioritise local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel. Base this on demographic data, travel surveys, land use mix and other sources of local information. Take into account views identified through community engagement (see recommendation 1.1.2). **[2018]**

Public transport

NICE NG90 – Recommendation 1.2.2

Increase physical activity associated with using public transport services. This includes encouraging use of these services by:

- Ensuring available services are reliable, particularly in rural areas where public transport may be more limited.
- Making information about public transport services accessible to people with visual and hearing impairments, for example provide spoken and visual announcements about destinations and stops on board services, and at stops and stations.
- Making public transport physically accessible to everyone (see the Department for Transport's guidance on inclusive mobility).
- Improving public transport to parks and other green and blue spaces. **[2018]**

Footways, footpaths and cycle routes

NICE NG90 – Recommendation 1.2.3

Ensure new and refurbished footways, footpaths and cycle routes link to existing routes and improve the connectivity of the network as a whole. Aim to make it as easy as possible for people to walk, cycle or use other forms of active travel rather than making short journeys by car. This includes journeys between residential areas and:

- public transport stops and stations
- places of work
- public open spaces
- schools, colleges and early years settings
- healthcare services
- shops, and leisure sites. **[2018]**

Road and street design

NICE NG90 – Recommendation 1.2.5

Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads. (This includes people with limited mobility.) Use 1 or more of the following methods:

- Re-allocate road space to support physically active modes of transport (for example, by widening footways and introducing cycle lanes). For more detail on designing these routes, see the recommendations on walking and cycling in NICE's guideline on air pollution: outdoor air quality and health, and the Department for Transport's guidance on Shared use routes for pedestrians and cyclists.
- Restrict motor vehicle access (for example, by closing or narrowing roads to reduce capacity).
- Introduce road-user charging schemes. For more detail on charging schemes, see the recommendations on clean air zones in NICE's guideline on air pollution: outdoor air quality and health.
- Introduce traffic-calming schemes to restrict vehicle speeds (using signage and changes to highway design). For more detail on traffic calming, see the recommendations on smooth driving and speed reduction in NICE's guideline on air pollution: outdoor air quality and health, recommendations on measures to

reduce speed in NICE's guideline on unintentional injuries on the road, and the Department for Transport's guidance on Traffic calming. **[2018]**

NICE NG90 – Recommendation 1.2.6

Improve cycling infrastructure using information from people who walk, cycle, and drive in the local area, including those with limited mobility (see recommendation 1.1.2). Improvements may include:

- establishing cycle lanes, tracks and trails in line with best practice
- installing secure cycle parking facilities in public places, on public transport and at public transport stops. [2018]

For more details see NICE's guideline on physical activity: walking and cycling, and other guidance such as Transport for London's London cycling design standards and Highways England's Cycle traffic and the strategic road network.

NICE NG90 – Recommendation 1.2.7

Make it as easy as possible for people with limited mobility to move around their local area, and work with relevant third sector organisations to achieve this. For example:

- Ensure footways:
    - have even, non-reflective, anti-glare surfaces
    - are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from pavement parking (see recommendation 1.1.3)
    - are set back from traffic, if possible (for example, by a grass verge).
- Ensure footways that have a kerb clearly define the kerb with a change in level (apart from pedestrian crossings).
- Ensure pedestrian crossings have flush kerbs and tactile paving (see the Department for Transport's guidance on the use of tactile paving surfaces).
- Ensure signal-controlled crossings have tactile rotating cones and, if appropriate, an audible beep, and give enough time to cross the road safely.
- Ensure tactile paving is correctly installed and maintained where it is needed, for example at all crossing places, at the top and bottom of stairs, on the edge of railway platforms and on shared use routes (see the Department for Transport's guidance on tactile paving surfaces).
- Ensure seating is provided at regular intervals along footways that are key walking routes (see the Department for Transport's guidance on inclusive mobility). **[2018]**

4.2.3 Current UK practice

Local areas

The 2016/17 Sport England Active Levels survey[17] reported physical activity variation by local area. Urban areas (26.2%) are more likely to be active than rural areas (23.5%)

Public transport services

Between 2002 and 2017 public transport usage was reported as mixed. Overground rail trips per person have increased by 56% however local bus trips have decreased by 19%[18].

Footways, footpaths and cycle routes

The transformation of local walking and cycling routes has increased their annual usage for children by 117% with a 151% increase in children using the routes to get to school[19].

Road and street design

A 2016 Public Health England local authority briefing[20] on the promotion of active travel highlighted Bristol City Council's road initiatives such as their roll out of 20mph zones. The briefing concluded that car commuting is no longer the norm for those aged under 40 in Bristol. There are more people commuting to work on foot or by bicycle in Bristol than in any other local authority in England and Wales.

[17] Sport England (2018) Active Lives Adult Survey November 2016/2017 report
[18] Department for Transport (2017) National Travel Survey
[19] Sustrans (2016) Our position on the school journey and physical activity
[20] Public Health England (2016) Working Together to Promote Active Travel: A briefing for local authorities

4.3 Public open spaces

4.3.1 Summary of suggestions

A stakeholder highlighted the importance of enhancing public open spaces to encourage many diverse populations to be active without the need for direct interventions. These environments are more accessible and sustainable and can inspire and encourage any age group to be physically active.

Promoting physical activity is key to addressing health inequalities as physical inactivity levels are higher in lower income groups. Stakeholders suggested focus should be on the least active communities (limited mobility, low income communities and black and minority ethnic communities) to encourage them to use their local public open spaces for free with enhanced facilities and access.

4.3.2 Selected recommendations from development source

Table 4 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 4 to help inform the committee's discussion.

Table 4 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Public open spaces	**Public open spaces** NICE NG90 Recommendation 1.3.1

NICE NG90 – Recommendation 1.3.1

Consider ways to enhance the accessibility, quality and appeal to users of local open spaces, especially green and blue spaces, to increase their use. Focus particularly on communities who may not currently use them, for example those with low mobility, low income communities and some black and minority ethnic communities. Consider, for example, providing:

- facilities that help people of all cultures and backgrounds to feel safe and welcome, for example by providing safe areas in which children can play and picnic facilities
- lighting and other measures to prevent or reduce antisocial behaviour, such as maintaining vegetation
- clear signs that can be understood by everyone, including people with visual impairments and learning disabilities
- seats with arms and backrests, sited at frequent intervals
- shelter and shade

- accessible toilets that are clean, well maintained and unlocked during daylight hours
- footpaths with even, non-reflective, anti-glare surfaces and tactile paving
- access by public transport, on foot and by bike (including providing cycle parking)
- car parking for blue badge holders and other people with limited mobility. [**2018]**

4.3.3 Current UK practice

The Urban Green Spaces Taskforce reported that some populations use green space less than others, particularly older people (aged over 65),people with limited mobility, women, black and minority ethnic people and children and young people (aged 12-19).

In line with this it was reported that park provision varies by socioeconomic group and ethnicity:

- The most affluent 20% of wards have five times the amount of parks or general green space (excluding gardens) per person than the most deprived 10% of wards.
- Wards that have almost no black and minority ethnic residents (less than 2% of ward population) have six times as many parks as wards where more than 40% of the population are people from black and minority ethnic groups.[21]

[21] Commission for Architecture and the Built Environment (2010) Urban green nation: Building the evidence

4.4 Buildings

4.4.1 Summary of suggestions

Active travel

A stakeholder suggested that new workplaces must be linked to walking and cycling networks with maps to support active travel and when moving through buildings and civic areas.

Staircases

There are significant negative effects of sedentary behaviour and inactive lifestyles on health and wellbeing. Moving more and being active whilst in work is important to address physical inactivity. Using workplace staircases instead of lifts was highlighted.

4.4.2 Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 5 to help inform the committee's discussion.

Table 5 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Active travel	**Buildings** NICE NG90 Recommendations 1.4.1 and 1.4.2
Staircases	**Buildings** NICE NG90 Recommendations 1.4.3 and 1.4.4

Active travel

NICE NG90 – Recommendation 1.4.1

Ensure different parts of campus sites (including those in hospitals and universities) are linked by accessible walking and cycling routes. **[2008]**

NICE NG90 – Recommendation 1.4.2

Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new through routes (and not just links to the new facility). **[2008]**

Staircases

NICE NG90 – Recommendation 1.4.3

During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them. **[2008]**

NICE NG90 – Recommendation 1.4.4

Ensure staircases are clearly signposted and are attractive to use. For example, they should be well lit and well decorated. **[2008]**

4.4.3 Current UK practice

Staircases

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

Active travel

A 2017 study[22] on intervention design analysed individual, employment and psychosocial factors influencing walking to work. Almost half of respondents (587) were classified as commuter walkers. Those who were aged 30 years, did not have a car, had no free car parking at work, were confident of including some walking or intended to walk to or from work on a regular basis, and had support from colleagues for walking were more likely to be commuter walkers.

[22] Adams, E (2017) Individual, employment and psychosocial factors influencing walking to work: Implications for intervention design PloS one; 2017; vol. 12 (no. 2); e0171374

4.5 Schools

4.5.1 Summary of suggestions

Active travel

Stakeholders highlighted the importance of child active travel (walking or cycling to school) as the easiest and most acceptable forms of physical activity that can be incorporated into everyday life and can potentially follow into adulthood.

Also the implementation of school travel plans was highlighted as a way to support and monitor active travel in children.

Active play

A stakeholder supported the use of school playground markings to promote active play.

4.5.2 Selected recommendations from development source

Table 6 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 6 to help inform the committee's discussion.

Table 6 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Active travel	**Schools** NICE PH41 Recommendation 8 **Local transport plans** NICE PH17 Recommendation 5
Active play	**Schools** NICE NG90 Recommendations 1.5.1 and 1.5.2 **Planning the provision of spaces and facilities** NICE PH17 Recommendation 4

Active travel

NICE PH41 – Recommendation 8

- Foster a culture that supports physically active travel for journeys to school (for all staff, parents and students) and during the school day. For example, promote the

health benefits of cycling and walking and provide sufficient, secure cycle parking. Also ensure it is easy to get into the school grounds by foot or by bike. In addition, schools should provide suitable cycle and road safety training for all pupils.

NICE PH17 – Recommendation 5

- Ensure local transport and school travel plans continue to be fully aligned with other local authority plans which may impact on children and young people's physical activity. This includes local area agreements, local area play strategies and healthy school plans. Liaise with the local strategic partnership to achieve this

Active play

NICE NG90 – Recommendation 1.5.1

Ensure school playgrounds are designed to encourage varied, physically active play. **[2008]**

NICE NG90 – Recommendation 1.5.2

Primary schools should create areas (for instance, by using different colours) to promote individual and group physical activities such as hopscotch and other games**. [2008]**

NICE PH17 – Recommendation 4

Make school facilities available to children and young people before, during and after the school day, at weekends and during school holidays. These facilities should also be available to public, voluntary, community and private sector groups and organisations offering physical activity programmes and opportunities for physically active play.

4.5.3 Current UK practice

Active travel

The average primary school journey is 1.6 miles however one in four cars on the road during the morning peak are for the school run.[23]

The proportion of primary school children (51%) walking to school has remained broadly similar since 2002 however the proportion of secondary school children walking to school is lower at 35% with a 10% decrease from 45% in 2002. This lower rate can be partly attributed to the longer distances secondary school children travel to school- 3.5 miles compared to 1.6 for primary school children[24].

Active play

A 2016 study[25] on active play reported that children typically spent 51% of their school day in sedentary behaviour. When active play interventions were introduced sedentary time reduced to 40%.

[23] Sustrans (2018) Active travel: the school run
[24] Department for Transport (2017) National Travel Survey
[25] University of Strathclyde (2016) Active Play Evaluation Report

4.6 Additional areas

Summary of suggestions

The improvement areas below were suggested as part of the stakeholder engagement exercise. However they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or require further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 17 October 2018.

Behaviour change

Physical activity programmes including behaviour change methodology, social marketing, motivational language and imagery were suggested as an area for quality improvement. NICE has published two guidelines on behaviour change- Behaviour change: individual approaches (2014) PH49 and Behaviour change: general approaches (2007) PH6. This suggestion has not been progressed as this is an underlying principle of this quality standard.

Digital health

A stakeholder suggested digital health was an area of quality improvement. It was suggested the promotion of physical activity information through national campaigns, social media and websites can positively impact on a number of population groups. This suggestion has not been progressed as this area is not within the scope of this quality standard.

Outdoor air

Stakeholders highlighted the link between poor outdoor air quality and physical activity. This suggestion has not been progressed as this area is not within the scope of this quality standard. There is a quality standard on air pollution: outdoor air quality and health which is currently in development. It is expected to publish in February 2019.

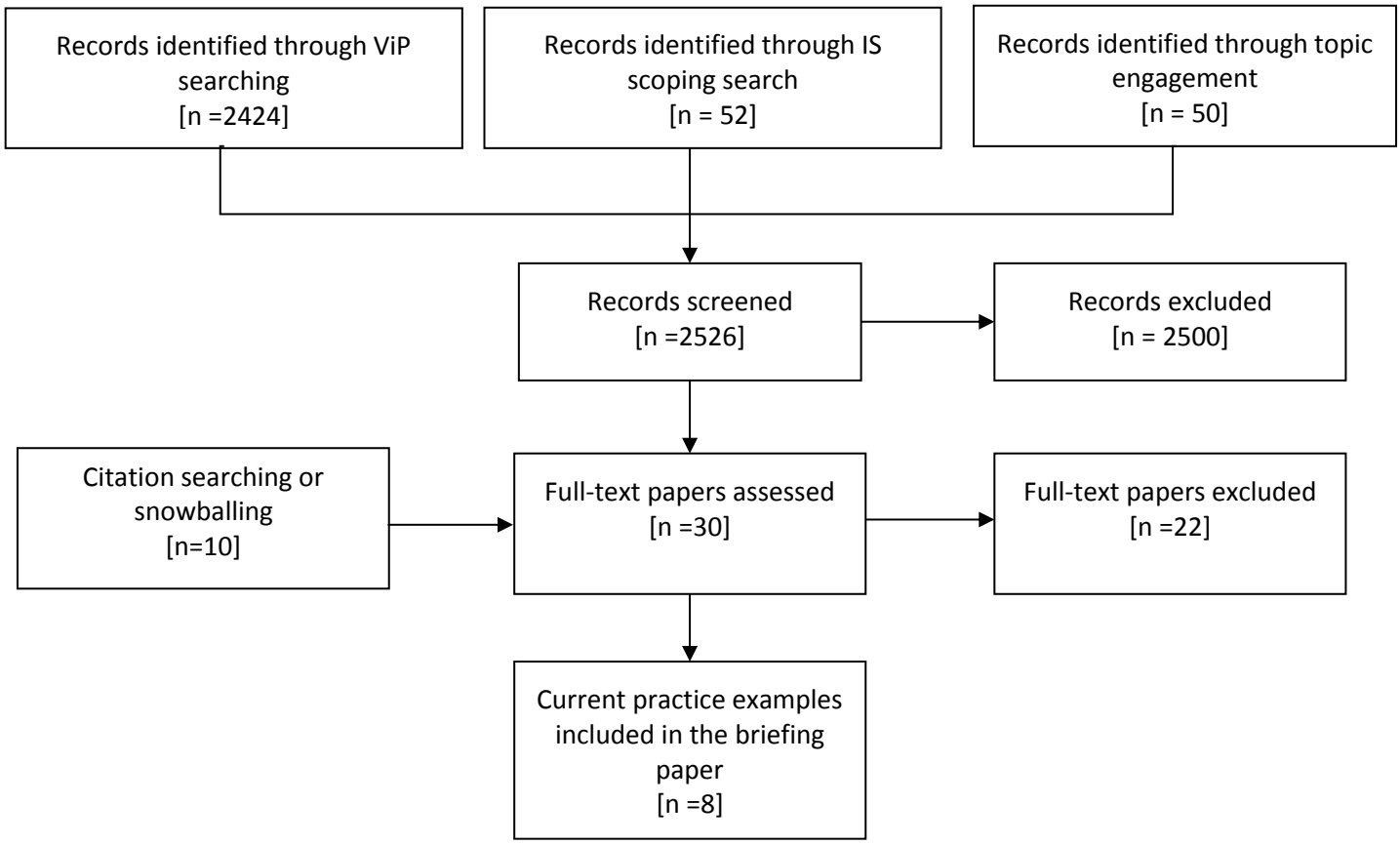
Primary care brief advice including social prescribing

Stakeholders highlighted the importance of brief advice on physical activity in primary care which includes social prescribing for specific health conditions. This quality standard will not specifically cover encouraging physical activity in people who are in contact with the NHS, including staff, patients and carers. This is addressed by NICE quality standard 84 Physical activity: for NHS staff, patients and carers. Please see appendix 2 for the full list of quality statements.

Technological developments

A stakeholder suggested that the effect of physical activity technological developments such as electric bikes need to be monitored. This suggestion has not been progressed as this area is not within the scope of this quality standard.

Appendix 1: Review flowchart



Appendix 2: Physical activity for: NHS staff, patients and carers Quality standard (QS84)

List of quality statements

Statement 1. Adults having their NHS Health Check are given brief advice about how to be more physically active.

Statement 2. Parents or carers of children are given advice about physical activity during their child's Healthy Child Programme 2-year review.

Statement 3. Parents or carers of children are given advice about physical activity as part of the National Child Measurement Programme (NCMP).

Statement 4. NHS organisations have an organisation-wide, multi-component programme to encourage and support employees to be more physically active.

Appendix 3: Suggestions from stakeholder engagement exercise – registered stakeholders

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Policy and planning- local strategies					
001	Parkrun UK	Take a broad view of what being active means. The guidance should also be underpinned by a holistic approach: engendering and tracking wider, permanent changes in lifestyle rather than simply focusing on levels of sporting and physical activity participation.	Physical activity initiatives should embrace movement in its widest sense, rather than having a narrow focus on 'sport' if they are to effectively encourage the least active to participate. With regards to the setting of KPIs, there must be a long-term view and an acceptance that real change can take time. Funding should be directed to those organisations that don't just achieve (potentially short-term) increases in participation, but also engender wider, long-term sustainable lifestyle change. These may not be traditional physical activity providers in the narrow, traditional sense, but	Interventions to encourage people to be more active tend to focus narrowly on structured, organised exercise. parkrun's view is that physical activity initiatives should embrace movement in its widest sense if aims to reduce inequalities in participation, and the associated socio-economic inequalities, are to be achieved. Hence, parkrun participation includes walking, running or jogging the 5k or 2k events, as well as volunteering or spectating. All of these activities involve movement, in the company of others, in the outdoors	C. Stevinson, M. Hickson; Exploring the public health potential of a mass community participation event, Journal of Public Health, Volume 36, Issue 2, 1 June 2014, Pages 268–274, https://doi.org/10.1093/pubmed/fdt082 Stevinson, C., Wiltshire, G. And Hickson, M., 2015. Facilitating participation in health-enhancing physical activity: a qualitative study of parkrun. International Journal of Behavioral Medicine, 22(2), pp.170-177

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			organisations that encourage other forms of activity (e.g. active travel, gardening, active volunteering).		
002	Parkrun UK	Reduce barriers to delivery of physical activity initiatives	Initiatives should be replicable, easy and simple to deliver. For example, in the context of parkrun, whilst individually local, the fact that parkruns are based on a simple, replicable, cost-effective, community-based and community-led model means that delivery of these events is scalable across the UK and around the world. We encourage NICE to take an Asset Based Community Development approach i.e. one that utilises and builds upon existing community assets.		See https://www.independent.co.uk/sport/general/parkrun-london-manchester-jonathan-liew-a8527916.html

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
003	SCM1	Physical Activity Strategies.	The development of a Physical Activity Strategy will identify local need, provide opportunity for engagement with residents and stakeholders, promote on-going discussion with partners and stakeholders and will identify areas of priority e.g disability to increase physical activity and reduce physical inactivity..	As physical activity links to a number of other cross-cutting areas e.g. the prevention and management of Long Term Conditions, air quality, ageing well and preventing of social isolation local partnerships are well placed to develop Physical Activity Strategies. Physical Activity Strategies should link to, or inform, the development of local Health and Wellbeing Strategy and Health and Care Plans. Oversight by local champions at a senior level, including clinical leaders and elected representatives, will provide oversight and long term support for the important role that increasing physical activity and reducing physical inactivity can have on individuals and communities. Local Joint Strategic Needs Assessments should include a profile on physical activity and physical inactivity across the life course.	NG20, PH17 and PH41 recommend that local areas develop Physical Activity Strategies (and action plans) and the role that engagement and co-creation can have on successful planning and delivery. PH17 and QS84 recommend and promote the role of champions at a senior level.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
004	SCM1	Environment and Place.	The environment and place have an important contributing role to physical activity and physical inactivity levels and local areas should deliver an environment that makes the healthy choice, the easy choice. Health and Wellbeing Strategies and Health & Care Plans (and Physical Activity Strategies) should acknowledge the importance of place and include plans for place-based programmes that support healthy lifestyles including physical activity.	Creating the right environment for physical activity can have a major impact on physical activity levels. Local partnerships should- • provide, maintain and promote local assets for recreational use e.g. parks and open spaces that are accessible, attractive and safe • promote physical activity and reduce physical inactivity in buildings and prioritise physical activity when building new public facilities e.g. healthcare facilities • ensure that planning and regeneration polices support physical activity	PH6 recommends the use of population level interventions and programmes to increase physical activity levels. PH41 recommends ensuring that environmental factors that encourage or discourage people from walking and cycling are addresses. PH17 recommends that facilities and environments stimulate and promote physical activity. NG90 recommends improvements to the physical environment that can encourage and support physical activity levels. Everybody Active, Every

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					Day encourages the use of indoor and outdoor spaces 'that make daily physical activity the easy, efficient and cost-effective choice'
005	Richmond Group of Charities	Wellbeing component of physical activity	There is considerable evidence that indicates physical activity reduces the risk of mental health conditions and helps manage stress, depression and anxiety (see right CMO guidelines). It also has a role to play in supporting general wellbeing, cognitive skills and brain health. Over 4m people in England with a physical long term health condition also have a mental health condition.	Ensuring physical activity is a priority within JSNAs, within integrated care system plans and for NHS digital is important and in particular with reference to mental health and wellbeing.	Physical activity and mental health: https://www.mind.org.uk/information-support/tips-for-everyday-living/physical-activity-sport-and-exercise/#.W5u6jp3wb1A Research into thinking skills and physical activity benefit: https://www.ageuk.org.uk/our-impact/policy-research/what-we-research/the-disconnected-mind/ Mental health co-morbidities:

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					https://www.centreformentalhealth.org.uk/co-morbidities Example of the types for resources available to support commissioners is Arthritis Research UK commissioning grid: https://www.arthritisresearchuk.org/policy-and-public-affairs/policy-reports/physical-activity-report.aspx
006	Department for transport	Local capacity and capability in local bodies underlined by political support			
007	SCM2	Building Physical Activity into secondary care clinical pathways.	We know that people with long-term conditions are up to three times as likely to be inactive as the general population, and that people with long-term conditions	There are good example of programmes that are testing PA into clinical treatment plans. However there is no consistency and there is a lack of robust evaluation. Examples such as with CVD rehabilitation,	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			would most benefit from increasing their levels of physical activity. Therefore its paramount to build activity into both plans for treatment and prevention of further or worsening co-morbidities.	pulmonary and cancer treatment planning show effectiveness but more is needed to support this approach over more LTC's.	
008	Alzheimer's Research UK				Alzheimer's Research UK is the world's leading dementia research charity dedicated to causes, diagnosis, prevention, treatment and cure. Backed by our passionate scientists and supporters, we're challenging the way people think about dementia, uniting the big thinkers in the field and funding the innovative science that will deliver a cure. Our mission is to bring

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					about the first life-changing dementia treatment by 2025. Our vision is a world where people are free from the fear, harm and heartbreak of dementia. We focus our energies in four key areas of action to make this mission a reality. • Understand the diseases that cause dementia. • Diagnose people earlier and more accurately. • Reduce risk, backed by the latest evidence. • Treat dementia effectively. Through these important strands of work, we're bringing about breakthroughs that will change lives.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					Alzheimer's Research UK welcomes the opportunity to comment on Physical Activity topic engagement consultation.
009	Alzheimer's Research UK	Dementia	There is a growing evidence base to suggest that physical activity is one of several lifestyle and health factors that may reduce the risk of developing dementia. Given that over 850,000 people currently have dementia and there is currently no disease modifying intervention to slow or delay the disease progression, all opportunities to reduce the risk of developing dementia should be explored. Therefore, dementia should be included within the range of conditions that this quality standard considers.	Public awareness of the potential to reduce the risk of developing dementia through modifiable lifestyle and health factors is low. Recent polling for Alzheimer's Research UK by YouGov indicates only 34% of UK adults think it's possible to reduce the risk of dementia, compared to over three quarters (77%) who recognise that the risk of heart disease can be reduced. Current research estimates that up to 30% of dementia cases may be avoidable through changes to these lifestyle and health factors. Without greater public awareness and understanding of the role of physical activity as part of a range of actions, the general public will not be fully able to make choices about reducing their risk of developing dementia. This quality standard provides an opportunity to ensure that dementia risk reduction messaging,	Key recent guidance and reviews of the evidence around dementia risk reduction: • NICE Public Health Guideline (2015) Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset • Livingston et al (2017) Lancet Commissions: Dementia prevention, intervention, and care. DOI: https://doi.org/10.1016/S0140-6736(17)31363-6

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				through greater physical activity, is embedded in a wider range of guidelines, thereby helping to raise awareness and understanding.	• World Alzheimer Report 2014 Dementia and Risk Reduction – an analysis of protective and modifiable factors (2014) Alzheimer's Disease International. https://www.alz.co.uk/research/WorldAlzheimerReport2014.pdf
010	National Osteoporosis Society	Effective interventions to improve levels of muscle and bone strengthening physical activity in the general population to reduce falls and fractures.	Recommended levels of muscle-strengthening physical activity (to increase bone strength and muscular fitness) are outlined in the physical activity guidance from the four UK Chief Medical Officers. This recommends that adults age 19 – 64 should undertake physical activity to improve muscle strength on at least two days a week. Adults over 64 years should also avoid prolonged sitting Older adults at risk of falls, such as people with weak legs, poor	According to the latest data from the Health Survey for England, only 31% of adult men and 23% of adult women achieve the recommended levels of both aerobic and muscle-strengthening physical activity. This is of concern as exercise is important in building strong bones throughout life and reducing the risk of fragility fractures. Most hip fractures and about 20% vertebral fractures are the result of a fall1 2	Please see the report 'Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers' which recommends that adults age 19 – 64 should undertake physical activity to improve muscle strength on at least two days a week. This is available at: https://www.gov.uk/government/publications/start-

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			balance and some medical conditions, should do exercises to improve balance and co-ordination on at least 2 days a week. Physical activity or exercise should include a combination of weightbearing [with impact] and muscle resistance exercise [NOS Consensus statement on Physical Activity and Exercise for Osteoporosis – In Press]		active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers Data on the percentage of adults who achieve this is available in the “Health Survey for England 2016 Physical activity in adults” which is available at: https://files.digital.nhs.uk/publication/m/3/hse16-adult-phy-act.pdf 1. National Institute for Health and Care Excellence. Falls in Older People: Assessing Risk and Prevention. Clinical Guideline [CG161]. London NICE; 2013. https://www.nice.org.uk/guidance/cg161/resources/falls-in-older-people-assessing-risk-and-

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					prevention-35109686728645. Accessed July 30, 2018. 2. Cooper C, Atkinson EJ, MichaelO'Fallon W, Melton JL. Incidence of clinically diagnosed vertebral fractures: A population-based study in rochester, minnesota, 1985-1989. J Bone Miner Res. 2009;7(2):221-227. doi:10.1002/jbmr.5650070214.
011	Arthritis Research UK	Population-level support for people with musculoskeletal conditions to become and remain physically active	Around 17.8 million people live with a musculoskeletal condition in the UK, around 28.9% of the general population. The prevalence is highest among women, older people and those from the most deprived communities. Musculoskeletal conditions are the largest single cause of years lived with disability (YLDs) and the third-largest		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			cause of disability adjusted life years (DALYs) in the UK. Musculoskeletal conditions are often found among people who live with other long-term conditions. For instance, by 65 years of age, almost five out of ten people with a heart, lung or mental health problem also have a musculoskeletal condition. Many people with arthritis and musculoskeletal conditions can reduce their pain and improve their quality of life and independence by becoming more physically active. Inactive people are at increased risk of developing a painful MSK condition in later life. • Physical activity reduces the risk of developing joint and back pain by 25%		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			• People who are physically active are less likely to report chronic MSK pain • Up to 50% of hip fractures could be avoided with regular physical activity • High-intensity aerobic and resistance exercise have been shown to benefit people with rheumatoid arthritis. NICE recommends physical activity as part of the prevention and treatment pathway for chronic conditions including back pain, osteoarthritis and prevention of falls. All practitioners should identify opportunities to initiate discussions around physical activity as part of the assessment and treatment of patients with MSK conditions, forming a routine part of clinical care.		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
012	Arthritis Research UK	Provision of structured community rehabilitation programmes and individualised support for people with MSK conditions	The needs of people with MSK conditions vary across populations, with some more severely affected than others. Likewise, people's needs vary throughout their life, as MSK conditions fluctuate in severity over time and sometimes progressively worsen. This requires different levels of support to help people with MSK conditions to reach their activity goals, to improve and maintain their health. Supported self-management is a major part of rehabilitation services, and quality guidance for this and other components has been developed. Rehabilitation programmes such as the NICE-approved ESCAPE-pain can support increased physical activity in people with moderate or severe arthritis or MSK symptoms, who initially need	Arthritis Research UK research demonstrated that the needs of people with MSK conditions in the wider community are not being considered in Joint Strategic Needs Assessments (JSNAs): • 1 in 4 local authorities had not included the needs of people with MSK conditions • 64% had not included osteoarthritis in their assessment • 62% had not included back pain in their assessment The Better Care Fund should be used to commission rehabilitation and individualised support services for people with MSK conditions in the community. Commissioning should be supported using the framework outlined by the Arthritis Research UK Musculoskeletal physical activity commissioning pyramid.	The Arthritis Research UK Musculoskeletal physical activity commissioning pyramid is available as part of the report 'Providing physical activity interventions for people with musculoskeletal conditions': https://www.arthritisresearchuk.org/policy-and-public-affairs/policy-reports/physical-activity-report.aspx

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			targeted muscle strengthening to reduce symptoms before they can increase physical activity. Individualised support may be required in those with complex or severe MSK health problems or significant physical or psychological comorbidities. NICE recommends physiotherapy as a key intervention for people with rheumatoid arthritis, and back pain. NICE also recommends commissioners ensure that physiotherapy capacity meets demand for adults with osteoarthritis. STarT Back provides stratified care for people with low back pain, reduces over-treatment and offers more effective and targeted physiotherapy for medium and high-risk groups. It has shown to be clinically and cost effective, reducing healthcare utilisation.		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
013	Arthritis Research UK	Promoting good musculoskeletal health among young people through appropriate physical activity	Young people become progressively less physically active throughout adolescence. Sixteen yea-olds spend about two hours more in sedentary behaviour than those aged 12 years and sex differences emerge early and by four years girls are less physically active than boys, a phenomenon maintained throughout adolescence. Physical activity in early life promotes healthy development of the adult skeleton as over 90% of adult bone mass is accumulated during childhood and adolescence. The positive effects of physical activity on bone development in childhood and adolescence can reduce fracture risk much later in life. Young people who take part in sport have greater bone density in adult life and not high-impact	Excluding activities during school lessons, in 2015 only 22% of children aged 5 to 15 met the guidelines of at least 60 minutes of activity each day of the week. 40% of children were classified in the 'low activity' group, meaning they did fewer than 30 minutes of moderate to vigorous intensity physical activity (MVPA) on each day, or MVPA of 60 minutes or more on fewer than three days in the last week.	Please see Arthritis Research UK report 'Musculoskeletal Health – A public health approach': https://www.arthritisresearchuk.org/policy-and-public-affairs/policy-reports/musculoskeletal-health-a-public-health-approach.aspx

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			activities such as jumping and running increase bone density much more than low-impact activities such as jogging and walking. High impact activity in adolescents in particular promotes muscle development which may be associated with long term MSK health.		
Policy and planning- physical activity champions					
014	SCM5	Policy & planning	Embedding physical activity at a senior level and at the forefront of place-making is key (rather than having physical activity as an after-thought)	Physical activity often has a low profile when compared to other services. The London Mayors Draft Strategy is therefore welcome in that whilst it is recognised that 38% of adults in London do not meet the Chief Medical Officers' physical activity guidelines; this strategy is intended to sit alongside other statutory strategies the Mayor is responsible for (including transport, planning, housing and economic development). Raising the profile of physical activity in this	Draft London Plan- https://www.london.gov.uk/sites/default/files/new_london_plan_december_2017.pdf TFLs Healthy Streets https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets Mayors Draft Sport

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				way should hopefully set the pathway for local authorities to also prioritise the importance of physical activity. Models such as Healthy Streets being embedded within Local Plans, also provides a framework upon which to regenerate areas.	Strategy https://www.london.gov.uk/what-we-do/sports/have-your-say-draft-london-sport-strategy WHO http://www.euro.who.int/__data/assets/pdf_file/0012/99975/E91883.pdf
015	SCM1	Leadership, champions and workforce development.	Local areas should identify a physical activity champion, at a senior level, to lead on and drive forward quality improvements in physical activity. Local areas should identify, train and support front line staff to promote, using behaviour change methodologies, physical activity.	Oversight by local champions at a senior level, including clinical leaders and elected representatives, will incraese support for the important role that increasing physical activity and reducing physical inactivity can have on individuals and communities. A well-trained and engaged workforce that uses effective behaviour change methodologies can help promote physical activity. This should include very brief interventions, which are sometimes undervalued.	PH17 and QS84 recommend and promote the role of champions at a senior level. QS84 recommends front line staff delivering interventions on physical activity. This should be extended to other front line staff e.g. social workers. PH17 promotes the role that effective leaders have

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				Due to the cross-cutting nature of physical activity, training front line staff (aligned with the principles of Making Every Contact Count) across a range of front-line workers (not limited to NHS staff) in local areas could be effective in promoting physical activity levels, particularly at transition points.	on children and young people's physical activity levels. PH41 recommends the use of personal travel planning and the identification of transitional points in life that can be targeted with physical activity promotion. PH46 promotes the use of very brief, brief, extended brief and high intensity behaviour change interventions.
Policy and planning- community engagement approaches					
016	Parkrun UK	Support initiatives which facilitate, foster and celebrate human interaction.	Initiatives to promote activity participation should create communities and improve integration into existing communities. It is the strong	The World Health Organisation's (WHO) Global Action Plan on Physical Activity 2018-2030, recommended that member states promote the growth of "free, universally accessible, whole-of-community	Wiltshire, G., Fullagar, S., & Stevinson, C. (2018). Exploring parkrun as a social context for collective health practices: Running

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			sense of identity, group cohesion and sense of community which may represent an effective long-term strategy for creating positive physical activity experiences and sustained participation. At parkrun, the sense that everyone is 'in it together' means that the narrative shifts from the focus on ill health and any associated guilt/shame, towards a positive sense of collective effort and achievement. It is also the strong sense of identity, group cohesion and sense of community at parkrun which "may represent an effective long-term strategy for facilitating positive exercise experiences (and greater participation)" (Stevens et al, 2018).	events that provide opportunities to be active in local public spaces and which aim to cultivate positive experiences and build competencies, particularly in the least active". parkrun was cited as an example, by the WHO, of such an initiative.	with and against the moral imperatives of health responsiblisation. Sociology of Health and Illness, 40(1), 3-17. DOI: 10.1111/1467-9566.12622 Gareth Wiltshire & Clare Stevinson (2017) Exploring the role of social capital in community-based physical activity: qualitative insights from parkrun, Qualitative Research in Sport, Exercise and Health, 10:1, 47-62, DOI: 10.1080/2159676X.2017.1376347 The findings of Stevens et al (2018) suggest that, "in exercise groups where regular participation is a group norm (e.g., parkrun),

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					individuals' desire to align their behaviour with this norm may have positive implications for their group-relevant participation. Furthermore, the reciprocal effects we observed between group identification and participation further speak to the potential of such interventions. ...To the extent that individuals' participation increases, their sense of group identification should also increase, with a positive upward spiral potentially ensuing."
017	Sport England	When commissioning or designing physical activity experiences ensure they focus on the needs of the people who take or who want to take	Activity levels have not changed significantly over the last 10 years (Health Survey for England).	This indicates the existing sport and physical activity provision is not effectively targeting, influencing or changing the behaviour in the long term of some people so there is an opportunity for experiences to	NICE Behaviour Change: individual approaches https://www.nice.org.uk/guidance/ph49 Sport England published

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
		part. Community physical activity needs to be insight and customer driven.		be better designed around the needs of the people who take part or want to.	its Design Principles for Tackling Inactivity in 2017 Two of the Public Health Outcomes Framework indicators focus on physical activity: 2.13i – (Percentage of physically active adults) and 2.13ii - Percentage of physically inactive adults https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000042 Please note this data is collected via Sport England's Active Lives Survey Sport England's Active Live's survey measures the activity levels of adults. A copy of the latest national report can be

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					accessed at the following link https://www.sportengland.org/research/active-lives-survey/ Local data can be accessed at the following link https://activelives.sportengland.org/ Local data would be needed to understand the number of programmes commissioned/designed/supported in this way.
Policy and planning- planning permissions					
018	SCM6		Ensure planning permissions always prioritise the need for people (including people with limited mobility) to be physically active as a routine part of their		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			daily life, for example ensuring access on foot to local services such as shops and public transport stops. For more information see Public Health England's Spatial planning for health report. [2018]		
Policy and planning- measuring impact					
019	SCM5	Utilising an evidence-based approach and measuring impact	Various physical activity interventions are provided at local/regional and national level but few are robust and provide validated opportunities for measuring impact.	There are various methods of delivery to encourage PA in the general population and comparing outcomes and sharing success is therefore not only challenging but vital. 'Moving at scale' is a key and sharing promising practice in monitoring and measuring outcomes should be encouraged.	PHE's Applying all our health https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health UKActive have also supported collating and

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					sharing ‘best practice’ in the field http://researchinstitute.ukactive.com/projects/more/8268/page/1/moving-at-scale-promising-practice
020	SCM1	Evidence and evaluation.	Resources are scarce and local areas should use the latest evidence base to inform the development of programmes that aim to increase physical activity levels (at scale) of the general population. Local areas should not fund programmes that are not being evaluated.	Programme design, including behaviour change methodology and evaluation can be ‘tricky’ and requires knowledge, skill and experience. Local areas should increase the understanding of and use of evidence and seek out advice and support) including that from Public Health England to design, fund and deliver/commission evidence based physical activity programmes across population, community and individual levels.	PH6 promotes the use of behaviour change methodologies when planning, delivering and evaluation public health programmes. NG20, PH17 and PH41 recommend the evaluation of programmes that aim to increase physical activity levels. Everybody Active, Every Day encourages scaling up interventions that are effective through increasing understanding of the evidence,

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					awareness and skills in evaluation and collaboration.
021	Department for transport	Systems to evaluate the impact of investment			
022	Department for transport	Measures to disseminate good practice and learning			
Active travel- local areas					
023	SCM2	Building Physical Activity back into the built environment.	It is one of the top ten 'investments that work' to increase population physical activity and is prioritised in the WHO's Global Action Plan for Physical Activity that was published on 4 June 2018. Walking and Cycling, especially linked to active travel and active	The evidence and the impact of this is well documents but not enough is being done. There is no consistent approach and not all LA's are supportive of healthy planning checklist schemes or polices. The new NHS Healthy New Town programme is testing an approach to build activity into new developments which also needs to be translated to existing housing and communities.	NICE guidance on physical activity and the environment emphasises that local authorities prioritise the creation and maintenance of environments that encourage people to be active.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			recreation is effective in increasing PA at population level.	Influencing and upskilling town and transport planners are therefore key, and we need to work closely with public health professionals at a strategic level.	Upcoming Walking and Cycling Rapid Evidence review that we, PHE, have commissioned. Due to be published in October 2018.
024	SCM6	Active travel	NG90 recommendation 1.2.1- Identify and prioritise local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel. Base this on demographic data, travel surveys, land use mix and other sources of local information. Take into account views identified through community engagement (see recommendation 1.1.2). [2018]		
Active travel- public transport					

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025	SCM3	The role of public transport in supporting physical activity		There is evidence in the literature that public transport supports physical activity through walking and cycling. It could be worth exploring this territory in order to understand better the public health case for supporting public transport	I am not clear about the depth or the strength of the published material in this area
026	SCM3	The challenges of severance in enabling physical activity through active travel		A handful of projects have looked at the effects of severance of local mobility. This is partly about existing environments (particularly road and rail) and it's role as a deterrent, and partly about the challenges of new infrastructure to mobility patterns (e.g. HS2, road-building)	I am thinking about Connect2/iConnect, Overcoming Barriers research, the M8 study, etc
027	SCM6	Active travel	NG90 recommendation 1.2.2- Increase physical activity associated with using public transport services. This includes encouraging use of these services by: •Ensuring available services are reliable, particularly in rural areas		

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			where public transport may be more limited. •Making information about public transport services accessible to people with visual and hearing impairments, for example provide spoken and visual announcements about destinations and stops on board services, and at stops and stations. •Making public transport physically accessible to everyone (see the Department for Transport's guidance on inclusive mobility). •Improving public transport to parks and other green and blue spaces. [2018]		
Active travel- footways, paths and cycle routes					

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028	SCM6	Active travel	Make it as easy as possible for people with limited mobility to move around their local area, and work with relevant third sector organisations to achieve this. For example: •Ensure footways: ◦have even, non-reflective, anti-glare surfaces ◦are free from unauthorised and unnecessary obstructions (whether permanent or temporary) including being free from pavement parking (see recommendation 1.1.3) ◦are set back from traffic, if possible (for example, by a grass verge). •Ensure footways that have a kerb clearly define the kerb with a change in level (apart from		

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			pedestrian crossings). •Ensure pedestrian crossings have flush kerbs and tactile paving (see the Department for Transport's guidance on the use of tactile paving surfaces). •Ensure signal-controlled crossings have tactile rotating cones and, if appropriate, an audible beep, and give enough time to cross the road safely. •Ensure tactile paving is correctly installed and maintained where it is needed, for example at all crossing places, at the top and bottom of stairs, on the edge of railway platforms and on shared use routes (see the Department for Transport's guidance on tactile paving surfaces). •Ensure seating is provided at regular intervals along footways		

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			that are key walking routes (see the Department for Transport's guidance on inclusive mobility). [2018]		
Public open spaces					
029	SCM5	Creating Active Environments	Active Environments support behaviour change principles in ensuring that populations are encouraged to be 'active' without the need for direct interventions. Landscapes that inspire walking/ cycling and 'nudge' populations young and old to be physically active are more accessible and sustainable. Physical Activity & the Environment is adopted within NICE guidance.	Active Environments is embedded within Everybody Active Every Day and the Who's Global Action Plan on Physical Activity. There are also 10 Active Design Principles that have been formulated between Public Health England & Sport England. This is a key area for this quality improvement as active environments have the ability to impact large and diverse population groups.	Please see the World Health Organisation's current Global Action Plan on Physical Activity is. GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018-2030 Sport England's Active Design Principles https://www.sportengland.org/facilities-planning/active-design/

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030	SCM5	Addressing health inequalities & the role of physical activity guidelines in Prevention	From a public sector perspective, promoting physical activity (and all of the varied subsequent benefits) is key to addressing health inequalities and contributing to more equitable life expectancy across demographic and geographical profiles.	Physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). Physical activity (according to PHE) can prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression. Guidelines for PA are in place but how well these are signposted to the general population is debatable.	Supporting information can be found: https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day Bristol University have recently consulted on the strength/ weaknesses of existing UK PA Guidelines http://www.bristol.ac.uk/sps/research/projects/current/physical-activity/consultation
031	Obesity Group of the British Dietetic Association	Availability of affordable physical activity options (and ensuring that these are widely known about).	Physical activity is likely to be a low priority if it is perceived to be an expensive option, especially in low income groups. While many physical activity options are low	Activity levels are lower in lower income groups, and they also suffer worse health compared with higher socioeconomic groups.	Health Survey for England physical activity data 2016 http://healthsurvey.hscic.gov.uk/media/63730/HSE16-Adult-phy-act.pdf

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			cost or free, these may not be perceived as beneficial or recognised as options.		Eg Health and Fitness Omnibus Survey 2014
032	Obesity Group of the British Dietetic Association	Additional developmental areas of emergent practice	Use of outdoor gyms and green spaces and whether they have additional health benefits compared with other activity types.		Eg Chow & Ho (2018) https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196507
033	Parkrun UK	Understand, and break down, barriers to participation	To ensure that participation is open to as many people as possible, initiatives must address barriers to participation. These can be financial, practical, skill/ability based or psychological. For example, in the context of parkrun: Financial: parkruns are always free to take part in and don't require any special equipment or clothing. Practical: they are easy to access, regular and permanent but without obligation to participate;		In their research into the public health potential of parkrun, Stevinson and Hickson (2014) highlighted the fact that "Participation barriers are minimized, with no upper or lower age limit, no special clothing or equipment required, and no direct costs. Although some participants already run prior to starting parkrun, others are new to exercise, and parkrun provides the opportunity

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			they are family friendly and so childcare is not required. Skill/ability: people can take part in whatever manner suits them (walk/run/jog/volunteer) and in a range of volunteer roles, with no previous experience being required. Support is available, such as guide runners or British Sign Language (BSL) interpretation, for those who might require it. Psychological: the events are welcoming, mutually supportive and non-intimidating.		and support for becoming regularly active. Furthermore, unlike many mass participation events which are one-off or annual affairs, parkrun offers this opportunity on a continuous weekly basis". See also https://www.theguardian.com/commentisfree/2018/aug/29/forget-profit-love-fun-innovation-parkrun https://www.independent.co.uk/sport/general/parkrun-london-manchester-jonathan-liew-a8527916.html
034	Parkrun UK	Take a personalised perspective and focus	Given the limited resources investment should be channelled into initiatives which focus on those who are least active. As the		

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		investment on those who are least active	Sport England strategy, Towards An Active Nation, makes clear, there should be a greater emphasis on groups who are typically much less active such as women, disabled people and those from lower-socio-economic backgrounds. There should be a respect for people's freedom to pursue what really matters to them and what they have reason to value. This personalised perspective means listening to people and communities to understand the challenges and devise possible solutions. It is vital to address the underlying causes of inactivity and subsequent ill health, which may be economic, emotional or social.		
035	SCM4		Targeting the most inactive as this is where the greatest health benefits can be achieved		

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036	Sport England	ENSURING THAT THE PHYSICAL ENVIRONMENT PROVIDES THE CONDITIONS FOR PEOPLE TO BE MORE ACTIVE	All aspects of the physical environment can influence people's behaviour. The environment where people choose to be active can be any place or space – not just a traditional sports facility. It could be anywhere from the street they live on, to the local park or leisure centre. As well as the design, how these spaces connect together and the distances between them really matters. In addition a large percentage of the population reach the CMO physical activity guidelines of 150 minutes through walking and cycling for leisure and travel. There is strong evidence that the places and spaces in which we live and work and the way that they are connected help or hinder us in shaping our physical activity levels. (Changing the environment	Everyday environments that make physical activity and appealing and daily choice has the potential to be a major influencer on activity levels, particularly when considering that walking is an accessible activity for those who are most inactive. The whole 'Active Environment' within a place, developed and managed by multiple providers, therefore needs deliberate thought and design to play a positive role in consumer choices.	• Sport England's Active Design resource developed in partnership with Public Health England provides practical guidance and principles that can be used in the day to day work of planners, urban designers and health professionals to create more active environments to implement the NICE guidance. https://www.sportengland.org/facilities-planning/active-design/ • This improvement links to the Public Health Outcome Framework Indicator 1.16 Utilisation of outdoor space for exercise/health reasons. https://fingertips.phe.org.uk/profile/public-health-outcomes-

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			to promote health-enhancing physical activity Foster and Hillsdon 2004).		framework/data#page/0/gid/1000041/pat/6/par/E12000004/ati/102/are/E06000015 • NICE published it's evidence based guidance on physical activity and the environment in March 2018 which sets out five recommendations for increasing activity levels by creating a more active environment. • Sport England's Active Live's survey measures the number of adults who walk for leisure or travel and cycle for leisure or travel at a national level and local level. A copy of the latest national report can be accessed at the following link https://www.sportengland.org/research/active-lives-survey/

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					• Local data can be accessed at the following link https://activelives.sportengland.org/
Buildings- active travel					
037	SCM1	Key settings e.g. school and workplaces.	Local areas should identify key settings for the promotion of physical activity. These should include care homes, schools, workplaces and communities as key places to engage with the general population. The multi-component programmes in these settings should promote all forms of physical activity e.g. activities of daily living, sport, active travel, and play.	Physical activity programmes should include individual, community and population level interventions and delivery in key settings such as care homes, schools, workplaces can be effective. Depending on the setting these programmes should effectively engage communities (or staff, or pupils) in the development of the approach. Appropriate evidence based approaches should be used e.g. providing key infrastructure such as maps to support active travel in the workplace and	PH6 recommends the use of different tiers of intervention (population, community and individual). NG20, PH17 and PH41 recommend delivery of physical activity programmes at key settings.

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				playground markings that promote active play in schools.	
038	SCM4	Increasing levels of physical activity through active travel in Workplaces	With 70% of the adult population in employment, workplaces provide captive audiences with opportunities to provide support to employees to increase their levels of activity through active travel From a health perspective, active travel is a key means by which to raise levels of population health For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car, bus or train (Start Active, Stay Active)	Over a quarter of adults in England report having less than 30 minutes of physical activity a week. Increasing car use is a major contributing factor to lower levels of physical activity in the UK. The Active People Survey (Sport England) has shown that people who cycle for travel purposes (i.e. rather than simply for recreation) are four times as likely to meet physical activity guidelines as those who don't (Stewart et al 2015)	Quality indicators could involve monitoring uptake of personalised travel plans and data collected workplace travel surveys Relevant Guidance Physical activity: walking and cycling (2012) NICE guideline PH41 Physical activity and the environment

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039	SCM2	Implement an approach to encourage 'active' workplaces.	Improving employee physical activity and overall wellbeing will lead to reductions in avoidable sickness absence cost effectively. This will then go on to increase not just overall health but also productivity.	Employers have a responsibility to provide safe workplaces that do not damage an employee's health and environments that support healthier lifestyle choices. With 70% of the adult population in employment, there is already strong evidence that workplace physical activity programmes are effective. These can include flexible working policies and incentive schemes; policies to encourage employees to walk or cycle; information; ongoing advice and support or confidential, independent health checks focused on physical activity, administered by a suitably qualified practitioner. More needs to be done to implement and embed activity into work.	https://wellbeing.bitc.org.uk/all-resources/toolkits/physical-activity-healthy-eating-and-healthier-weight-toolkit-employers Cavill N, Coffey M, Parker M, Dugdill L (2014) Best Practice in Promoting Employee Health and Wellbeing in the City of London. Technical Report. City of London Corporation
040	Living Streets	Active travel in workplaces	We'd like to see the quality standard emphasise active travel as a way to increase physical activity levels, and the the importance of infrastructure in		

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			facitlitating active travel. In particular, we'd highlight: • The scope for people to increase their physical activity through active travel. • The importance of connected, walkable streets and other active travel infrastructure that enables everyday walking, and the high rates of return to investment in active travel infrastructure. •The accessibility of walking, compared with other activities to increase physical activity, to older people, people with disabilities, those on low incomes and others. • The role of institutions such as schools, universities, workplaces, care homes and housing associations in promoting and enabling walking and other active travel.		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Buildings- staircases					
041	Richmond Group of Charities	Reduction of population level sedentary and inactive behaviour	There is a growing awareness and consensus of the significant negative effects of sedentary behaviour and inactive lifestyles on our health and wellbeing and the increasing prevalence of this within the general population. Sport England Active Lives Survey from March 2018 reports 25% of the population as inactive and the 2017 Health Survey for England highlights significant levels of average sedentary time across ages, gender and BMI status. We know that for inactive people the benefits of a small increase in physical activity are greater than for those who already active.	As highlighted through the evidence sources in the next column (SE, HSE and WHO), inactivity and sedentary behaviour is a challenge. In line with NICE guidance PH13 and NG90 (and PHE All our Health – link on the right) more needs to be done with workplaces, planners, facilities managers etc to minimise obesogenic environments and use nudge behaviour change approaches to make moving more and being active default/easier options while at work and moving through buildings and civic areas. Very simple examples of this are that offices could adopt standing & sitting desks, use staircase/lift prompts, providing shower facilities etc.. The NHS, local authority, central government and quangos are well	Sport England Active Lives data on inactivity levels: https://www.sportengland.org/media/13217/v-mass-markets-digital-content-editorial-team-active-lives-march-2018-active-lives-adult-survey-nov-16-17-final.pdf WHO data relating to inactivity: http://www.who.int/ncds/prevention/physical-activity/lancet-insufficient-physical-activity-2001-2016/en/ Health Survey for England sedentary behaviour: https://digital.nhs.uk/news-and-events/news-

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				placed to lead by example.	archive/2017-news-archive/household-survey-shows-more-men-than-women-meet-physical-activity-guidelines Workplace health information: https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health
Schools- active travel					
042	SCM4	Increasing levels of physical activity through active travel in schools	Evidence shows that many health-related behaviours track from childhood to adulthood Active travel is a key means by which to raise levels of population	The average primary school journey is just 1.6 miles, and yet one in four cars on the road during the morning peak are doing the school run (Sustrans, 2019) National Travel Survey Data show that the	Quality indicators could involve monitoring improvements through travel surveys data/school travel plans and putting in measures to improve

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			health For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car, bus or train (Start Active, Stay Active, 2011)	number of walking trips by children to school have remained broadly static since 2002. 51% of 5-10-year olds and 35% of 11-16year olds walked to school (NTS, 2017) J23% of boys and 20% of Girls meet the national recommended level of physical activity	access and infrastructure to support active travel in children Relevant Guidance Physical activity: walking and cycling (2012) NICE guideline PH41 Physical activity and the environment Physical activity for children and young people
43	Living Streets		We'd like to see the quality standard emphasise active travel as a way to increase physical activity levels, and the the importance of infrastructure in facitlitating active travel. In particular, we'd highlight:		

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			• The scope for people to increase their physical activity through active travel. • The importance of connected, walkable streets and other active travel infrastructure that enables everyday walking, and the high rates of return to investment in active travel infrastructure. •The accessibility of walking, compared with other activities to increase physical activity, to older people, people with disabilities, those on low incomes and others. • The role of institutions such as schools, universities, workplaces, care homes and housing associations in promoting and enabling walking and other active travel.		
Schools- active play					

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044	SCM1	Key settings e.g. school and workplaces.	Local areas should identify key settings for the promotion of physical activity. These should include care homes, schools, workplaces and communities as key places to engage with the general population. The multi-component programmes in these settings should promote all forms of physical activity e.g. activities of daily living, sport, active travel, and play.	Physical activity programmes should include individual, community and population level interventions and delivery in key settings such as care homes, schools, workplaces can be effective. Depending on the setting these programmes should effectively engage communities (or staff, or pupils) in the development of the approach. Appropriate evidence based approaches should be used e.g. providing key infrastructure such as maps to support active travel in the workplace and playground markings that promote active play in schools.	PH6 recommends the use of different tiers of intervention (population, community and individual). NG20, PH17 and PH41 recommend delivery of physical activity programmes at key settings.
Additional areas- behaviour change					

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045	Parkrun UK	Improve the language and imagery (messaging) around physical activity	The messaging should avoid blaming and shaming people, but should instead focus on the positive aspects of physical activity which may have nothing to do with fitness. It will be important to tap into what might motivate people to take part in sport and physical activity (ie. not only what prevents them from doing so). Research shows that motivational drivers/triggers are: fun and enjoyment; health and fitness; challenge and achievement; sociability and friendship, reward (payment, praise); philanthropy (fundraising) and competition. The messaging should be targeted to suit the audience, and conveyed in a medium that is most likely to be consumed by that demographic. It will be important to support accepted and trusted outreach		

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			workers/peer mentors/brand ambassadors to promote participation within local communities with whom they have developed social bonds. The Guidelines could also mention the need for staff/volunteers to be able to provide advice and support during key transitions where levels of participation may be affected e.g. during transition from school to employment, pre- and post-natal and on retirement.		
046	Department for transport	Investment in behaviour change programmes to support			
Additional areas- brief advice including social prescribing					

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047	Obesity Group of the British Dietetic Association	Improving knowledge of what constitutes physical activity and its benefits for health and wellbeing.	Physical activity is a crucial dimension in ensuring both physical and mental health and well-being.	Knowledge of the benefits of physical activity is likely to impact upon willingness to engage in it.	Eg Knox et al (2013) https://bmjopen.bmj.com/content/3/12/e003633 Eg Williamson (2016) http://www.remedypublications.com/sports-medicine/articles/pdfs_folder/smrj-v1-id1003.pdf
048	Parkrun UK	Support initiatives which connect the health sector with physical activity providers	We would welcome emphasis on the link between the physical activity and health sectors, especially through social prescribing. It is worth noting that, in 2018, parkrun launched a joint initiative with the RCGP which involves GP practices developing closer links with local parkrun events, becoming certified 'parkrun practices' and signposting patients and carers to parkrun. This facilitates improved health and wellbeing amongst staff and patients and helps to foster a local community centered		

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			on wellness. It is necessary to create, maintain, and disseminate (using a various media channels, including social media) a full inventory of facilities, providers and activities, at local to national level, that can be accessible to health care professionals. This can include information on: - Where people can go - Activities provided (formally and informally) - Information on accessibility (disabled toilets, paths for buggies, wheelchairs and people with limited mobility, how to get there etc.); - Events; and - Local clubs and providers.		

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049	Royal College of General Practitioners	Using brief advice principles to raise the issue of physical activity (PA) with the individual.	There is good evidence that brief advice offered by healthcare professionals (HCPs) in the context of physical activity is beneficial for positive patient behaviour choices. This is recommended in NICE guidance PH44 (Physical activity: Brief Advice for adults in primary care)	Studies have found that knowledge and use of national guidance on PA is variable Ref: GPs' knowledge, use, and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England. Chatterjee et al Br J Gen Pract 14 August 2017	https://bjgp.org/content/early/2017/08/14/bjgp17X692513.short
050	Royal College of General Practitioners	Assess current physical activity levels against CMO guidelines informally or formally using recognised validated tools such as GPPAQ (hyperlink) or Scots PASQ (hyperlink) to identify inactive individuals. Record Read code responses where ever possible	Supporting using validated tools has gained traction in Scotland (PASQ) and is recommended by NICE elsewhere (PH44/7)	Using a validated code would support more HCPs to ask patients about PA, could facilitate linking PA to incentives (QOF, LES etc) through pop ups on the clinical system, and allow gathering of data in terms of uptake etc that is lacking presently	

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051	Royal College of General Practitioners	Coordinated signposting to local opportunities to be physical active, bringing together NHS, local authority and third sector assets in a local area (walking and cycling groups etc)	Anecdotally, GPs and their teams do not know of many of the assets relating to PA in their location beyond those offered by the NHS exercise on referral schemes, which may have referral restrictions and are being phased out in many areas as they are expensive and the retention of them is poor. See PH54 - 'NICE does not recommend exercise referral schemes for the sole purpose of increasing people's physical activity levels'	It would seem intuitive that if local healthcare teams were to link closely with local assets beyond those offered by the NHS, there would be improved uptake as more of the population would be catered for; peer to peer and voluntary sector options have good retention rates and represent good value. There is evidence of appetite for this from GPs (survey of RCGP members 2016 by our team showed support for greater links with local PA providers - pending publication) and for initiatives linking third sector PA providers with GP surgeries – the RCGP parkrun partnership has been taken up by >300 GP surgeries since it's launch July 2018. But evidence is lacking for this more collaborative approach.	
052	Royal College of General Practitioners	Recommendation for link workers/social prescribers in all GP surgeries, who can facilitate access to peer led support groups around physical activity,	Social prescribing is a way of linking patients in primary care with sources of support within the community to help improve their health and well-being. Social prescribing programmes are being widely promoted and	Social prescribing lends itself well to more in-depth discussions with patients around issues that relate to health in the wider context, and should be a good route to facilitate discussions around PA. But little or no evidence exists to support this notion.	

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		and effectively signpost to services (e.g. those in Key area for quality improvement 3)	adopted in the UK National Health Service but evidence for their efficacy is lacking. Ref:Social prescribing: less rhetoric and more reality. A systematic review of the evidence, Bickerdike et al, BMJ Open 2017 Apr 7;7(4)		
053	Richmond Group of Charities	People, including those with long-term conditions, who are inactive	According to Sport England Active Lives Survey, people with long term conditions and impairments are nearly twice as likely to be inactive as those without a condition and this figure goes up with the number of conditions a person has (DHSC estimated 2.9m in 2018 with multimorbidity). There is considerable evidence that indicates physical activity reduces the risk of a wide range of physical and mental health conditions (see right CMO guidelines). It also has a	People with long term conditions have considerable barriers that may prevent them being more active (see right Richmond Group insight into this). Consistently improving the level of support available to encourage and motivate people to build small increases of activity into daily life is crucial. Social prescribing has increasing evidence of benefits for people through the provision of person centred and behaviour change-based support but not only needs to be available to everyone but also needs to be implemented well to maximise impact (see right NHS SP).	Richmond Group insight into barriers and motivations for physical activity for people with long term conditions https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final_1.pdf Richmond Group have experience in building place based collaborations and knowledge about developing social prescribing interventions.

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			significant role to play in the management of many long term conditions and rehabilitation. Two particular examples of this are the delay/risk reduction of 58% of type 2 diabetes case through improved lifestyle and reduced risk of developing joint and back pain by 25% through physical activity.	Engaging the third sector in the delivery of social prescribing interventions is key	https://richmondgroupofcharities.org.uk/doing-the-right-thing NHS social prescribing: https://www.england.nhs.uk/personalised-health-and-care/social-prescribing/ American physical activity guidelines review 2018 summary report: https://health.gov/paguidelines/second-edition/report/pdf/02_A_Executive_Summary.pdf Full details of evidence for physical activity from APAG: https://health.gov/paguidelines/second-edition/report.aspx UK CMO physical activity guidelines Start Active Stay Active which are

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					currently under review (including the evidence base) and provide a useful opportunity to take a strategic approach to communicating physical activity in future: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf NHS Diabetes Prevention Programme: https://www.england.nhs.uk/diabetes/diabetes-prevention/
054	Richmond Group of Charities	Behaviour change and mainstreaming life style advice	There is a need to more systematically and effectively promote being active and sitting less to the general population – in line with various NICE guidelines (physical activity/behaviour change/workplace/weight	Evaluation of current opportunities for mainstreaming physical activity promotion, i.e. NHS health checks and MECC appear to be limited and lack information about impact (see right NHS health checks and MECC).	Resources about NHS Health Check: https://www.healthcheck.nhs.uk/commissioners_and_providers/data/ Making Every Contact

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			management etc). This proactive preventative approach needs to be tackled through all health interactions or 'teachable moments' and involve screening, recording activity levels and providing Brief Advice that includes signposting to physical activity initiatives/ daily lifestyle changes/digital tools etc. This is particularly important for people with long term conditions and multiple long term conditions.	As these are generally quite consistent elements of NHS standard contracts (and MECC can be implemented much more broadly) it makes to make better use of these opportunities to encourage changes in behaviour and make this approach an accepted part of health system culture and all staff roles and responsibilities (see right NHS health check and MECC). It is also worth exploring how the social care workforce can also support physical activity messages.	Count http://www.wessexphnetwork.org.uk/media/22802/Wessex-MECC-Evaluation-Report-Final-110615.pdf The Richmond Group have a report on the impact of multiple long term conditions on peoples' lives which is being launched on 8th October. There is a report about the challenge of multi-morbidity available now: https://richmondgroupofcharities.org.uk/sites/default/files/multimorbidity_-_understanding_the_challenge.pdf Article about increasing activity to help reduce the need for social care:

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					https://www.bmj.com/content/359/bmj.j4609
055	SCM4	Sustaining levels of physical activity through long-term behaviour change strategies	Numerous physical activity programmes often consist of short interventions of 10-12weeks. Evidence suggests that whilst these often result in short-term increases in physical activity levels, these are often not sustained.	Improving adherence and compliance to physical activity programmes over the medium to long term is important to maximise health outcomes and improve quality of life It is important that interventions are grounded in behavioural science to ensure long-term adherence for physical activity behaviour	Physical Activity: Exercise on Referral Schemes (2014) Nice Guidance PH54 PHE Standard Evaluation Framework for Physical Activity
056	SCM2	Physical Activity Brief Advice in primary care	Brief advice of PA in primary care has a number needed to treat of 12 (compared to 50-120 for tobacco for example), has an It has an incremental cost-effectiveness ratio (ICER) of £1,730, has been shown by NICE guidance to be cost effective and was identified by the Richmond Group's Promise study as one of the 12 key interventions required	There are various programmes that are working towards improving the skills, knowledge and confidence of health care professionals linked to physical activity brief advice however there is variation across the Country and a quality improvement would further support ours, and others, quest to ensure this training is offered to all health care professionals.	Physical activity: brief advice for adults in primary care (2013) NICE guideline PH44 PROMISE Study – Richmond Group Study - https://richmondgroupofcharities.org.uk/sites/default/files/the_promise_study_final_report.pdf

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			to deliver the WHO '25 by 25' target for preventable mortality reduction in England		The National physical activity framework, Everybody Active Every Day, also highlights the key role of the healthcare professionals to support people to become more active
057	Sport England	Increase knowledge, skills and capabilities of Health Care Professionals to raise and promote physical activity with patients	650,000 plus health care professionals who each will see ½ million patients during their careers. 1.2m people visit a pharmacy for health reasons every day. Considered trusted source of advice.	• c72% of GPs don't speak to patients about being active • Only 1 in 5 GPs are familiar with the CMO activity guidelines • There is an absence of physical activity across the training spectrum, from basic training to continuing professional development • This provides us with an opportunity to make these contact points count. For example, 1 in 4 patients state that they would be more active if advised by a GP or nurse. • Those who regularly engage with this workforce are far more likely to be inactive	The current expectation is that all NHS organisations will commit to MECC. NHS England has included MECC in its 2016/17 NHS Standard Contract Service Conditions in section SC8 on page 11: The Provider must develop and maintain an organisational plan to ensure that Staff use every contact that they have with Service Users and the public as an opportunity to maintain or improve health and wellbeing, in

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				and would benefit most from becoming active	accordance with the principles and using the tools comprised in Making Every Contact Count Guidance. (cited in Health Education England's MECC factsheet). This reporting potentially provides an opportunity to understand this delivery potentially. RCGP and PHE conducted survey. Further interim findings available from Moving Healthcare professional programme led by PHE and Sport England.

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Additional area- digital health					
058	SCM5	ADDITIONAL AREA- The importance of digital health	Signposting physical activity opportunities via digital channels in ever-increasing and examples such the Activity Finder being led by London Sport have the potential to impact populations on mass.	Digital platforms (PHEs One You) are being adopted at a local level as a means of engaging and promoting physical activity. In Croydon we use Just Be to promote physical activity guidelines and local opportunities. The impact of platforms such as these on the general population is emerging and difficult to quantity.	Supporting information can be found: https://londonsport.org/promote-your-activities-to-londoners/
059	SCM2	Social marketing.	People are more likely to be active if it is seen as 'normal', and if their friends and peers are also active. Large, community-wide campaigns such as Change 4 Life. One You, Active 10 and This Girl Can have been effective in increasing physical activity, but only when supported by local level community activities.	Support and a consistent approach is needed to ensure that national campaigns can and are translated locally in order to be relatable to specific communities or localities.	NICE guidance on young people and physical activity considered the effectiveness of social marketing in promoting physical activity to young people. Social marketing and new technology has a lot of potential with this group in particular, but the area is so new that it is not yet well evaluated.

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					Heath GW, Parra DC, Sarmiento OL, Andersen LB, Owen N, Goenka S, Montes F, Brownson RC (2012) Evidence based intervention in physical activity: lessons from around the world. The Lancet 380: 272-81
060	Sport England	Digital Transformation will improve quality of the offer and patient experience - PHYSICAL ACTIVITY PROVIDERS MAKE DATA ABOUT PHYSICAL ACTIVITY OPPORTUNITIES OPEN FOR ANYONE TO ACCESS, USE OR SHARE	We know that many people want to be more active and are already convinced of the benefits. However, the transition from good intention to regular action sustained over a period of time often fails to materialise. To overcome this, people not only need to have sufficient motivation, but also the reassurance that they are capable of doing the activity in question and can connect with suitable opportunities in their area (COM-B). In a digital world, where so much information is accessible		

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			at the touch of a screen or a click of a mouse, finding an activity at the right price, in a suitable location, at an appropriate level and convenient time, should be relatively easy. Unfortunately, this is not always the case. Information is frequently presented badly or not targeted correctly, and all too often there is simply too much information to take in. What, in theory, should be a simple search suddenly turns into hard work. Open data has a key role to play in supporting the behaviour change of consumers, by ensuring that the opportunity data most relevant to being active is easily available for anyone to access, use and share. By opening up this data, it also means that the organisations that are seeking to innovate to create the right products and services to help people get active will save		

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			money as the information they need will be openly available to use in their solutions - e.g. activity finders, google search, charity helplines, local service directories.		
Additional area- outdoor air					
061	SCM3	ADDITIONAL AREA	The impact of transport on air quality, and the implications of poor air quality from transport	NICE guidance ought to acknowledge the link between poor air quality and physical activity	The PHE study of air quality is recently completed (although yet to be published). This can be a key resource in supporting investigation of this issue as a key area for NICE. I am not familiar with the NICE material on air quality. But a connection between poor air quality from transport and implications for physical activity could be a useful policy device

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Additional area- technological developments					
062	SCM3	ADDITIONAL AREA	The influence of the development of innovative disruptors in transport on physical activity	There are strong cases being made in support of technological development that may have significant effects on public health – although the direction of effect is indeterminate. It would be helpful to understand the likely effects of electric cars, electric bikes, autonomous vehicles (at the various levels of autonomy), mobility as a service business models, bike hire schemes, local distribution business models, etc	The evidence base is very weak in most areas. But NICE ought to be able to take a position, and particularly to catalyse a response from the research community
063	SCM5	Additional evidence sources for consideration	Sport Englands Strategy- there are 10 local delivery pilots that are currently underway and their outcomes should be considered (timescales pending)		

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			https://www.sportengland.org/active-nation/our-strategy/		
064	Obesity Group of the British Dietetic Association	Improved physical activity levels in women and girls.	Physical activity recommendations are met by a small proportion of the population and a higher proportion of those who do so are male.	Physical activity levels in girls and women are lower than those in boys and men (although they are increasing in women compared with previous results). This may be in part due to cultural requirements.	Health Survey for England physical activity data 2016 http://healthsurvey.hscic.gov.uk/media/63730/HSE16-Adult-phy-act.pdf
065	Obesity Group of the British Dietetic Association	Activity levels in older adults	Activity levels decline with age.	Remaining active is important for maintained function, mobility and independence in older adults.	Health Survey for England physical activity data 2016 http://healthsurvey.hscic.gov.uk/media/63730/HSE16-Adult-phy-act.pdf Eg Musich et al (2017) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5488312/
066	Obesity Group of the British Dietetic Association	Reduction in time spent in sedentary activity in all groups	Sedentary activity is a recognised independent risk factor for ill-health, regardless of levels of physical activity	Sedentary activity levels are high across the population, sometimes even in those who meet the guidelines for levels of physical activity.	Health Survey for England physical activity data 2016 http://healthsurvey.hscic.gov.uk/media/63730/HSE16-Adult-phy-act.pdf

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					Health risks: eg Joseph et al (2016) https://drc.bmj.com/content/4/1/e000185 Eg Owen et al (2010) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2996155/
067	SCM3	General guidelines on walking and cycling		The existing guidelines on walking and cycling have not been updated since 2012. The evidence base has moved on quite considerably since then	There are currently four reviews that I am aware of which are looking at different aspects of the links between active travel and physical activity through the evidence base. Each of these studies will conclude before the end of 2018 (although publication of some reports may be later). NICE should be able to use this material as the basis for deciding

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					whether it is appropriate to revisit existing guidelines
Royal College of Nursing- No comments at this stage					
Royal College of Physicians- No comments at this stage					
Royal College of Paediatric and Child Health- No comments at this stage					
NHSE- National Clinical Director for obesity and diabetes- No comments at this stage					
British Psychological Society- No comments at this stage					