

Health and Wellbeing Board

Wednesday, 2nd March, 2022
at 5.30 pm

Background Papers

This meeting is open to the public

Members

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6 PROPOSAL TO ADOPT A NEW PHYSICAL ACTIVITY STRATEGY FOR SOUTHAMPTON (Pages 1 - 76)

Report of the Cabinet Member for Health and Adult Social Care outlining a proposal to adopt the HIOW 'We Can Be Active' Strategy as the new Physical Activity Strategy for Southampton

Tuesday, 22 February 2022

SERVICE DIRECTOR, LEGAL AND
GOVERNANCE

Agenda Item 6

| | |
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| DECISION-MAKER: | Health and Wellbeing Board |
| SUBJECT: | PROPOSAL TO ADOPT THE HAMPSHIRE AND ISLE OF WIGHT 'WE CAN BE ACTIVE' STRATEGY AS THE NEW PHYSICAL ACTIVITY STRATEGY FOR SOUTHAMPTON |
| DATE OF DECISION: | 2 March 2022 |
| REPORT OF: | COUNCILLOR White CABINET MEMBER FOR Health and Adult Social Care |

| <u>CONTACT DETAILS</u> | | | |
|-------------------------------|---------------|--|-------------------|
| Executive Director | Title | Executive Director Wellbeing (Health and Adults) | |
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| | |
|---|---|
| STATEMENT OF CONFIDENTIALITY | |
| None | |
| BRIEF SUMMARY | |
| <p>This report seeks approval to proceed with the adoption for Southampton of the new joint Hampshire and Isle of Wight 'We Can Be Active' physical activity strategy under the Health and Wellbeing Strategy and Board. This will replace the city's current (2017) SCC Physical Activity and Sport Strategy which is due to end in 2022/23.</p> <p>Adopting this strategy will galvanise local ambitions around physical activity following the impact of the pandemic and prioritise 'moving more' over traditional sport/exercise. It will create an opportunity to work collaboratively across HIOW, and as an Integrated Care System (ICS), to deliver joint goals and a consistent approach for physical activity.</p> | |
| RECOMMENDATIONS: | |
| (i) | <ul style="list-style-type: none"> To proceed with the preferred option to adopt the 'We Can Be Active' strategy as the new physical activity strategy for Southampton and develop from it a local action plan. To co-produce a local Southampton Action Plan with both the internal SCC Physical Activity Steering Group and external Southampton Physical Activity Alliance |
| REASONS FOR REPORT RECOMMENDATIONS | |
| 1. | In Southampton, 28.0% of adults do less than 30 minutes of activity per week (2019/20) ¹ . This currently positions Southampton as one of the most inactive |

| | |
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| | <p>areas in the South East (above only Slough), with significantly higher levels of inactivity than the national average of 22.9%. In Southampton, 61.2% of children are not achieving the recommended 60 minutes of activity per day (2020/21), this is significantly worse than the national average of 55.4%.</p> |
| 2. | <p>The ‘We Can be Active’ strategy has a joint mission to inspire and support active lifestyles so everyone can move more in a way that suits them, recognising that there is not equality and that certain groups are much less likely to be active. It consists of 5 broad goals summarising what people need to be active:</p> <ul style="list-style-type: none"> a. Positive early experiences for our children and young people; for example, by embedding physical activity across all aspects of school life b. Opportunities that meet our needs and interests, are accessible and easy to find; for example, by increasing the number of informal neighbourhood activities c. Places and travel routes where we all feel safe and are encouraged to be active; for example, by transforming local outdoor spaces to make them accessible d. Support to help get started or keep moving when we feel we can’t do things alone; for example, by promoting campaigns which challenge perceptions around activity e. Bold leaders working together to create happier healthier communities; for examples, by involving people from all walks of life to lead change |
| 3. | <p>The strategy, led by the local Active Partnership, Energise Me, was developed over a 1-year period, involved collating insight and evidence, engagement with the public and stakeholder organisations and a co-design phase across the Integrated Care System (ICS), including Southampton (see appendix). Around 30 organisations in Southampton were involved in the engagement process including SCC departments, CCG, NHS Trusts, Universities, and the VCSE sector.</p> |
| 4. | <p>The strategy is high level with the intention that detailed local action plans will sit alongside. We propose developing a Southampton action plan, from the ‘We Can Be Active’ strategy, through engagement events with both the members of the SCC Steering Group and the Southampton Physical Activity Alliance Group. Process measures and key performance indicators would be developed within this to monitor outcomes and report on success.</p> |
| 5. | <p>This approach has been supported at Cllr White’s CMB and Guy Van Dichele’s DMT. This strategy has been adopted by the Health and Wellbeing Boards of Hampshire, Portsmouth, and the IOW, and supported by the local ICS Prevention Board.</p> |
| ALTERNATIVE OPTIONS CONSIDERED AND REJECTED | |
| 6. | <p>The alternative option would be to produce a new strategy specific for only Southampton. This is not recommended due to duplication of effort, lack of clear benefits and lost opportunity for a joint HIOW approach. Energise Me has already undertaken extensive engagement in the city including with SCC, our partners, stakeholders and the public. Over the 1-year development time for a new strategy (as advised by the Policy team), significant capacity and resource would be needed from the Public Health team and other SCC teams if a new Southampton-specific strategy were to be developed.</p> |
| DETAIL | |

| | |
|---|--|
| 7. | The current SCC Physical Activity and Sports Strategy was developed in 2017 as a cross-council strategy sitting under the Health and Wellbeing Strategy. It consists of 3 themes: Active Places, Active Communities, and Active Everyday, and its aim was to make physical activity a normal part of life for all, and to actively support excluded, inactive groups to increase participation in physical activity and sport. It is delivered by the SCC Steering Group which includes lead officers from Planning, Leisure, Sustainable Cities, Education, and Stronger Communities and is chaired by Public Health. A Southampton Physical Activity Alliance group made up of external voluntary and community sector groups also supports the delivery of this strategy. |
| 8. | Commitments within the 2017 SCC Physical Activity and Sports Strategy link with the Green City, City of Culture, Child Friendly City and other strategic priorities including around cycling, clean air, transport, and childhood obesity. |
| 9. | Progress on the delivery of the 2017 strategy can be found in a previous update briefing for DMT on 28th April 2021 – see appendix. |
| 10. | A comparison with the current 2017 strategy showed that adoption of the ‘We Can Be Active’ strategy would not result in a significant change in priorities. Importantly though, ‘We Can Be Active’ was developed since the onset of COVID-19 so, therefore, would also enable our plans for physical activity to reflect the impacts of pandemic. |
| 11. | Energise Me is the local Active Partnership who are funded by Sport England to support residents to be physically active for health and wellbeing. Through adopting the ‘We Can Be Active’ Strategy, Southampton can benefit from Energise Me’s continued support in its implementation. This approach would also mean opportunity to work collaboratively across HIOW, and as an ICS, to deliver joint goals and a consistent approach for physical activity. |
| RESOURCE IMPLICATIONS | |
| <u>Capital/Revenue</u> | |
| 12. | There are no resource implications inherent in adopting the ‘We Can Be Active’ strategy as the Southampton strategy under the Health and Wellbeing Strategy and Board. The local action plan will be written within current funding levels and areas for development or additional funding will be flagged. Energise Me are funded centrally by Sport England and do not require SCC funding for their strategy support. |
| <u>Property/Other</u> | |
| 13. | There are no property or other implications |
| LEGAL IMPLICATIONS | |
| <u>Statutory power to undertake proposals in the report:</u> | |
| 14. | This paper is within the remit of the Health and Wellbeing Board to approve. |
| <u>Other Legal Implications:</u> | |
| 15. | Whilst the strategy went through various engagement events with the public and stakeholders, it did not have a formal 12-week consultation period on the draft version and therefore there is a small element of risk that the consultation was inadequate. However, the strategy has been accepted by other HIOW H&W boards and is a finalised joint strategy (and as physical activity is unlikely to be a contentious area), therefore acceptance of risk may be reasonable. |

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| | Officers are satisfied that this risk can be mitigated through co-production of the action plan. |
| RISK MANAGEMENT IMPLICATIONS | |
| 16. | Although it is not a statutory requirement to have a physical activity strategy, Southampton has had a strategy in place since 2017 due to the risks to residents' health through inactivity, in addition to the impact on environmental and economic objectives for the city. An ESIA for adopting the new strategy has been completed (see appendix). |
| 17. | In 2021, the Health and Wellbeing Boards of Hampshire, Portsmouth and the IOW adopted the 'We Can Be Active' Physical Activity Strategy. This strategy has also been supported by the ICS Prevention Group. Continuing with a Southampton specific strategy would miss the opportunity for a joined-up approach across the ICS, creating duplication, inconsistency across the area and discourage collaborative working and joint funding. |
| POLICY FRAMEWORK IMPLICATIONS | |
| 18. | The Policy team has reviewed the 'We Can Be Active Strategy' against other SCC Strategies to ensure alignment. Their conclusion was that there was no conflict between the 'We Can Be Active' Strategy and existing SCC strategies. |

| | | |
|---|---|----------------------------|
| KEY DECISION? | No | |
| WARDS/COMMUNITIES AFFECTED: | All | |
| <u>SUPPORTING DOCUMENTATION</u> | | |
| Appendices | | |
| 1. | None | |
| Documents In Members' Rooms | | |
| 1. | None | |
| Equality Impact Assessment | | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | | Yes |
| Data Protection Impact Assessment | | |
| Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out. | | No |
| Other Background Documents | | |
| Other Background documents available for inspection at: N/A | | |
| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) | |
| 1. | Southampton City Council Physical Activity Strategy, 2017-2022, available from Southampton Physical Activity and Sports Strategy | Not exempt or confidential |

| | | |
|----|---|----------------------------|
| 2. | We Can Be Active' Strategy 2021, available from We-Can-Be-Active-Strategy.pdf (energiseme.org) | Not exempt or confidential |
| 3. |  DMT Physical activity strategy upd | Not exempt or confidential |
| 4. | 'We Can Be Active' Insight Pack, available from We-Can-Be-Active-Insight.pdf (energiseme.org) | Not exempt or confidential |
| 5. |  WCBA Strategy Development Proces | Not exempt or confidential |
| 6. | Equality & Safety Impact Assessment (ESIA) for adoption of We Can Be Active Physical Activity Strategy.  ESIA - We Can Be Active Physical Activi | Not exempt or confidential |

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Southampton Physical Activity and Sports Strategy

In Southampton there are many opportunities to be active in the community. The city hosts an annual cycle ride, the third largest park run in the country, a half marathon, free family activities in local parks and there are a number of indoor and outdoor sports facilities. However, recent trends show that inactivity has increased. Evidence supports a need to shift focus to enable inactive communities, groups and individuals to become more active. This shift won't occur overnight but embedding it into new and existing programmes will help to make physical activity the norm. We aim to make physical activity a normal part of life for all and actively support excluded, inactive groups to increase participation in physical activity and sport. This strategy sets out how such a vision will broadly be achieved.

Key facts and figures

- In Southampton 24.2% of adults are inactive (do less than 30 minutes per week) which is similar to the England average (22.2%).
- 65.2% adults in Southampton do at least 150 minutes of activity per week this is similar to the England average (66.0%).
- Nationally it is estimated that of 5-15 year olds only 23% boys and 20% girls met the physical activity guidelines.
- Inactivity increases with age, with a greater proportion of older age groups classed as inactive compared to younger groups.
- Overall physical activity is lower among women compared to men.
- People from Asian, Black and Chinese backgrounds are more likely to be inactive than the white and mixed ethnic groups.
- People from a lower socioeconomic group are considerably more likely to be less active than the general population.

Local Insights

- Local families from the west of the city indicated that when they are active together they tend to go to the park or walk or cycle together.
- Barriers for physical activity for local families include accessibility to facilities, lack of time and the cost of some activities.
- Many people are motivated to get more active to improve health or lose weight.
- Another motivator is saving money by walking instead of using the car.
- Among residents that responded to the City Survey in 2018
 - 44.5% of people said that they do 30 minutes of exercise 5 times a week or more
 - 18% said they do not exercise.

How much physical activity should I be doing?

0-5 year olds

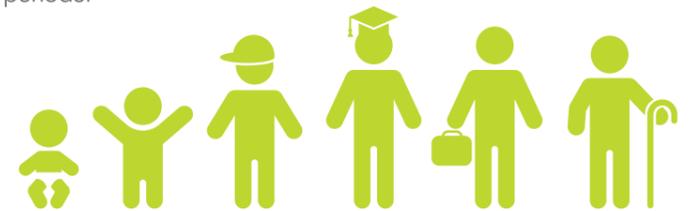
- Physical activity should be encouraged from birth.
- Pre-school age children who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Children & young people (5-18 years)

- All children and young people should engage in moderate to vigorous 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) & older adults (65+)

- Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- All adults and older adults should undertake physical activity to improve muscle strength on at least two days a week.
- Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
- All adults and older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.



What do we want to achieve?

Why is this important?

 **Active Places**

The availability of green/open spaces, environments and facilities that encourage physical activity supports people to live healthy, independent lives. We want to ensure that residents have access to local facilities (including sports facilities) that suit their needs and aspirations and that barriers to physical activity are minimised.

 **Active Communities**

Improving participation in physical activity and sport raises aspiration, creates community cohesion and builds city pride. We want to champion local and national opportunities for physical activity to connect people with the activities that meet their needs and bring communities together. We want to work with our communities to understand local needs and encourage them to develop local solutions.

 **Active Everyday**

Being physically active everyday provides lifelong health benefits. Schools, colleges and workplaces are crucial to embed physical activity habits into daily routines. We want to encourage positive attitudes and behaviours to physical activity from an early age and promote positive physical activity habits so that they become embedded in everyday life.

Target Groups

This strategy is inclusive, and we want to enable and encourage everyone who lives, works in and visits Southampton to be more active in their daily lives. But we know that among some groups physical inactivity levels are high and there is some evidence of a worsening trend.

So, we will target activity to support the following:

- Children and Young People
- Women
- Lower income groups
- BAME groups
- People with long-term conditions or disabilities.

Strategy relationships



? What are we going to do?

| Priority | Outcome | Actions |
|--|---|---|
|  Active Places | More residents using open spaces within the city. | <ul style="list-style-type: none"> Promote improved connectivity and access to key destinations for walking and cycling within and outside the city centre. Improve the pedestrian environment, safety and accessibility in the city through a network of legible "Active Routes". Enable inactive communities and groups to safely make use of grey spaces through facilitated street closures. Build on other opportunities which promote physical activity, play and active travel. Explore opportunities to access green spaces and playing fields for use by local residents outside of school hours. |
| | Residents have access to local facilities that suit their needs and aspirations. | <ul style="list-style-type: none"> Review available local public indoor and outdoor facilities (including sports facilities) to identify priorities for improvement. Work with partners to identify facilities which can increase activity among target inactive groups and develop programmes to increase engagement with physical activity and sport. Work with our partners to deliver more physical activity and sport opportunities in our parks and open spaces and sports facilities, targeting inactive groups. |
| | Barriers to physical activity are minimised. | <ul style="list-style-type: none"> Work with local planners to review planning applications and planning policies to enable increased physical activity among residents and minimise barriers to physical activity for all age groups and abilities. Promote and incentivise physical activity by 'park and walk/cycle' opportunities in the city. |
|  Active Communities | Local and national opportunities for physical activity and sport are championed to connect people with the opportunities that meet their needs. | <ul style="list-style-type: none"> Actively promote opportunities to be active among target inactive groups. Use national events including sporting, music and cultural events to promote physical activity among inactive groups. Support interventions and activities led by partners (including communities, voluntary sector, health, housing, leisure providers) that target inactive groups. Establish a point of contact for existing and new community groups interested in developing local physical activity opportunities in their neighbourhoods. Promote and incentivise opportunities for volunteering through physical activity, to encourage a sense and culture of community service. Promote existing technologies, apps and online resources to increase physical activity and sport among target groups e.g. couch to 5k. |
| | Local needs are understood and communities are encouraged to develop local solutions. | <ul style="list-style-type: none"> With partners explore the barriers to physical activity among inactive target groups, share findings with local networks and trial innovative ways to increase participation. Develop a local network of existing providers and partners to share insights and improve the delivery of new and existing programmes. Work with partners to develop collaborative funding applications based on local need to increase physical activity levels among target groups. |
|  Active Everyday | Positive attitudes and behaviours to physical activity are created from an early age. | <ul style="list-style-type: none"> Support initiatives which integrate physical activity throughout the curriculum, including innovative programmes, teacher training initiatives and events. Work with settings including early years and schools to maximise opportunities for physical activity during the school day. Work with partners to promote school based campaigns and initiatives to increase physical activity and embed health and physical activity into the school day. Support schools to make effective use of the Primary Premium to increase quality of PE and school activity. Work with workplaces to maximise opportunities for physical activity during the work day. |
| | Positive physical activity habits are embedded in everyday life. | <ul style="list-style-type: none"> Promote training opportunities to develop capacity among staff working with target groups through GP surgeries, Social Care, Job Centres, libraries and community centres to empower and enable vulnerable groups to sustainably increase participation in physical activity. Deliver Active Travel and My Journey Southampton to support inactive groups, enabling active travel to schools and work places. Embed health including physical activity in all SCC strategies, policies and contracts. |

↕ How will we measure success?

| Priority | Baseline | England | 2018-2020 | 2021-2022 | Target by 2023 |
|---|----------|---------|-----------|-----------|----------------|
|  5% decrease in proportion of inactive residents | 24.2% | 22.2% | 22.2% | 20.2% | 19.2% |
|  5% increase in proportion of active residents | 65.2% | 66.0% | 67.2% | 69.2% | 70.2% |
|  Increase in the number of annual physical activity and sporting events/campaigns promoted to those who are inactive | 0 | - | 5 | 8 | 10 |
|  Increase in total number of volunteers promoting and supporting various forms of physical activity in their communities. | 0 | - | 80 | 95 | 95 |

We Can Be Active

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What do Hampshire and Isle of Wight communities need to be active?

Coordinated by



OUTDOORS

INDOORS



Agenda Item 6
Appendix 2

Why it matters

Regularly raising our heart rate and moving in a way that makes us feel out of breath can:



Reduce our risk of depression by 30%



Reduce our risk of major illnesses - such as heart disease, stroke, and respiratory illness by up to 50%

We believe everyone should have access to these benefits - regardless of age, gender, race, ability or background.

“When I am able to exercise, I feel better, my head feels clearer. Then I am more confident to do things.”

Anonymous We Can Be Active online conversation participant

The story of We Can Be Active

We Can Be Active began with a big online conversation open to everyone in Hampshire and the Isle of Wight. The words on the following pages grew out of that conversation.

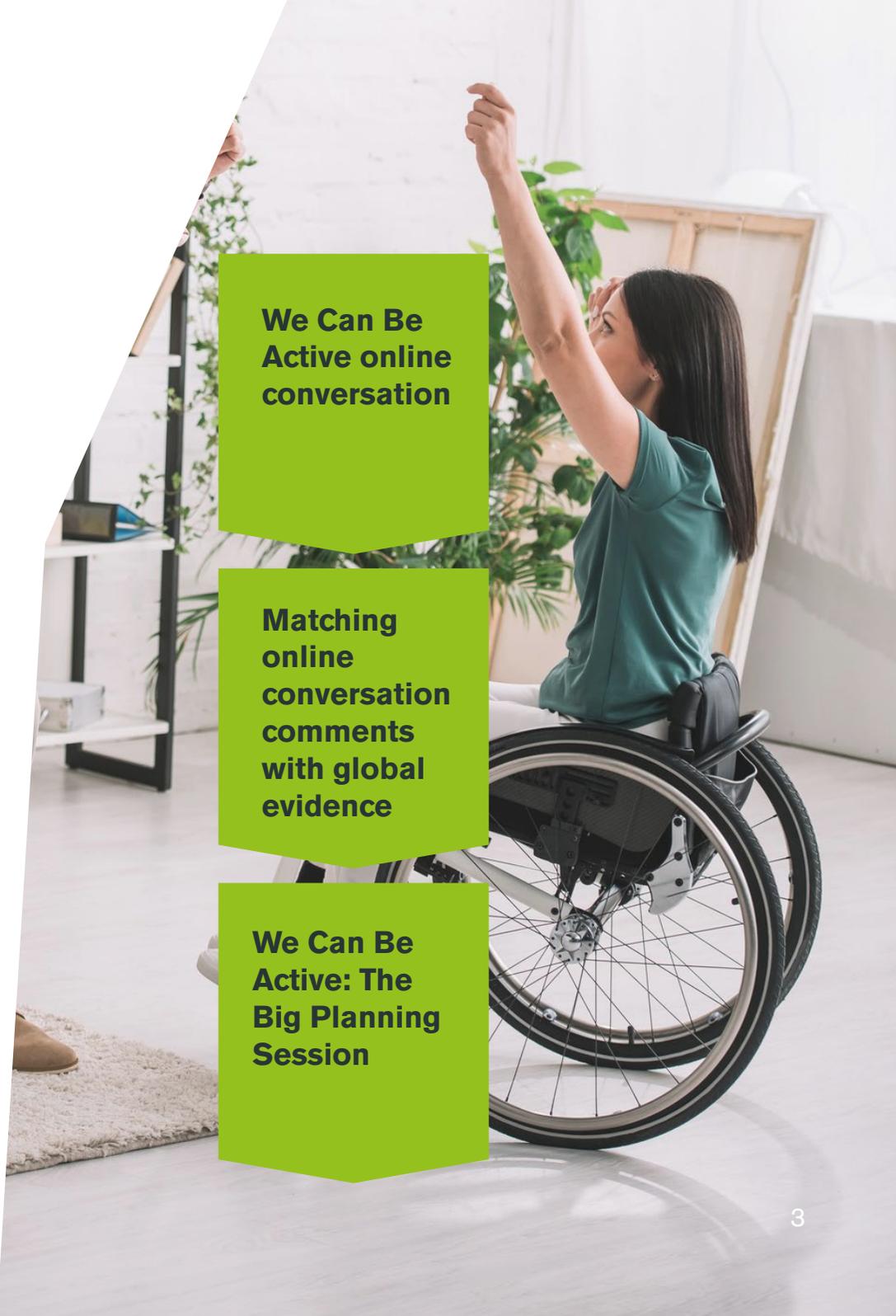
Energise Me paired people's ideas with global evidence of what helps people to be active. This led to five themes, each with its own set of goals.

These goals might stem from your words. They might come from the words of your neighbours, friends, family or teammates.

We Can Be Active is a call for us all to join forces to make it easier to be active. 'We' is you and me and the individuals and organisations all around us. We can all be active and help others to be active.

You don't need to have been part of the story from the beginning. Each new voice adds to and strengthens our story. And if you feel that your voice is not represented then we *need* to hear from you.

Let's move together to address inequalities and make Hampshire and the Isle of Wight a happier and healthier place to live.

A woman with long dark hair, wearing a teal t-shirt, is sitting in a wheelchair. She is looking up and to the right, with her right arm raised towards a whiteboard. The room is bright and modern, with a white wall, a black metal shelving unit, and several green plants. The floor is light-colored and reflective.

We Can Be Active online conversation

Matching online conversation comments with global evidence

We Can Be Active: The Big Planning Session

At the moment...



People with a **disability or long-term health condition** are twice as likely to be inactive.



People from low income households are less likely to be active than those with higher incomes.



Over half of children are not achieving the recommended 60 minutes of physical activity per day.



Almost half of **adults aged 75+** are inactive and this population is projected to grow significantly.

Our mission:

To inspire and support active lifestyles so we can **all be active in a way that suits us.**

Success will be:

People who once struggled to be active feeling the positive benefits of increased activity.

Being active is essential. How we do it is up to us. If it raises our heart rate and makes us feel out of breath it counts.

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People from Black or South Asian ethnic groups are less likely to be active than those from White ethnic groups.



LGBT+ people are significantly less likely than heterosexual people to do enough exercise to maintain good health.



On average, **women** are less likely to be active than men.

382,600 adults (23.5%) are doing less than 30 minutes of physical activity per week.*

This is not equality. We need to understand why these inequalities exist and work together to address them.

*Source: Sport England, Active Lives Adults Nov 2019/2020

We need

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1

Positive early experiences for our children and young people.

2

Opportunities that meet our needs and interests, and are accessible and easy to find.

3

Places and travel routes where we *all* feel safe and are encouraged to be active.

4

Support to help us get started or keep moving when we feel that we can't do it alone.

5

Bold leaders working together to create happier and healthier communities.

Positive early experiences for our children and young people.

Our first experiences of physical activity and sport stay with us. They shape how active we are as children and often as adults too. So, these experiences need to be great!

We will:

Work *with* children and young people to create positive experiences.

Only children and young people can say what makes a positive experience for them. We'll listen and work with them to create or improve activities.

Embed physical activity across all aspects of school life.

Physical activity, arts and culture, and being outdoors can all support children's health and wellbeing. We'll work with pupils, teachers, families and carers to create a joined-up wellbeing offer.

Enhance community provision in areas where fewer young people are active.

We will come together as families, communities and organisations to increase physical activity and play in our homes and neighbourhoods.



“My overriding memory of PE at school is people laughing at me...” We Can Be Active online conversation participant

“[I wish I had] more access to things I like [and] the confidence to go.” 17-year-old, Hampshire

“I've lost interest in swimming now. I like to walk... it's better as I can go on nice countryside walks with amazing views and listen to music.” 17-year-old, Hampshire

“A lot of the activities aren't local and it means travelling...” We Can Be Active online conversation participant

Success:

- New and enhanced opportunities to be active created *with* children and young people.
- More young people in our least active areas regularly taking part in physical activity *and* enjoying the experience.

Opportunities that meet our needs and interests, and are accessible and easy to find.

At the moment, opportunities suit some of us better than others. We need to work together to make sure we all have equal opportunities - whatever our age, gender, ability, race, sexuality or background.

We will:

Diversify opportunities by creating activities *with* people who find it hard to be active.

We'll be creative in adding movement into other interests and in finding ways to make sessions affordable and accessible.

Increase the number of informal neighbourhood activities by providing support to kickstart ideas.

Neighbourhood activities enable people to be active in a sociable way closer to home.

Increase the range of activities available to people with health conditions and disabilities.

We'll work *with* people with health conditions and disabilities to adapt sessions and create new ones that meet their needs.

Make activities easier to find by increasing the number of sessions published to OpenActive data standards.

Publishing information in a consistent way means it can be featured in campaigns and activity finders. We'll increase the number of sessions published via opensessions.io and leisure booking systems.

"... having activities that are fun where exercise is a by product work for me."

We Can Be Active online conversation participant

"I'd like easy to get to (can't drive), neighbourhood walking groups, just to go round the local area."

We Can Be Active online conversation participant

"I have a long term health condition and people instantly don't want me to hurt myself or make it worse."

We Can Be Active online conversation participant

"I'm a full-time wheelchair user and there doesn't seem to be many accessible exercise classes around..."

We Can Be Active online conversation participant

"People aren't always aware of what the local physical activity offer is - need one place that provides this information."

We Can Be Active online conversation participant

Success:

- A broader range of opportunities to be active created *with* people who feel they lack the confidence or opportunity to take part.
- More people from the least active communities outlined on p.4 regularly enjoying being active.
- More local activities published to OpenActive data standards, making activities easier to find.

Places and travel routes where we *all* feel safe and are encouraged to be active.

The places where we live, work and play, influence our activity levels. The options for travelling between them can also make a big difference. Both need to make it easy and appealing to be active for all ages.

We will:

Increase the range of places to be active by unlocking permission to use under-utilised spaces.

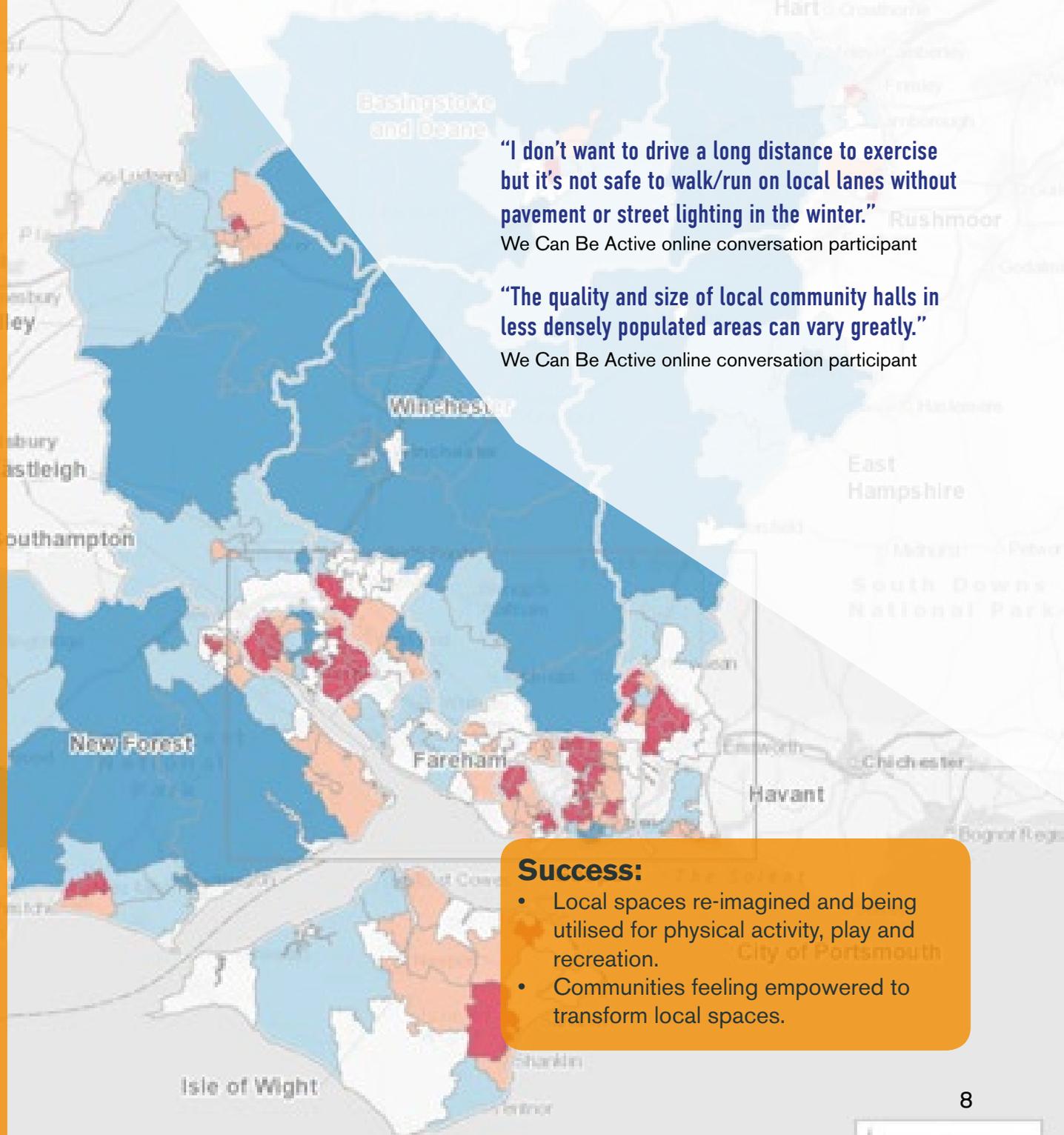
Utilising new and non-traditional spaces will mean more people can be active in locations and environments that suit them.

Build community and cross-sector partnerships to transform local spaces.

Communities are full of ideas to make spaces safe, accessible and attractive for outdoor play and recreation. We'll provide support, where needed, to turn ideas into reality.

Come together as communities, planners and policy-makers to create Healthy Streets.

Every decision we make about our streets is an opportunity to make it easier and more appealing to walk or cycle. We'll work together to create streets that encourage movement.



“I don’t want to drive a long distance to exercise but it’s not safe to walk/run on local lanes without pavement or street lighting in the winter.”

We Can Be Active online conversation participant

“The quality and size of local community halls in less densely populated areas can vary greatly.”

We Can Be Active online conversation participant

Success:

- Local spaces re-imagined and being utilised for physical activity, play and recreation.
- Communities feeling empowered to transform local spaces.



Support to help us get started or keep moving when we feel that we can't do it alone.

At the moment, not everyone feels supported to be active. We need to work together to develop appropriate support mechanisms so that none of us feel that we can't be active.

We will:

Learn more about the support that is needed and work together to make it available on demand.

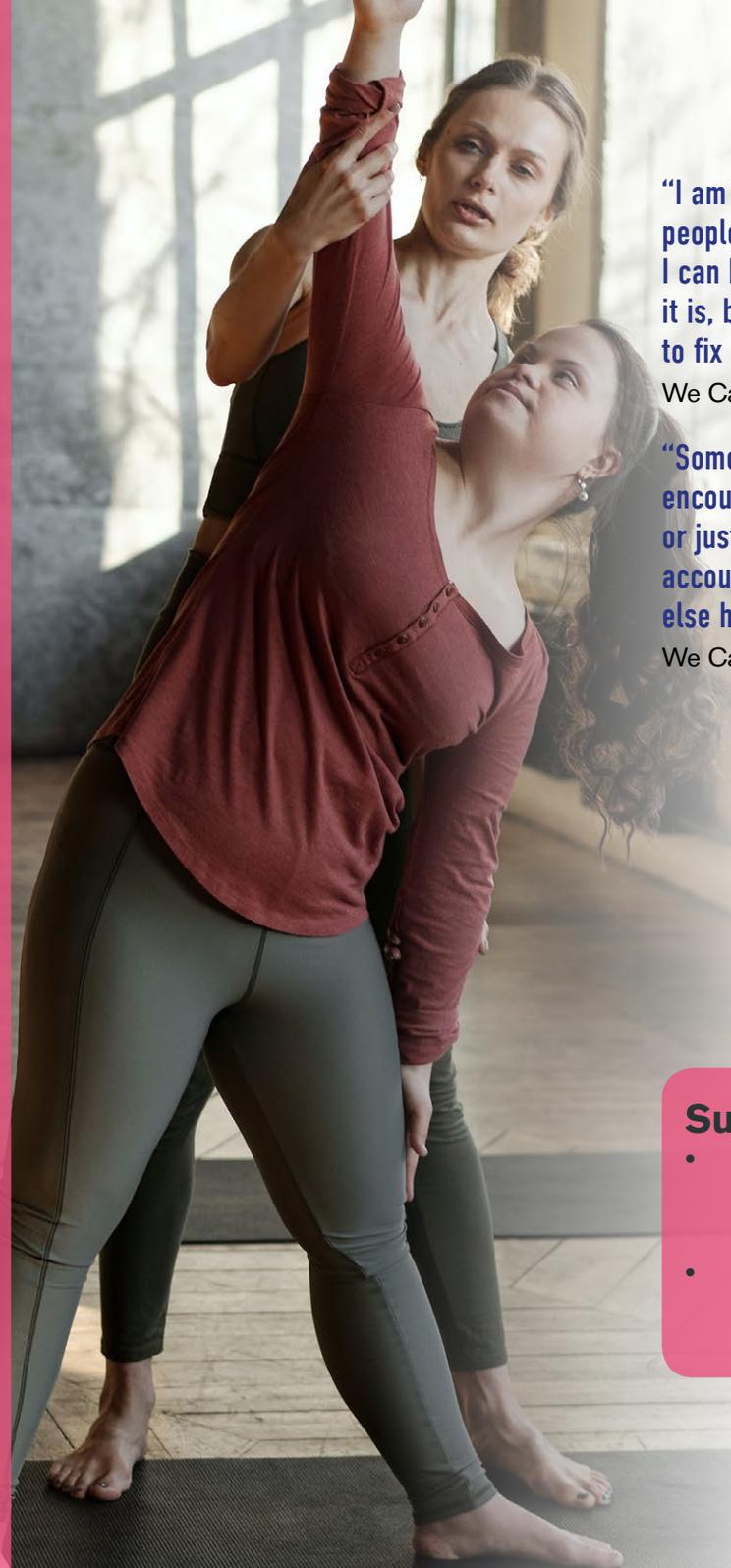
We need to understand what support is needed and how best to make it available to those who need it most.

Promote campaigns which challenge perceptions around who can be active and how.

Campaigns can help raise awareness, generate excitement and inspire us to be active. We will promote national and local campaigns that use inclusive images and encourage more people to be active.

Be We Can Be Active champions and have supportive physical activity conversations.

Guidance from people we trust can help us gain the confidence to be active. We Can Be Active champions will offer encouragement and advice to help others get started.



“I am overweight, I have mental health issues and people don't understand how difficult that is... I know I can be lazy... People think it's a choice and some of it is, but when you are in it then tell me how easy it is to fix - because it isn't and I can't do it on my own.”

We Can Be Active online conversation participant

“Somewhere to turn to when I need the encouragement/support, either to be active with them or just a bit of 'you can do this'. I know I should be accountable but it is easier when you have someone else helping you.”

We Can Be Active online conversation participant

Success:

- People who once struggled to be active feel appropriately supported to take part in physical activity.
- Increased visibility and awareness of physical activity campaigns.

Bold leaders working together to create happier and healthier communities.

We can all lead change in our communities. But it will happen faster if we work together. Physical activity is one part of a bigger health and wellbeing picture. Rather than compete with the other parts, we need to join forces to improve health and happiness.

We will be:

Can-do in creating solutions to make things happen, even when they feel hard.

Open in working with others to achieve happier, healthier and stronger communities.

Human in the way we communicate and in admitting when we get things wrong.

We will:

Listen and learn from one another.

Champion active lifestyles at home, work and play and when moving from place to place.

Work together to measure the impact of We Can Be Active.



“I don’t want my kids to be active because I can’t afford to feed them more.” Parent, Southampton

“At present, there are charities/health orgs/education etc fighting each other for funding, pushing their own agendas... This... should focus on grass roots community and must physically go out and promote the message that health in its fullest expression is the aim and not just “fitness”.”

We Can Be Active online conversation participant

Success:

- People from all walks of life leading change in our communities.
- 250 individuals and organisations making a #WeCanBeActivePledge to inspire and support active lifestyles in Year 1.

Measuring success

Success: People who once struggled to be active feeling the positive benefits of increased activity.

The simplest measure of success for We Can Be Active will be an increase in activity levels across Hampshire and the Isle of Wight. We'll monitor this through Sport England's Active Lives Surveys, paying particular attention to our least active communities.

But We Can Be Active is about more than numbers. It's also about a shift in the way we work together, as individuals and organisations, to meet the needs of local people.

As such, success will also be measured through an increase in strong partnerships, satisfaction with opportunities, and on the quality of what we learn and how we use that to support active lifestyles for all.

All of these things will help accelerate our mission each year bringing us ever closer to reaching the ultimate where we can *all* be active in a way that suits us.

Increase in activity levels across Hampshire and the Isle of Wight, particularly within our least active communities.

Measured through Active Lives Survey data and a reduction in the % of people classed as inactive.

More people working together to inspire and support active lifestyles.

Measured through We Can Be Active Pledges, interviews and attendance at learning events.

Increased satisfaction with the quality, range and accessibility of opportunities to be active.

Measured through surveys, focus groups, and interviews, with learnings used to shape future developments.

Positive benefits of physical activity reported by people who have increased their activity levels.

Measured through surveys, interviews, and stories, with learnings used to shape future developments.

Greater shared understanding of how best to inspire and support active lifestyles.

Measured through the confidence of those involved in We Can Be Active to inspire and support active lifestyles.

Combining data, stories, and reflections from individuals and organisations

Measurement milestones

SEPT 21
Measurement workshop to develop joint plans, targets and toolkit.

NOV/DEC 21
Local Active Lives Survey data published.

DEC 21
We Can Be Active learning event.

MAY 22
Local Active Lives Survey data published.

JULY 22
Annual review of data, impact, learning and goals.

Energise Me will coordinate events and publications to support measurement and learning

We Can Be Active Pledges

“I will be an example because having a life threatening illness isn’t going to stop me being active.” Elizabeth Greagsbey

“We will encourage physical activity within our young parents groups.”
Yellow Brick Road Projects

“We will improve the level of physical activity children and young people participate in during school hours as well as out of school!”
Testlands

“We will look at how we can tailor sessions to be more suited to people who have disabilities or who are living with long-term health conditions.” Hampshire FA

“We will support this strategy by connecting people through our Wilder Communities programme to help make their local spaces better for people and wildlife.”
Hampshire and Isle of Wight Wildlife Trust

“I will support the IOW youth council to consult and engage other young people to deliver on this agenda.”
Stephen Woodford, Isle of Wight Council

“I will help encourage new members to join the group of seniors I attend and buddy up to ensure they don’t feel alone as I realise some are a little nervous when joining a new venture.” Vanessa Raynbird

“I will work with our Natural Environment and Recreation team to increase access to outdoor/green spaces for people to be active.” Calum Drummond, Winchester City Council

“We will work with the local authority and businesses in the city centre to encourage engagement, look at safe walking and cycling routes and encourage businesses to sign up their staff to initiatives.”
Winchester Business Improvement District (BID)

“I will lead and organise physical activity for young people and inspire future leaders to motivate others.”
Nick Hutton, School Games Organiser

“I will focus on strengths within the local area to start to build programmes that local people want and need.”
Jo Pike, Fairthorne Manor Community Manager

What will you do to inspire and support active lifestyles?

#WeCanBeActivePledge

“We will try to diversify the offer, particularly for women and girls and change the narrative that football has to be organised, two hours long and just for experienced players with good levels of fitness.”

Hampshire FA

“We will expand our Youth Engagement programme, which will help more children and young people from deprived and diverse backgrounds undertake physical activity in green and natural spaces.”

New Forest National Park Authority

“I will be proactive at connecting arts and culture with a range of broader partners, to showcase how arts and physical activity can align.”

Caz Creagh, Creative Learning and Participation Manager, Eastleigh Borough Council

“We will advocate for investment in multi-use games areas and other play infrastructure for older children, teens and young adults.”

Winchester SALT

“I will provide support to clients when they don’t know where to begin.”

Amy Burt, The YOU Trust

“I will champion that Everyone Active will put people at the centre of everything they do.”

Natalie Austin, Everyone Active

“I will champion physical activity within Southern Health with our staff and service users.”

Heather Mitchell, Southern Health

“We will work with schools across Hampshire and promote active travel to and from schools.”

Travel Planning Team, Strategic Transport, Hampshire County Council

“We will work with other council departments and organisations, both linked into and outside of our Active Portsmouth Alliance to ensure delivery against agreed actions.”

Portsmouth Public Health team

“We will encourage our youth and play teams to use the strategy to empower the families we work with to adopt healthier lifestyles by empowering them to make healthier choices and embed physical activity into their lives.”

Play, Youth and Community Service, Portsmouth City Council

“We will join with Energise Me, the NHS and other partners across Hampshire and the Isle of Wight to create physically active places and communities which protect and improve the health of the population, especially those who are most at risk.”

Hampshire & IOW Public Health teams

Share your pledge via Energise Me’s website or on social media using the hashtag #WeCanBeActivePledge

We Can Be Active

Page 22

However we choose!

Coordinated by



UPSIDE DOWN



| | | | | |
|-------------------|---|-------------------|--------------------------------|---------------------------------------|
| MEETING: | Adults Directorate Management Team and Place Leadership Team | | | |
| DATE: | 28 April 2021 | | | |
| SUBJECT: | Physical Activity and Sports Strategy Update | | | |
| REPORT OF: | Charlotte Matthews, Public Health Consultant | | | |
| REQUIRES: | Information Only | Decision to agree | Endorsement to do further work | Endorsement take it to other meetings |
| | X | | | |

1. Recommendations

This is a progress report on the implementation of the Physical Activity and Sports Strategy, for the Adults and Place Directorate Management and Leadership Teams on 4th and 7th May and then for a joint Cabinet Member Briefing with the Cabinet Members for Health and Wellbeing and for Communities on 18th May 2021.

This briefing covers both the implementation of strategic commitments and progress in increasing physical activity, particularly among people who are sedentary.

The recommendations are:

1.1) To note that national statistics on physical activity levels in Southampton are showing:

- a very small improvement of levels of inactivity (<30 mins pw).
- no improvement (yet) on levels of adults achieving the Chief Medical Officer’s guidance (150+ mins pw).
- that we continue to reflect the national trends in physical activity.

1.2) To continue to support the implementation of the strategy:

- maintaining a focus on reducing inactivity and reducing health inequalities.
- supporting the resumption of work post-covid as quickly as possible.
- supporting scaling up our work where possible for greater impact.
- updating the governance as required in light of wider system changes.

2. Summary

Inactivity is a significant risk factor to health and wellbeing; similarly, being physical active is protective of health and wellbeing. The Southampton Physical Activity and Sports Strategy (2017-2023)¹ sits under the Health and Wellbeing Strategy. It was developed in 2017 and aims to decrease the rise in inactivity across the city by 5% by 2023. We are now two-thirds of the way through the six-year Strategy. 2021 is also the first benchmark within the strategy.

Public Health England estimates indicate we have met our interim target to reduce the proportion of residents who are inactive, i.e. active for less than 30 minutes a week. 21.8% adults were estimated to be inactive in 2018/19 against a target of 22.2% for 2020. The same estimates show us missing our target of 67.1% being active for at least 150 mins pw, with local levels thought to be 65.2%.

¹ Southampton City Council, 2017. Physical Activity and Sports Strategy. Available from file:///corp/data/AS/PUBLIC%20HEALTH%20TEAM/A1%20Public%20Health/Physical%20activity/physical-activity-strategy_tcm63-405221.pdf

More information about levels of activity in Southampton are in **Appendix 1, page 7**.

The Strategy includes commitments to increase physical activity by Southampton being an active place, having active communities and individuals being active every day. The strategy is cross-Council, with teams across the council leading on specific commitments including planning, leisure, supplier management, active travel, public health, communications, commissioning and others. All commitments are in progress, being rated as on-track or at least underway, and a range of work continued in some form during the pandemic. More information about progress on each commitment is in **Appendix 2, page 10**.

Priorities for 2021/22 include an ever-increasing focus on health inequalities across the life course and scaling up existing work. We will continue to develop our understanding of the impact of covid19 on physical activity, address new barriers and optimise any new opportunities.

The governance of the strategy will continue to develop with the development of the Leisure Strategy and the associated built leisure facilities strategy, the Parks and Open Spaces Strategy, the community engagement team, the Integrated Care System and its Prevention and Health Inequalities Board, and the Health and Wellbeing Board, amongst others. Commitments within the strategy also link with the City of Culture, the Green City and the Child-Friendly City and other strategic priorities.

3. **DETAIL**

PHYSICAL ACTIVITY

Introduction

Benefits of physical activity

Adults who are active have a 20-35% lower risk of cardiovascular disease compared to people who are inactive. Regular physical activity is also associated with maintaining a healthy weight, improved mental health and a reduced risk of diabetes, osteoporosis and some cancers. In older adults there is an association between physical activity and functional ability. Physical activity is important from our earliest years too, including for brain development. The biggest health and wellbeing gains are from supporting people who are inactive to be more active. This has wider socio-economic benefits for the city.

The Strategy

The Southampton Physical Activity and Sports Strategy² was developed in 2017. It sits under the Health and Wellbeing Strategy and also links to the Green City Strategy, the Transport Strategy, the Child Obesity Cabinet Action Plan (written subsequently) and more.

The strategy applies across the life course. The key targets of the strategy are, over the course of the strategy to:

- decrease the percentage of adults who are inactive by 5%
- increase the percentage of adults who are active by 5%.

² https://www.southampton.gov.uk/images/physical-activity-strategy_tcm63-405221.pdf

The strategy includes universal commitments as well as a focus on reducing health inequalities by supporting groups with high inactivity levels and who may need specific support:

- children and young people
- women
- people in lower income groups
- people who identify as Black, Asian, or other Ethnic Minority groups
- people with long-term conditions or disabilities.

Levels of physical activity in Southampton

The latest Public Health England data was released in January 2021 for 2018/19³. It estimates that, 21.8% local adults were physically inactive in 2018/19, doing less than 30 minutes of physical activity a week. This is *better* than our baseline of 24.2% in 2017 and slightly better than our mid-strategy target of 22.2% for 2018-2020.

The Chief Medical Officer recommends adults are active for at least 150 mins pw, through at least 30 minutes a day for at least 5 days each week. 65.1% of local adults were estimated to achieve this in 2018/19⁴, very slightly *worse* than the baseline (65.2% in 2017) and worse than the mid-strategy target of 67.2%.

Both figures are very close to the figure for England, 21.4% and 67.2% respectively, and the small differences are not statistically significant.

Table 1. Estimate of the proportion of Southampton residents who are inactive and active

| Southampton residents | Baseline (2017) | Target (2018-2020) | Actual (2018/19) | Difference from Target |
|---|-----------------|--------------------|------------------|------------------------|
| Proportion Inactive Residents <30mins pw | 24.2% | 22.2% | 21.8% | 0.4% |
| Proportion of Active Residents – 150mins or more pw | 65.2% | 67.2% | 65.1% | 2.1% |

Physical activity was also included in the City Surveys in 2018 and 2020 and in the three Covid-19 surveys to date for residents. It is not directly comparable to the PHE data. The latest City survey, 2020 and the three Covid surveys of 2022 found that 17% to 33% of respondents said they had only been active on 0-1 days in the previous week. We do not know why the results varied so much between surveys and will do more to understand the results.

More information on activity levels reported by Public Health England and through SCC surveys is in **Appendix 1**.

Progress in implating strategy commitments

A rapid RAG-rating exercise is in **Appendix 2**. It shows that action is underway on all commitments in the strategy, with about half on track or achieving more than planned (rated green) and the remaining half being either behind or not yet at the scale of the full strategy commitment (rated amber). No commitments are rated as red, to indicate no action.

³ Public Health England, 2021. Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000008/ati/302/are/E06000045/iid/93015/age/298/sex/4/cid/4/tbm/1/page-options/car-ao-0_car-do-0

⁴ Public Health England – Public Health Outcomes Framework.

Examples of work underway follow. This is not a comprehensive list and Appendix 2 has more information.

- The Planning department is leading work on open spaces policies and football pitch strategies to ensure the council is best using these lands. Covid-19 has identified many popular parks and the need to make them more accessible. The Planning team is also about to recruit a Health Planner, funded by the public health grant, to ensure the new policies align with the Physical Activity Strategy and Health and Wellbeing Strategies.
- The Property team are leading a redevelopment plan including significant investment at the Outdoor Sports Centre. This is in addition to the overall leisure consultation with a focus on health and wellbeing outcomes. The strategic vision is to ensure we have the “right things in the right places.”
- A comprehensive built leisure facilities report (in draft form) has been completed and briefed to EMB. This is designed to align with the new leisure strategy and the Strategic Asset Management Plan. Follow on work to commission a Strategic Planning Outcomes Model (SPOM) in accordance with Sport England guidance is now being commissioned; this is likely to be key in unlocking potential Sport England funding for new or redeveloped facilities.
- The Council has made a successful bid for National Leisure Recovery Fund (NLRF) monies to support COVID-19 recovery and has been awarded circa £610k. This is supporting the re-opening of SCC-commissioned leisure facilities and activities and reducing the financial burden to the Council and a result of the contractual risks and financial impact associated with the closure of indoor facilities as a result of the coronavirus legislation.
- The Active Travel team have been working throughout the pandemic to reach groups that have been inactive in the past and face barriers to becoming active. Covid19 is likely to have made it even harder for our target groups to be active⁵. The team have continued to offer ‘mum and trailer’ cycling training and bike repair clinics whenever restrictions have allowed as these are often barriers to beginning or continuing physical activity. Public-health funded additional “bikeability” training in schools, postponed to 2021/22 with the return of children to schools.
- New strategies in development for Leisure and for Parks and Open Spaces, both planned for adoption in 2021/22.
- The Communications and Public Health teams ran a public campaign in January, focused on mental wellbeing and physical activity.
- The Public Health team funded Primary Care Networks to develop their ‘Making Every Contact Count’ (MECC) approach, to support constructive conversations about any aspect of health, including physical activity, as part of usual care.

Priorities for 2021/22

We will continue to implement the strategy, with our methods and focus shaped by our understanding of the impact, barriers and societal changes from the pandemic. For example, the return of all children to school also offers opportunity for more school-based work. Nationally, there are some reports of an increase in young women being active in private spaces and there is

⁵ Physical Attitudes and Behaviours Survey, Savanta ComRes. Waves 1-13.

growing public interest nationally in green space. Health inequalities were already at the heart of the strategy and we will continue this focus across the life course.

We will scale up or bring forward work wherever possible. Commitments within the strategy also link with, and will be informed by, the City of Culture bid, the Child-Friendly City and other strategic priorities. Work to support our own workforce to be physically active will also help us to lead by example and can be considered alongside the results of the staff survey, due shortly. We expect the Integrated Care System's Prevention and Health Inequalities Plan to begin to scope opportunities to optimise physical activity through health and care organisations, for environmental benefit too.

It is intended that the new leisure strategy will align with the Physical Activity and Sports Strategy. There will be a focus on ensuring commissioned leisure activity recovers as quickly and effectively as possible and that participation is maximised; this will be supported by the NLRF. The SPOM development will be completed to complement and assist with the implementation of the built facilities review. It is also anticipated that this will maximise the opportunities to attract Sport England funding for new and redeveloped sites such as the Outdoor Sports Centre and the Bitterne Hub. The new Parks and Open Spaces strategy will also strengthen physical activity.

The current Physical Activity and Sports strategy ends in 2023, and we will prepare a new strategy during that year.

4. **Accountability and governance**

The Physical Activity and Sports Strategy sits under the Health and Wellbeing Strategy.

The Southampton Physical Activity and Sports Strategy is a cross-council strategy and feeds into the strategies of multiple teams. Each area of the strategy has a lead officer, ensuring cross-council working. A SCC Steering Group of these leads has been set up, chaired by Public Health. This group will meet twice a year, and more regularly as required. The public health team link with commitment leads more regularly too. In addition, Public Health chairs a Physical Activity Alliance, of physical activity providers across the city. This has been paused during covid19 and will resume as soon as practical.

The governance of the strategy will continue to develop with the development of the Health and Wellbeing Board, the leisure and open spaces strategies, the Integrated Care System and the ICS Prevention and Health Inequalities Board and of the Clinical Commissioning Group, amongst others.

We also link with EnergiseMe, who work across Hampshire and the Isle of Wight. They are one of 43 Active Partnerships across the UK and are funded by Sport England. They are developing their own HloW strategy and we are working to ensure Southampton's needs and priorities are reflected in it.

A separate Leisure Services Group - chaired by Kate Martin and composed of relevant officers across a range of services and disciplines including Public Health, Supplier Management, Planning, City Services – has been convened to oversee the range of leisure services and activities and lead the leisure strategy development.

5. **Resources Implications** (£, Legal, HR, Property, Health & Safety, IT etc)

There are no resource implications of this progress report. Strategy commitments are already known to teams, who are scaling work to fit their resources. It is the intent of officers to collaborate internally and with other organisations to bid for funding as it is available.

6. **Risk Management**

In general, the key risks to the implementation of the strategy are funding, staff capacity to do the work and covid19 affecting what is possible. Collaboration and creativity are primarily helping us mitigate both. The risks of each specific commitment are the responsibility of the lead officer and are for them to escalate through their Director and Executive Director as applicable.

7. **Communications**

There is not a communication plan specific to the strategy. The public communications plan for physical activity campaigns in 2021/22 is under development. It includes:

- mental wellbeing awareness week in May 2021, with a national focus on nature and being outdoors;
- concerted active travel promotion in May (walking awareness month) and August (travel to work);
- local promotion of the national Better Health campaign in the summer, with a local focus on priority groups and physical activity and sun safety as applicable;
- school and school-holiday campaigns for school-aged children and their families; and,
- working with our commercial partners to publicise the services available through our commissioned services to help support Covid recovery.

| |
|---|
| Data on levels of physical activity in Southampton |
|---|

National guidance on physical activity

The Chief Medical Officer recommends adults should be active for at least 150 minutes a week, achieving at least 30 minutes of activity on at least 5 days of each week. Physical inactivity is defined as being active for less than 30 minutes a week.

Local strategic targets

The Southampton Physical Activity and Sports Strategy (2017-2023) aims to reduce the percentage of residents who are inactive by 5% and increase the proportion of active residents by 5% over the course of the strategy.

Data on local physical activity levels

Public Health England (PHE) estimates physical activity levels for each local authority in England on the Public Health Outcomes Framework (PHOF), using the national Active Lives Adult Survey by Sport England. The survey is completed by adults aged 19 years and over and includes self-reported activity completed in at least 10 minute block of:

“...sporting activities, fitness activities, cycling for leisure and sport, cycling for travel, walking for leisure, walking for travel, creative or artistic dance and gardening...” Public Health England, 2021⁶

The latest PHE data was released in January 2021⁷. It shows in 2018/19, an estimated:

- 21.8% Southampton adults were physically inactive, active for less than 30 minutes a week. This is very similar to 21.4% for England and the difference is not statistically significant. It is better than our baseline of 24.2 in 2017 and slightly better than our mid-strategy target of 22.2% for 2018-2020
- 65.1% of Southampton adults were active for at least 150 minutes a week. This is slightly less than 67.2% for England but the difference is not statistically significant. very slightly worse than the baseline (65.2% in 2017) and worse than the mid-strategy target of 67.2%.

Table 1, on the following page, shows how the estimated levels of physical activity reported by Public Health England for Southampton compare to the strategy targets.

Tables 2a and 2b, also on the following page, are taken from the Public Health Outcomes Framework website for speed. They show local levels of adult inactivity and activity have broadly stayed the same since 2015/16 and 2018/19, the period of reporting available. The tables also show that the data is imprecise, as we would expect from an estimate based on national survey data. For 2018/19, 21.8% adults are estimated to be inactive, with 95% confidence intervals of 18.4% to 25.6%.

⁶ Public Health England 2021. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000008/ati/302/are/E06000045/iid/93014/age/298/sex/4/cid/4/tbm/1/page-options/car-do-0>

⁷ Public Health England, 2021. Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000008/ati/302/are/E06000045/iid/93015/age/298/sex/4/cid/4/tbm/1/page-options/car-ao-0_car-do-0

Table 1. Public Health England estimates of the percentage of Southampton residents who are inactive and active compared to Southampton strategy targets. Current data and targets in bold.

| | Estimated Actual | | Targets | | | Difference Actual - Target | |
|---|------------------|--------------------------|--------------------|---------|-------------------|---|--|
| | 2017 baseline | 2018/19 Latest available | 2018-2020 Midpoint | 2021/22 | 2023 Strategy end | At midpoint 2018/19 actual - 2018-20 target | To strategy end 2018/19 actual - 2023 target |
| Inactive Residents <30mins pw Aim to decrease | 24.2% | 21.8% | 22.2% | 20.2% | 19.2% | 0.4% <i>Slightly better than target</i> | 2.6% |
| Active Residents 150+mins pw Aim to increase | 65.2% | 65.1% | 67.2% | 69.2% | 70.2% | 2.1% <i>Slightly worse than target</i> | 5.1% |
| By implication: Under active residents⁸ 30-149 mins pw Aim to decrease | 10.6% | 13.1% | 10.6% | 10.6% | 10.6% | Not specified as a target 2.5% worse than targets above imply we should be | |
| Total | 100% | 100% | 100% | 100% | 100% | | |

Table 2a. Extract from Public Health Outcomes Framework, showing the annual trend for the percentage of adults estimated to be *inactive* since data was reported.

| Period | Southampton | | | | | South East | England |
|---------|---------------------|-------|-------|--------------|--------------|------------|---------|
| | Compared to England | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2015/16 | ● | - | 22.4% | 19.9% | 25.1% | 20.2% | 22.3% |
| 2016/17 | ● | - | 24.2% | 21.6% | 27.0% | 19.3% | 22.2% |
| 2017/18 | ● | - | 21.7% | 18.2% | 25.5% | 19.0% | 22.2% |
| 2018/19 | ● | - | 21.8% | 18.4% | 25.6% | 18.7% | 21.4% |

Table 2b. Extract from Public Health Outcomes Framework, showing the annual trend for the percentage of adults estimated to be *active* since data was reported.

| Period | Southampton | | | | | South East | England |
|---------|---------------------|-------|-------|--------------|--------------|------------|---------|
| | Compared to England | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2015/16 | ● | - | 66.5% | 63.5% | 69.3% | 68.7% | 66.1% |
| 2016/17 | ● | - | 65.2% | 62.2% | 68.2% | 68.9% | 66.0% |
| 2017/18 | ● | - | 69.3% | 65.1% | 73.2% | 69.8% | 66.3% |
| 2018/19 | ● | - | 65.1% | 60.9% | 69.2% | 70.2% | 67.2% |

Source: Public Health England (based on the Active Lives Adult Survey, Sport England) [Public Health Outcomes Framework - PHE](#) Accessed 18.04.21

⁸ There is no national reporting for adults who are active for 30-149 minutes a week, more than the definition for being inactive but not meeting the Chief Medical Officer guidance. Here we categorise them as “under active” and take calculate them as the difference between 100% and the sum of the active and inactive groups.

Impact of Covid19 on physical activity

We can presume the Covid-19 pandemic has since affected local physical activity levels. Southampton City Council included physical activity in the City Surveys in 2018 and 2020 and in the three Covid-19 surveys to date for residents. The council asked about the number of days each week residents were active for at least 30 minutes, rather than the total number of minutes a week. It is therefore not directly comparable with the PHE data.

The City surveys of 2018 and 2020 show physical activity levels going in the wrong direction, with a decrease in adults estimated to be physically active on at least 5 days pw, from 45% in 2018 to 34% in 2020, and an increase in adults estimated to be inactive from 26% to 33%. The covid surveys found varying results in quick succession, with a general impression of activity levels returning to nearer the levels reported in the 2018 City Survey.

Table 3 below shows the results of all surveys.

Table 3. Self-reported activity levels of respondents to Southampton City Council Surveys

| SCC Survey | | In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to make you breathe harder? | | | |
|------------|--------------------|---|--------|--------------|--------|
| Type | Date | 0 to 1 | 2 to 4 | Subtotal 0-4 | 5 to 7 |
| City | 2018 | 26% | 29% | 55% | 45% |
| | 2020 | 33% | 33% | 66% | 34% |
| Covid | 1-5 April 2020 | 22% | 38% | 60% | 40% |
| | 23-27 April 2020 | 17% | 37% | 54% | 47% |
| | 8 Jul - 2 Aug 2020 | 18% | 41% | 59% | 42% |

Physical Activity & Sports Strategy- progress update April 2021.

Rapid progress rating completed by attending relevant meetings (Leisure Services/Transport/Physical Activity Alliance) and in discussion with colleagues and partners. It covers the 3 strategy themes: active communities, active places and active everyday.

Key:

| |
|---|
| No progress |
| Work has begun. There may be much more to do or it may be behind schedule. |
| Work is complete or progressing, including progress beyond the scope of original strategy |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|---|--|---------------------------|--|---|
| ACTIVE COMMUNITIES | | | | |
| Local and national opportunities for physical activity and sport are championed to connect people with the opportunities that meet their needs. | Actively promote opportunities to be active among target inactive groups. | Carolyn Ireland/Neil Tuck | Through the Access to Sustainable Travel funding, 151.5 hours since lifting of lockdown in June 2020 and 48 people have participated in cycle confidence training. Impacted by covid currently. Open access family and one-to-one and via specific groups (those who don't cycle rather than necessarily inactive) | Support targeting inactive communities by linking with public health communications |
| | Use national events including sporting, music and cultural events to promote physical activity among inactive groups. | Jason Murphy | Covid has stopped any events happening. Euro 22 legacy group for girls and women involved in sport. Active through sport with Saints Foundation. Other opportunities include: -Build active travel and more into City of Culture. -Public Health/ICU in discussion with Saints to resume Football-FIT for men with weight management national funding for 21/22. Can look at expanding it to women and mixed groups depending on cost and/or as part of a Euro 22 legacy | |
| | Support interventions and activities led by partners (including communities, voluntary sector, health, housing, leisure providers) | Carolyn Ireland/Neil Tuck | Community Cycling Clubs - 40 sessions with 265 attendances so far. Community Clubs work with local partners to understand the needs of local communities and to help them overcome barriers to physical exercise, with many beneficiaries coming from diverse communities that have historically had less investment. Cycling UK supporting existing clubs the challenge is recruiting volunteers to run cycle events. Currently uses SCC volunteers but this comes with caveats which are restrictive for example SCC staff required for supervision. | Links to volunteering item below. |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/comments |
|----------|--|-------------------------------|--|--|
| | that target inactive groups. | Education Paul Paskins | Work delivered as part of holiday clubs providing physical activity and healthy food, with government funding targeting children eligible for free school meals (in 2021/22 by Bryn Roberts) Considering mix of facilities beyond leisure centre to ensure they meet the needs of communities to achieve health and wellbeing. Ongoing involvement of communities in consultations to ensure facilities and programmes delivered can adapt to meet changing needs. | Strategic leisure work programme in place |
| | Establish a point of contact for existing and new community groups interested in developing local physical activity opportunities in their neighbourhoods. | Jason Murphy | Work with So:Linked and local solution groups to explore and develop opportunities to promote physical activity in neighbourhoods. So:Linked are commissioned to provide grass roots opportunities to meet local community health and wellbeing needs and for social prescribers to signpost patients to. Community engagement team expanding. | |
| | Promote and incentivise opportunities for volunteering through physical activity, to encourage a sense and culture of community service. | Jason Murphy | No current activity due to covid but future work could include incentivising volunteering through sport and exploring how existing local forums could support this. Park Run already uses volunteers. Build on community spirit which developed during covid including volunteering. Also use community bulletin. Potential role of covid champions in encouraging covid-safe activity and moving into more physical activity later. Separately, Wessex Cancer Alliance has community cancer champions too. GoodGym operates in other areas, with volunteers combining running to a site where they then do work to benefit the community eg visit someone who is isolated or litter pick. Unclear whether it mainly attracts people who are already active and comes with a license cost. | Opportunities for development of volunteers and champions. |
| | Promote existing technologies, apps and online resources to increase physical activity and sport | Carolyn Ireland/Neil Tuck | Promotion of the Love to Ride and Go Jauntly apps and website platforms to encourage cycling through regular campaigns, giveaways and provide ability for people to keep track of miles cycled. Go Jauntly promotes walking routes around Southampton. Local officer promotes love to ride and targets workplaces and cycling now focuses on cycling during leisure time. | |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|---|---|----------------------------------|---|--|
| | among target groups e.g. couch to 5k. | | Ongoing review of reach of people who are inactive important. | |
| Local needs are understood and communities are encouraged to develop local solutions. | With partners explore the barriers to physical activity among inactive target groups, share findings with local networks and trial innovative ways to increase participation. | Carolyn Ireland/Neil Tuck | My Journey Communities Grants - 3 grants have been issued in total. -2 grants issued mainly to get people who don't normally engage in exercise to take part. Beneficiaries have included women and young children, people with poorer socio-economic outlook, people who have had problems with drug and alcohol and/or have a criminal record. -1 grant has been issued to continue the Bike Repair for Key Workers. However, work impacted by Covid but plans in place dependent on funding. | Bike Dr can continue to be offered to community groups |
| | Develop a local network of existing providers and partners to share insights and improve the delivery of new and existing programmes. | Annemarie Hankinson | Multiagency physical activity alliance created and established pre-covid. Meetings paused during covid19. Ongoing engagement with local and regional partners continued to share knowledge, intelligence and insights across organisational and geographic boundaries. Alliance to be re-convened as soon as practical. Other relevant networks include: Leisure services strategy group Local solutions groups | |
| | Work with partners to develop collaborative funding applications based on local need to increase physical activity levels among target groups. | Jason Murphy/Annemarie Hankinson | Active Through Football with Saints Foundation lead partner. Active Through Football's ambition is to increase activity levels and create sustained behaviour change in a place-based approach. This funded programme from Sport England is being delivered by the Football Foundation. The aim of increasing activity levels in people aged 16+ from lower socio-economic groups (LSEG). The area of focus for this work within Southampton will be Newtown-Nicholstown. Millbrook Matters (led by Energize-Me) is thinking about social capital and creating activities young people can engage with. | |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|---|--|--|--|--|
| ACTIVE EVERYDAY | | | | |
| Positive attitudes and behaviours to physical activity are created from an early age. | Support initiatives which integrate physical activity throughout the curriculum, including innovative programmes, teacher training initiatives and events. | Education/Public Health | Public Health funding to support LifeLab deliver the Royal Society of Public Health Young Health Champions programme in the city which trains peer mentors in secondary schools to promote and encourage health and wellbeing (including physical activity). | For schools, see commitment below (overlapping commitments). |
| | Work with settings including early years and schools to maximise opportunities for physical activity during the school day. | Annemarie Hankinson/Education Carolyn Ireland/Neil Tuck | Rolling programme to promote Healthy Settings (Healthy Early Years Award - HEYA) working with Sure Start Centres, Pre-schools and child minders. The Child Healthy Weight Cabinet Action Plan includes an intent to identify funding to increase recruitment to the programme. Anecdotal reports of some schools focussing on increasing physical activity for children and young people as schools have resumed, to improve physical and emotional wellbeing. Some children have lost physical conditioning and widespread impact on mental wellbeing. Active travel (Travel Tracker and Bike It) in schools both impacted by Covid. Team have begun re-engagement work. Children log trips to school (Travel tracker but now changed to activity tracker but this was done at a very late stage) | Funding and staff capacity could speed this work up, depending how quickly schools can take on more. |
| | Work with partners to promote school-based campaigns and initiatives to increase physical activity and embed health and physical activity into the school day. | Education/Public Health | Rolling programme to promote Healthy Schools- Healthy High-Five programme has engaged 30 schools previously but this has reduced due to COVID. Programme due for refresh in September 2021. Work delivered as part of holiday clubs (programmes providing physical activity (or enrichment activity) and healthy food)- under government funding targeting children eligible for Free School Meals (in 2021/22). 9.5k children receiving free school meals and aiming to reach a proportion of this group | Links with other commitments in this section. |
| | Support schools to make effective use of the Primary Premium | Education/Public Health | Testlands (Millbrook) work with local primary schools to increase physical activity among pupils. Scope to consider this as part of work on commitments above. | Links to other commitments in this section. |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|--|--|---|--|--|
| | to increase quality of PE and school activity. | | | |
| | Work with workplaces to maximise opportunities for physical activity during the work day. | Leon Girling, Workplace travel officer Sajid Butt, Strategic Skills Manager Public Health with others Paul Paskins | <p>Bike Repair for Key Workers - helping workers to get around more safely during the pandemic. Joint enterprise between Cycling UK and SCC from April - July 2020</p> <p>One partner has continued to deliver bike services for key workers through the My Journey Activities Grant. Society of St James is providing free bike repair and second-hand bike donation to key workers through its partner organisations. Once completed the project will be evaluated.</p> <p>Wellbeing@work project – promotes physical activity messages through monthly newsletter, with a focus on supporting small and medium enterprises. 21 monthly editions (starting Feb'19), reaching 3,000 addresses. Wellbeing@work webpages on SCC website. Project has now ended and is being evaluated as part of the wider Job Quality review.</p> <p>Integrated Care System and Health and Wellbeing Board – potential to improve the offer for public sector staff as “anchor organisations”. 21.6% (2019) local jobs in public sector, higher than England and South East (from Southampton Data Observatory Economic Assessment 2021).</p> <p>Social Value Act already being used to optimise community benefit from all contracts. Scope to review the national framework and, if required, strengthen physical activity elements.</p> | Also opportunity for SCC to lead by example, including as part of The Way We Work. |
| Positive physical activity habits are embedded in everyday life. | Promote training opportunities to develop capacity among staff working with target groups through GP surgeries, Social Care, Job Centres, libraries and community centres to empower and | Adrian Littlemore | <p>Physical activity being considered within ICU work plans and pathways. Covid has delayed progress the past year.</p> <p>Falls prevention work has continued during covid. Saints and Unity 101 partnered to provide exercise provision through radio.</p> <p>Initiate engagement with integrated care groups, local solution groups and other forums to raise profile of benefits of physical activity and approach to opportunistic conversations about physical activity. Links to Making Every Contact Count and/or Healthy Conversation Skills programmes.</p> | <p>Links to role of public sector “anchor organisations” leading by example, as above.</p> <p>Scope to strengthen via a health in all policies and contracts approach.</p> |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/comments |
|---|---|---|---|---|
| | enable vulnerable groups to sustainably increase participation in physical activity. | | | |
| | Deliver Active Travel and My Journey Southampton to support inactive groups, enabling active travel to schools and work places. | Carolyn Ireland/Neil Tuck | <p>Travel grant for businesses for bikes, safe cycle parking. Bike Doctor, cycle training, Love to Ride. Newsletter promoting walking and cycling routes.</p> <p>Ongoing network Meetings (remote since June 2020) to share best practise and insights. My Journey Workplaces Active & Sustainable Travel News bulletin sent every 6 weeks</p> <p>Ride to Work Week in 2020 was adjusted to 'Ride Anywhere Week' in response to covid-19.</p> <p>Staff travel survey March 2021 (Solent NHS Trust, UHS and Ports) to offer insights on travel behaviours to help prioritise interventions</p> | |
| | Embed health including physical activity in all SCC strategies, policies and contracts | Paul Paskins, Supplier Management | <p>Leisure - Physical Activity to be embedded as part of overarching Leisure strategy. Consultation completed around facilities and local needs. This needs to be more clearly defined to develop a strategy which will be supported. Going forward the aim is to develop a model which is cost neutral with positive contribution with any borrowing paid back we go along.</p> <p>Social Value Act already being implemented, with development of what it is being used to achieve.</p> | Health and Wellbeing Board as a key forum for leading Health in all policies (and contracts and strategies) |
| ACTIVE PLACES | | | | |
| More residents using open spaces within the city. | Promote improved connectivity and access to key destinations for walking and cycling within and outside the city centre. | Transport/Planning Pete Boustred-emailed | <p>Discussed as part of outdoor leisure centre development and as part of City centre regeneration?</p> <p>Work on Public Realm strategy</p> | |
| | Improve the pedestrian environment, safety | Carolyn Ireland/Neil Tuck | During COVID- Green Transport Recovery Plan leading to creation of temporary cycle lanes to assess feasibility. Some have now been made permanent | |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|----------|---|--|---|--------------------------|
| | and accessibility in the city through a network of legible "Active Routes". | Helen Harris | <p>Improvements to pavements and shared cycle paths in Bevois Valley and Northam Road have been completed as of Autumn 2020. Plans in place to evaluate and gather case studies to understand impact of perception of safety</p> <p>Active travel zones polygon, st marks, st denys and Woolston to prioritise walking/cycling engaging with residents and design stage various stages</p> <p>Evidence gathering associated with the Southampton City Vision (Local Plan) 2020-2040, it is difficult to specifically demonstrate results at this early stage. However, the objectives are being pursued, and can be recognised (if not measured) in the future planning of facilities in the City.</p> <p>Multi functionality of open space that is being considered and how it can used more widely. Schemes that improve the public realm (e.g. within the Mayflower Quarter and Bargate) are encouraged and supported and new developments are expected to show a high level of quality in urban design that will encourage people to use civic and public places.</p> | |
| | Enable inactive communities and groups to safely make use of grey spaces through facilitated street closures. | Carolyn Ireland | <p>Street closures around school being developed as part of an ongoing programme. School Streets programme at St Mary's schools with retractable bollards, school street closures. 6-8 schools started in the school streets programme in recent months but delay due to lock down. Increased interest in school street closures due to COVID to provide space for social distancing and helped increase activity for schools. The intervention was offered to all schools beyond Access-fund priority schools.</p> <p>Road closures put in place in Bedford Place from September 2020 enabling walking to become a more attractive option. Active Travel Zone in St Denys have started to be delivered, with several planters put in temporarily for low impact to be monitored and determined whether it should be a more permanent installation</p> | |
| | Build on other opportunities which promote physical activity, play and active travel. | Annemarie Hankinson/ John Showalter | Joint campaigns with partners, boosting national better health campaign in January 2021. Further work to be planned for 2021, particularly for target groups. Council communications promoting the re-opening of gym and leisure facilities as part of lockdown restrictions easing – promoting outdoor activity to continue as an initial priority given covid. | |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|--|--|---------------------------|---|---|
| | | | | |
| | Explore opportunities to access green spaces and playing fields for use by local residents outside of school hours. | Ian Bailey / Helen Harris | Townhill project led by Parks and green spaces to increase access to Frogs Copse among school pupils. Refresh of green spaces strategy currently underway. The improvement of existing spaces and the creation of intensive green roofs in city centre development are just 2 methods that can be employed to encourage more residents to use open space. | |
| Residents have access to local facilities that suit their needs and aspirations. | Review available local public indoor and outdoor facilities (including sports facilities) to identify priorities for improvement. | Carolyn Ireland/Neil Tuck | Identifying a space on Sullivan Rec in Sholing for a pump track cycling facility for children and young people. Funding provided by Southampton City Council (Parks & Open Spaces), Veolia Environmental Trust and British Cycling's Places to Ride fund. Local need was identified by social enterprise and local partner Monty's Bike Hub. Children needed place to use bikes. British cycling funding towards sports centre to enhance facilities and support learn to ride to engage more children (green). British triathlon identified Coxford to fund activities to target inactive groups- swim, bike run (promising development) | To be led by Place and Leisure services group |
| | Work with partners to identify facilities which can increase activity among target inactive groups and develop programmes to increase engagement with physical activity and sport. | Paul Paskins | First Phase of Built Facilities Strategy and associated report completed. EMB were briefed on the report and proposed next steps on 17/03/2021 (the proposals and recommendations were endorsed). Plans for Phase 2 now being worked up, subject to funding being identified. Facilities review included review of leisure centre facilities and assets with recommendation to demolish and rebuild 2 leisure centres with plans to outline business case. 3 rd leisure centre should remain and recommendation to review remaining leisure centres. Contract with Active Nation until 2025 need to start planning approach for 2025. Sports England consistent approach needed. Develop business cases and consult with Sport England to check if they would support them and challenge if needed Plans/proposals being develop for regeneration of the outdoor sports centre. Place working to get Sports England/Southampton FC Funding | |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|--|---|--|--|---|
| | | Stronger communities /Violence Reduction Unit | Hoglands Park- used by young people and families is undergoing refurbishment of skate facilities and increase perception of safety. Hoglands Park Safer streets project (SCC led) is looking to upgrade some areas of the park to make it safer and ready for use. (Extra CC tv, lighting controls etc). Also seeking capital funding to re-furbish East Park | |
| | Work with our partners to deliver more physical activity and sport opportunities in our parks and open spaces and sports facilities, targeting inactive groups. | Tina Dyer-Slade / Transport | <p>Included as part of work to develop the outdoor sports centre. Ongoing discussions with Sport England around the potential of securing a supporting grant. Saints FC and Foundation are linked too. Golf course to come in-house is an opportunity to engage inactive groups.</p> <p>Hoglands Park- good identity as youth/recreation. Completed building multiple youth games area. Over a quarter of a million pounds from Capital Programme for replacing the skate park, with contribution from a local skate group.</p> <p>Ongoing involvement of communities in consultation to ensure facilities and programmes delivered can adapt to meet changing needs.</p> <p>Transport work with cycling NGOs to increase cycling in the city</p> | May be opportunities with SO:Linked and Energise Me to encourage new 3 rd -sector organisations to pilot using local facilities if they are not currently well used by inactive groups |
| Barriers to physical activity are minimised. | Work with local planners to review planning applications and planning policies to enable increased physical activity among residents and minimise barriers to physical activity for all age groups and abilities. | <p>Leon Girling</p> <p>Amber Trueman</p> <p>Helen Harris</p> | <p>Pop-Up Park & Travel hubs at District Centres (Lordshill & Bitterne) where people can continue their journeys onwards to the City Centre and employment locations by other modes proposed under Active Travel Fund. Local Mobility Hubs providing access to hire bikes, public transport, e-scooters, bike repair etc to be developed at District Centres (Portswood & Woolston).(amber)</p> <p>Joint planning and public health post 2021/22.</p> <p>Playing Pitch Strategy that will be signed off shortly and will provide valuable data on the use and future provision required for football, rugby, cricket, tennis and hockey in the City. This Strategy is likely to recognise the barriers (that can include cost, accessibility, peer pressure) in these areas and planning policy will try and address these in its future policy formulation.</p> | |

| Outcomes | Actions | Lead or lead dept | Progress/activities/outputs | Considerations/ comments |
|----------|---|-------------------|--|--------------------------|
| | Promote and incentivise physical activity by 'park and walk/cycle' opportunities in the city. | Transport | Being explored as part of the transforming cities fund | |

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We Can Be Active

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The insight behind the Hampshire and Isle of Wight strategy

Coordinated by



INDOORS



OUTDOORS

Agenda Item 6
Appendix 4

Jump in!

[The context behind We Can Be Active](#)

[Activity levels in Hampshire and the Isle of Wight](#)

[Places and travel](#)

[Children and young people](#)

[Spotlight on inequalities](#)

[Additional resources](#)



Why we developed We Can Be Active

Regularly raising our heart rate and moving in a way that makes us feel out of breath can:

- **Reduce our risk of major illnesses** - such as heart disease, stroke and respiratory conditions - by up to 50%
- **Reduce our risk of depression** by 30%
- **Lower our risk of early death** by up to 30%

Source: NHS Benefits of Exercise

In short, physical activity is essential for our health and wellbeing - not to mention all the other benefits it can bring.

But, not all of us feel like we *can* be active...



Many of us are not as physically active as we would like to be

81%

of disabled adults want to do more activity than they currently do.

(Activity Alliance)

75%

of women want to be more active.

(This Girl Can insight)

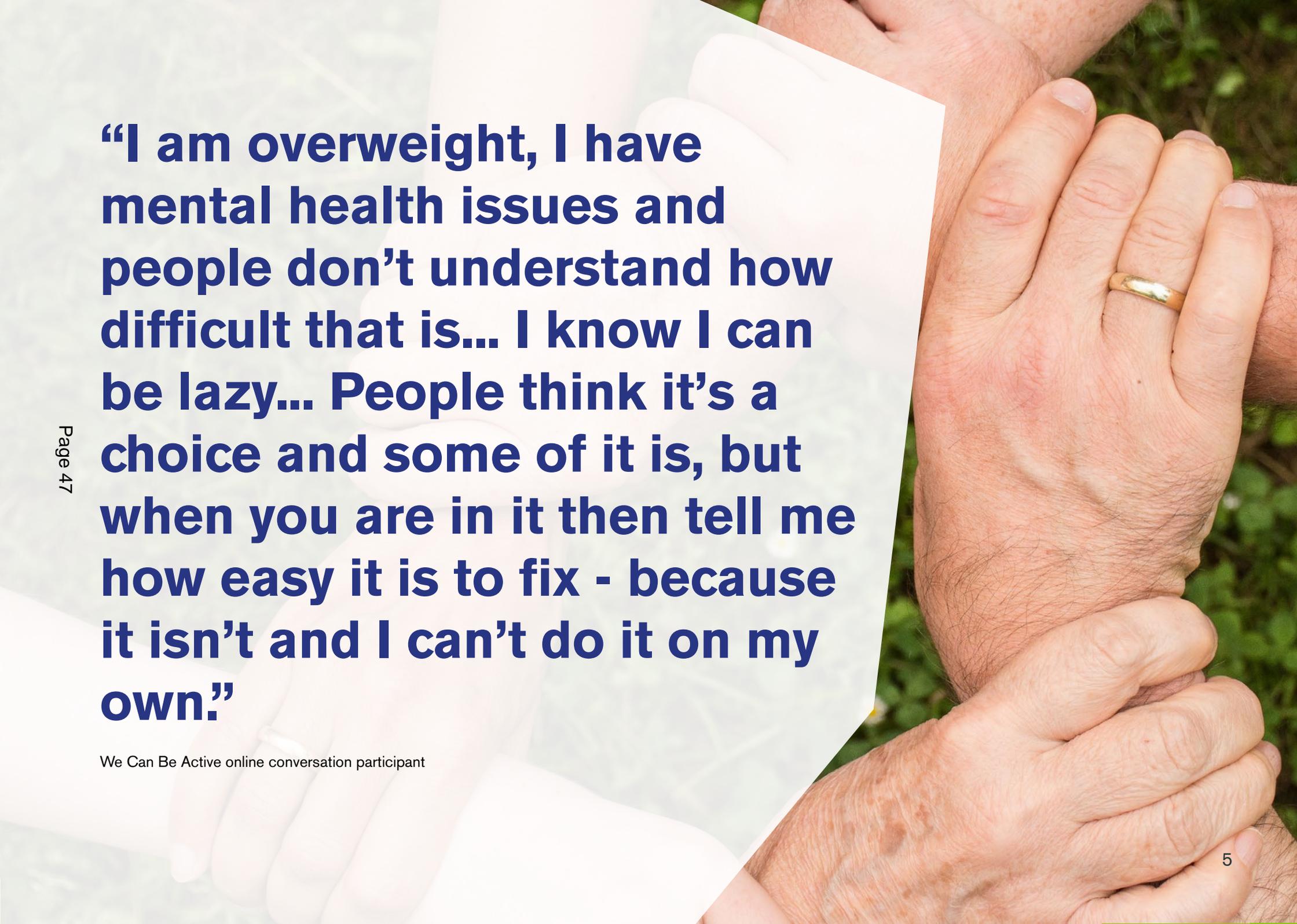
69%

of people with a long-term health condition would like to be more active.

(We Are Undefeatable insight)

Something is stopping us...





“I am overweight, I have mental health issues and people don’t understand how difficult that is... I know I can be lazy... People think it’s a choice and some of it is, but when you are in it then tell me how easy it is to fix - because it isn’t and I can’t do it on my own.”

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We Can Be Active online conversation participant

National research says...

Fear of judgement

Fear of making health conditions worse

Fear of losing disability benefits

Lack of accessible and affordable opportunities

Negative past experiences

...are all preventing people from being active.

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Local people say...

Low confidence, poor mental health, and fear of being judged

People not wanting them to hurt themselves

Not feeling safe

Lack of accessible and affordable opportunities

Memories of hating PE at school

...are all preventing them from being as active as they want to be.

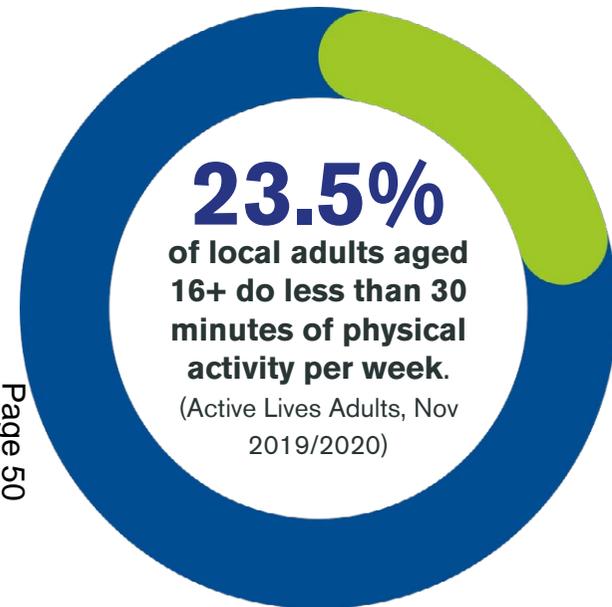
Activity levels in Hampshire and the Isle of Wight

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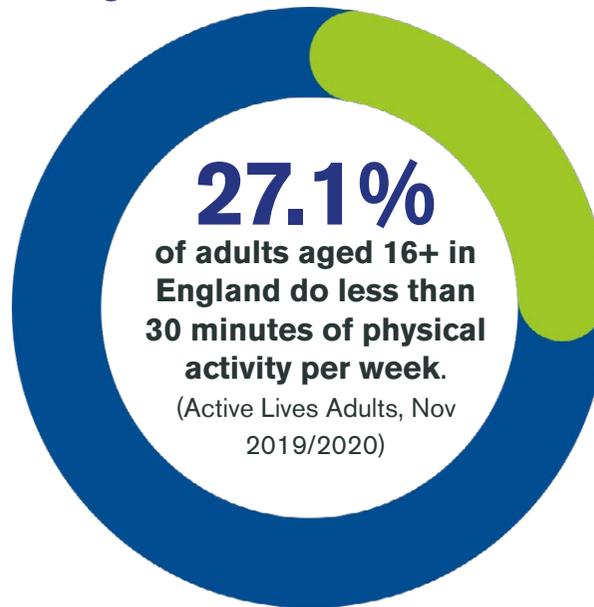


What's the impact on activity levels?

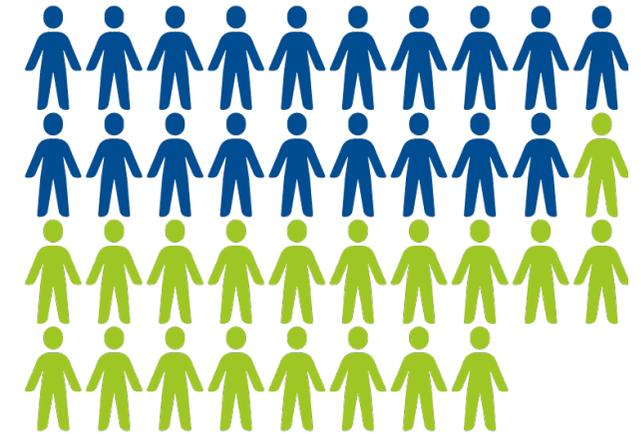
In Hampshire and the Isle of Wight:



Local figures compare favourably to England:



But, this doesn't mean we can relax. 23.5% is 382,600 of us living with a higher risk of major illness and depression because we lack the support or opportunity to be active in a way that suits us.



We need to understand why and make changes together.

For good health, The UK's Chief Medical Officers recommend being active for at least:

180 minutes per day for 1-5 year olds

60 minutes per day for 5-18 year olds

150 minutes at a moderate intensity per week for adults

OR

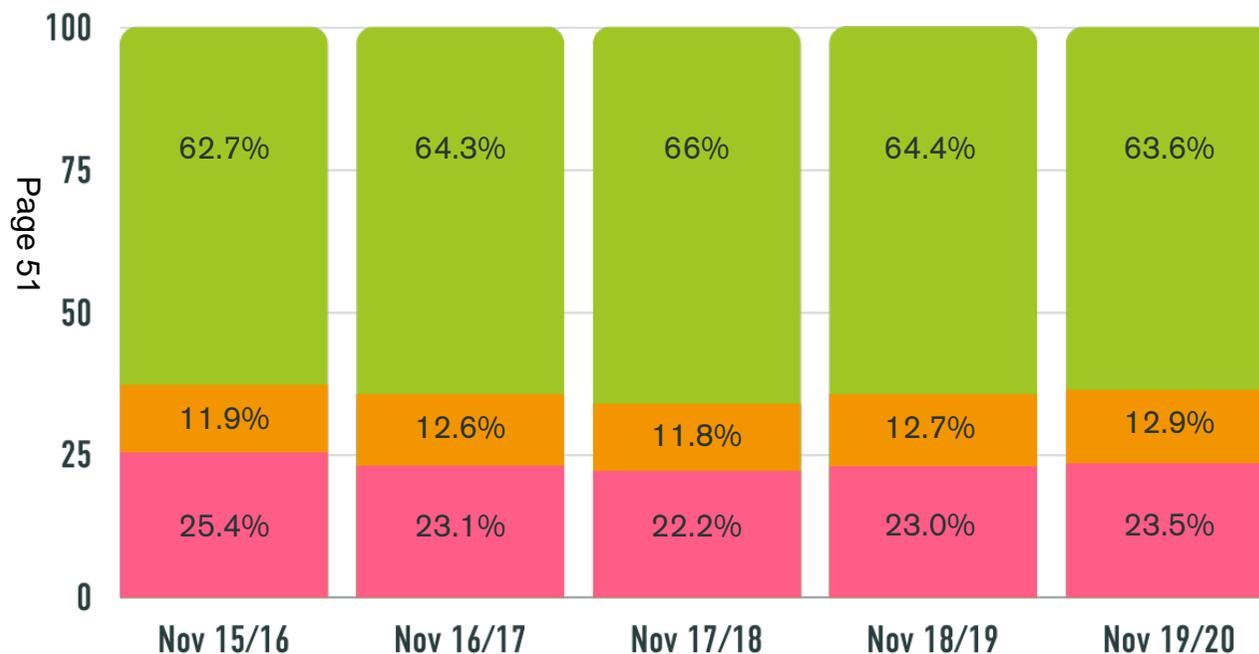
75 minutes at a vigorous intensity per week for adults

Moderate intensity physical activity, such as brisk walking, increases our breathing but we are still able to talk easily.

Vigorous intensity physical activity, such as running, gets us breathing fast and makes it more difficult to talk.

How does this vary over time?

| | | | | | |
|----------------------|---|-----------------------------|--|------------------------|--|
| <p>Active</p> | <p>% of people aged 16+ doing at least 150 minutes of physical activity per week in bouts of 10 minutes of moderate intensity.</p> | <p>Fairly Active</p> | <p>% of people aged 16+ doing 30-149 minutes per week of physical activity.</p> | <p>Inactive</p> | <p>% of people aged 16+ doing less than 30 minutes of physical activity per week. This includes people doing nothing, 1-29 minutes of moderate intensity exercise or light only exercise.</p> |
|----------------------|---|-----------------------------|--|------------------------|--|



Data was holding up well ahead of the pandemic, with a statistically significant improvement since 2015/2016. But COVID-19 has disrupted physical activity and has taken us back to a point of no significant change from the 2015/2016 baseline.

If we take a closer look at inactivity

The Active Lives Adult data can be broken down further to show how much physical activity people who are classed as inactive are doing. The majority are doing no physical activity at all.

14.1%

of local adults were doing no physical activity at all.

(Active Lives Adults, Nov 2019/2020)

8.3%

of local adults were doing light only exercise, missing the intensity.

(Active Lives Adults, Nov 2019/2020)

1.1%

of local adults were active but for less than 30 minutes per week.

(Active Lives Adults, Nov 2019/2020)

All is not equal...

23.5%

of local Adults (aged 16+) were classed as inactive in 2019/2020.

31.6%

of local Adults (aged 16+) from Social Grades 6-8 were classed as inactive in 2019/2020.

32.3%

of local Children and Young People were classed as inactive in 2018/2019.

33.7%

of local adults (aged 16+) from the most deprived communities (IMD Decile 1) were classed as inactive in 2018/2019.

37.1%

of local adults (aged 16+) living with a long-term health condition or disability were classed as inactive in 2019/2020.

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In addition, national data reveals that:



People from Black or South Asian ethnic groups are less likely to be active than those from White and Mixed race ethnic groups.



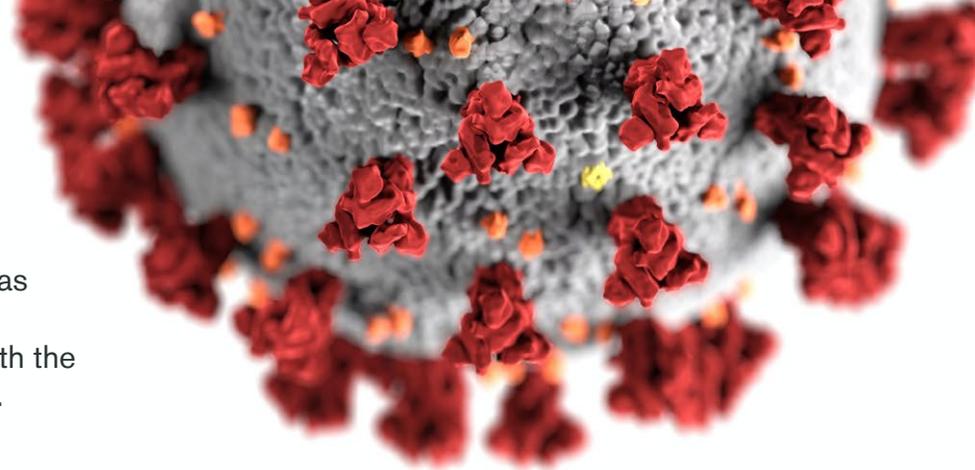
People who identify as LGBT+ are significantly less likely than heterosexual people to do enough exercise to maintain good health.



On average, women are less likely to be active than men.



Almost half of adults aged 75+ are inactive.



The impact of COVID-19

In the initial stages of national lockdown, almost 20% of each demographic group was doing 'a lot less' physical activity compared to an average week before COVID-19 restrictions. The pandemic has had a disproportionately negative impact on those with the lowest activity levels so the inequalities outlined on the previous page have widened.



Socio-economic

Compared to 12 months ago, activity levels have fallen amongst all groups, with those from lower socio-economic groups (routine/semi-routine jobs and those who are long-term unemployed or have never worked) seeing larger drops in activity levels than those from higher socio-economic groups (managerial, administrative and professional occupations).



Long-term health conditions and disability

Decreases in activity levels were strongest during the initial lockdown phase amongst both those with and without a disability or long-term health conditions. The scale of drops was slightly greater for disabled people or those with a long-term health condition, which may be attributed to the requirement for those with health conditions to shield.



Gender

Male activity levels fell more quickly with a larger drop during the initial lockdown (mid-March to mid-May). They then recovered more quickly, whereas female activity levels remained more consistently lower than 12 months earlier. This indicates that women who've seen activity levels fall may take longer and require more support to return.



Ethnicity

Black and Asian (excluding Chinese) adults, as well as those in the 'other ethnic group', have been disproportionately affected by the pandemic. Amongst those from Asian backgrounds, men's activity levels have dropped the most. Despite this, women of Black and Asian (excluding Chinese) ethnicities remain the least active.



Age

The 16-34 and 55-74 age groups saw large drops in physical activity at the start of lockdown but activity levels recovered into mid-September to November. The 35-54 age group saw a smaller but consistent drop throughout the period. The 75+ age group, however, saw consistently large drops throughout the period with no real signs of recovery. This indicates the older age group may need additional support to recover activity levels.

We need to work together

The stubborn inequalities and issues that local people and national research have highlighted aren't things one person or one organisation can solve on their own.

We Can Be Active is a call for individuals and organisations to work together to make sure nobody is prevented from living an active lifestyle.

To achieve this, we need to understand more about who is and isn't currently active in Hampshire and the Isle of Wight and why. The data and insight in this pack will help focus our joint efforts. It provides a starting point that we can build on by chatting to local people and working together to achieve positive impact.

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Places and travel

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“Our bodies are designed to move, but we have been thrown into an environment that makes it all too easy to be stagnant. Creating easier opportunities to be active by changing our environment is important.”

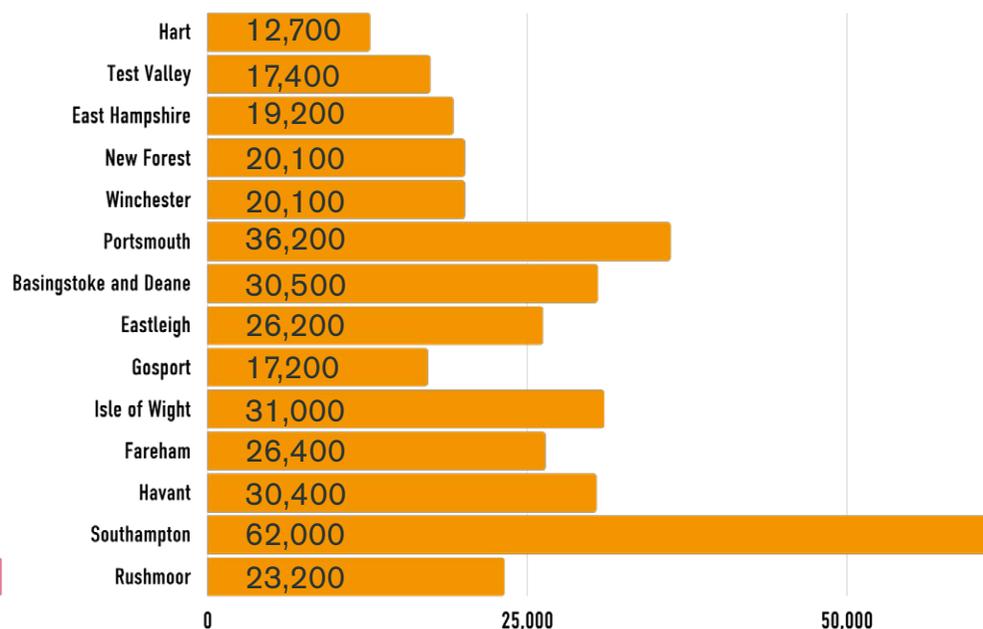
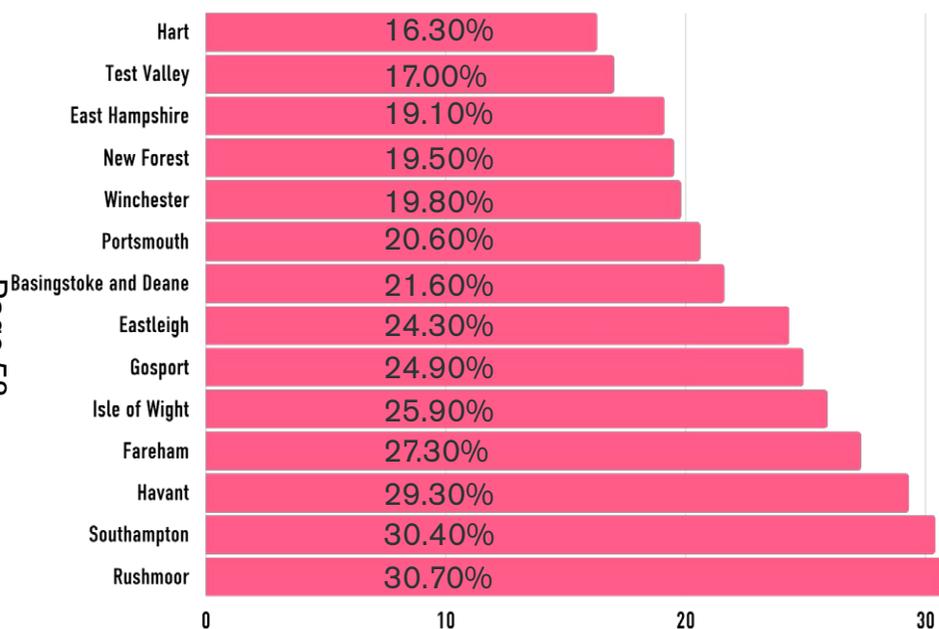
We Can Be Active online conversation participant

Some localities are less active than others...

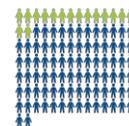
Percentage of population classed as inactive (Nov 19/20)

Number of adults (aged 16+) classed as inactive (Nov 19/20)

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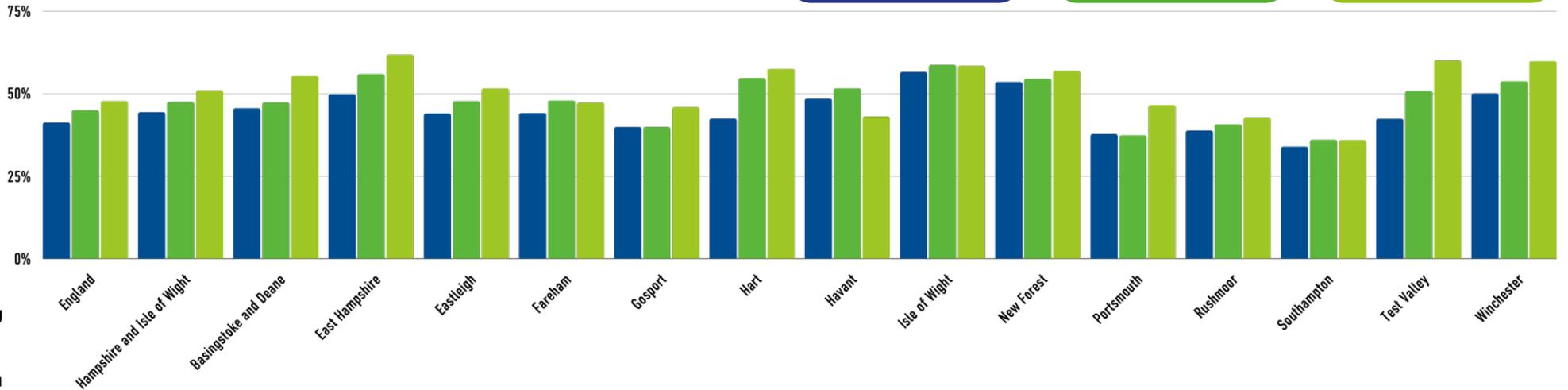
Fareham, Havant, Southampton and **Rushmoor** all have higher levels of inactivity than the national average of 27.1%.



If we look at these percentages in relation to population size, **Southampton** has the highest number of adults classed as inactive (over 16% of the Hampshire and Isle of Wight total).

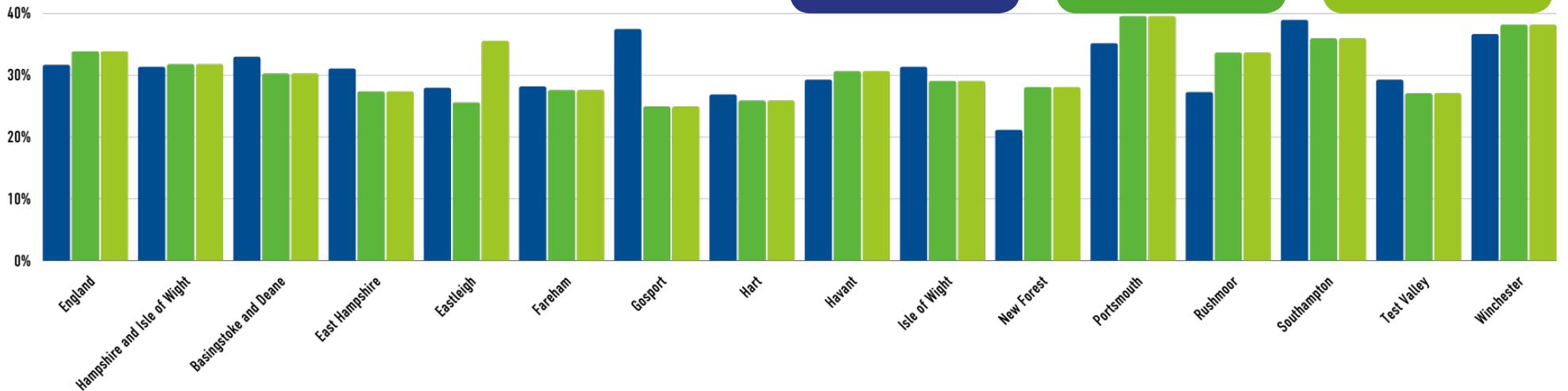
Spotlight on walking

Percentage of adults (age 16+) walking for leisure:



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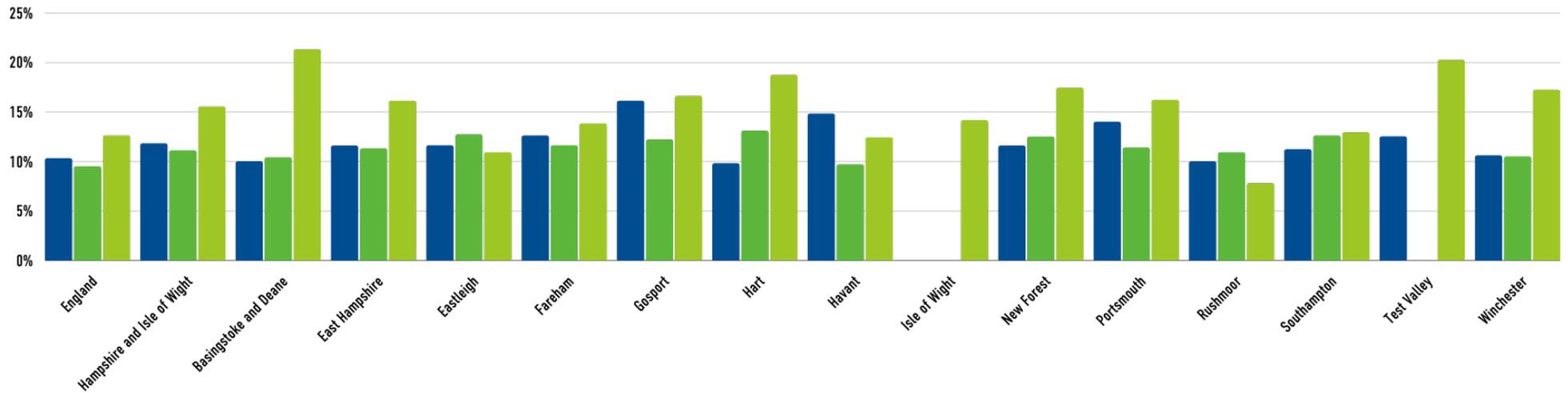
Percentage of adults (age 16+) walking for travel:



Spotlight on cycling

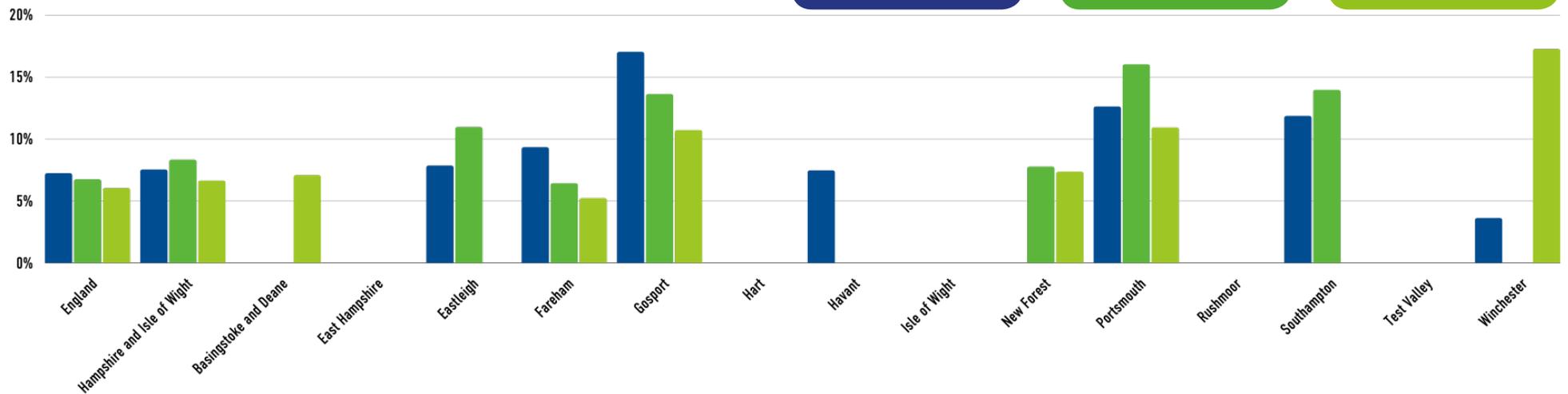
Percentage of adults (age 16+) cycling for leisure:

Nov 15/16 **Nov 18/19** Nov 19/20



Percentage of adults (age 16+) cycling for travel:

Nov 15/16 **Nov 18/19** Nov 19/20



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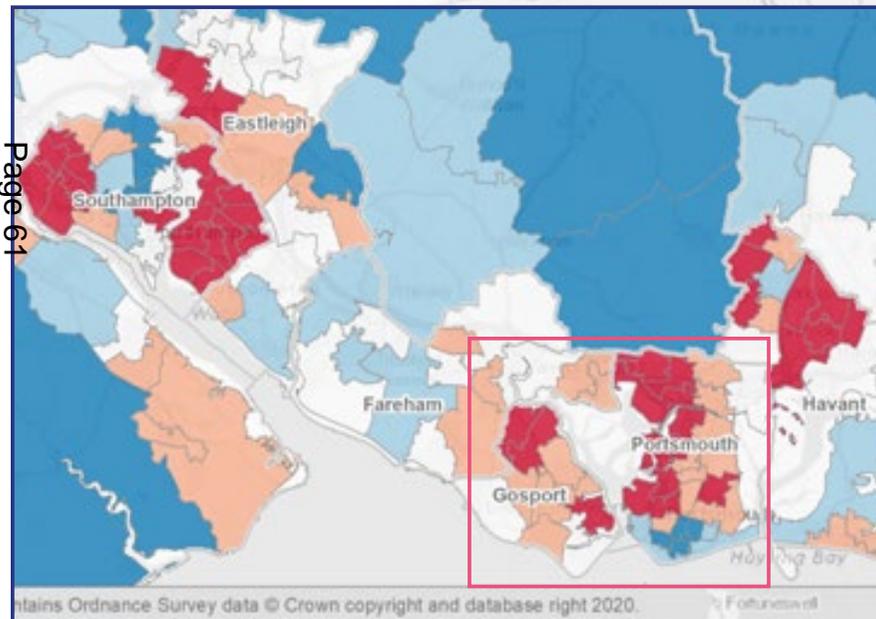
Source: Sport England Active Lives Adults. There is insufficient Active Lives Adults survey data available at a local authority level for some localities.

Pinpointing inactivity

Active Lives Inactive estimate (%)
Nov 18-19 excluding gardening, by
MSOA in quintiles

| |
|---------------|
| 13.7% - 18.1% |
| 18.2% - 20.4% |
| 20.5% - 22.4% |
| 22.5% - 24.2% |
| 24.3% - 32.7% |

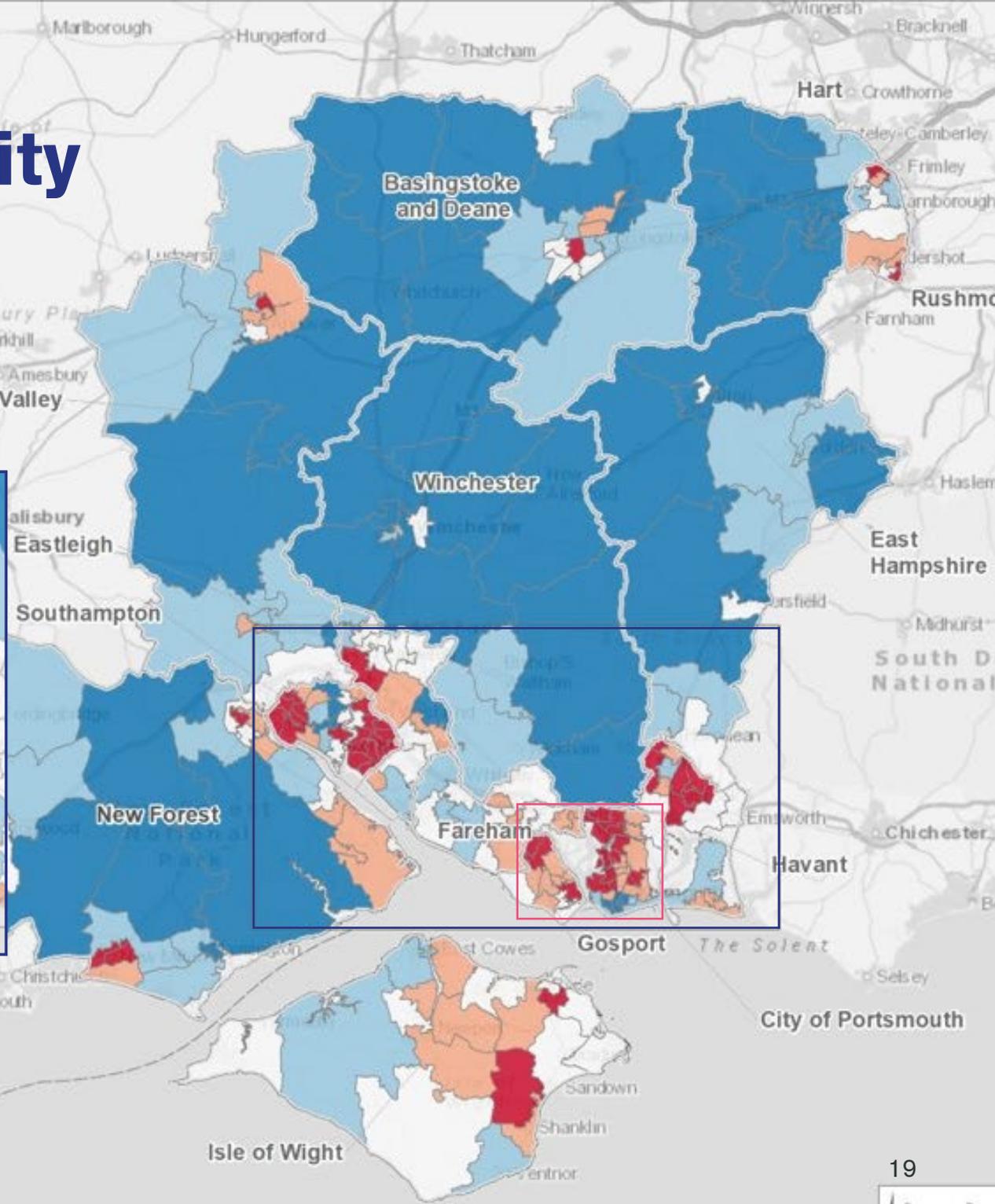
RED indicates higher rates of inactivity. The more we zoom in, the closer we get to pinpointing our most inactive communities.



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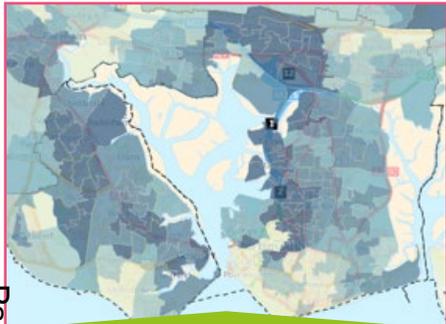
Contains Ordnance Survey data © Crown copyright and database right 2020.

Source: Sport England Active Lives Adults

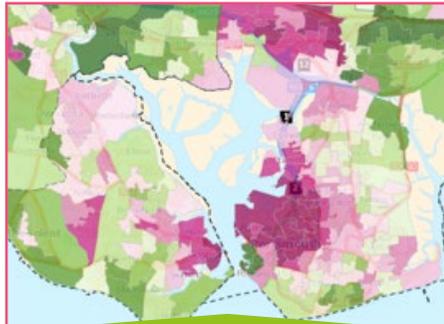


Income and Occupation

Across Hampshire and the Isle of Wight, people in routine/semi-routine jobs and those who are long-term unemployed or have never worked (NS-SeC 6-8*) are the least likely to be active. The maps below highlight the correlation between inactivity, socio-economic status, and income deprivation.



Darker shading shows a higher percentage of people in National Statistics Socio-economic Classification (NS-SeC) groups 6-8.

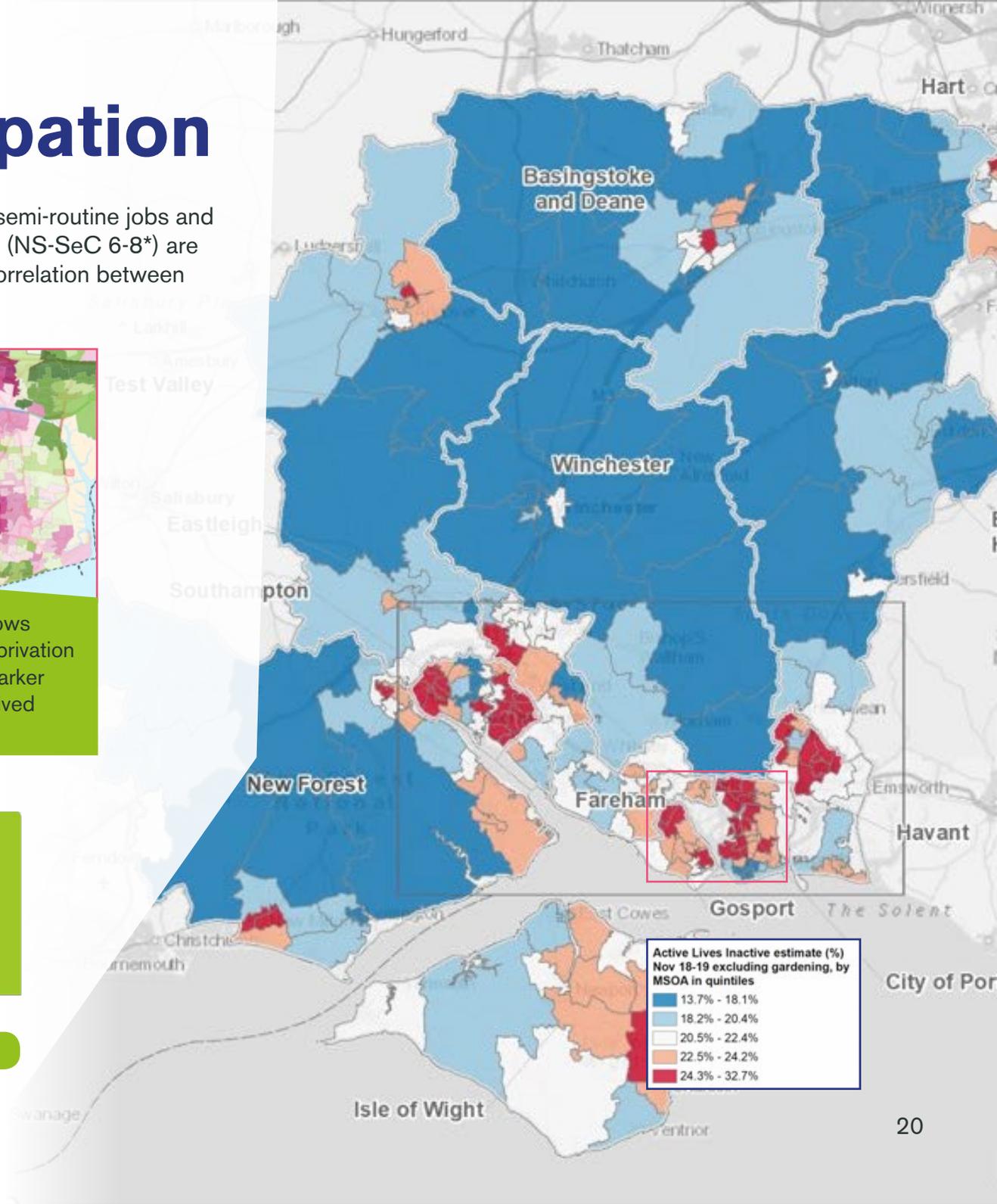


Darker pink shading shows areas where income deprivation affects children, while darker green shows least deprived areas.

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Source: Sport England Active Lives Adults



Children and young people



“[I wish I had] more access to things I like and the confidence to go.”

Young person, Hampshire, Me & Activity Report

“My overriding memory of PE at school is people laughing at me.”

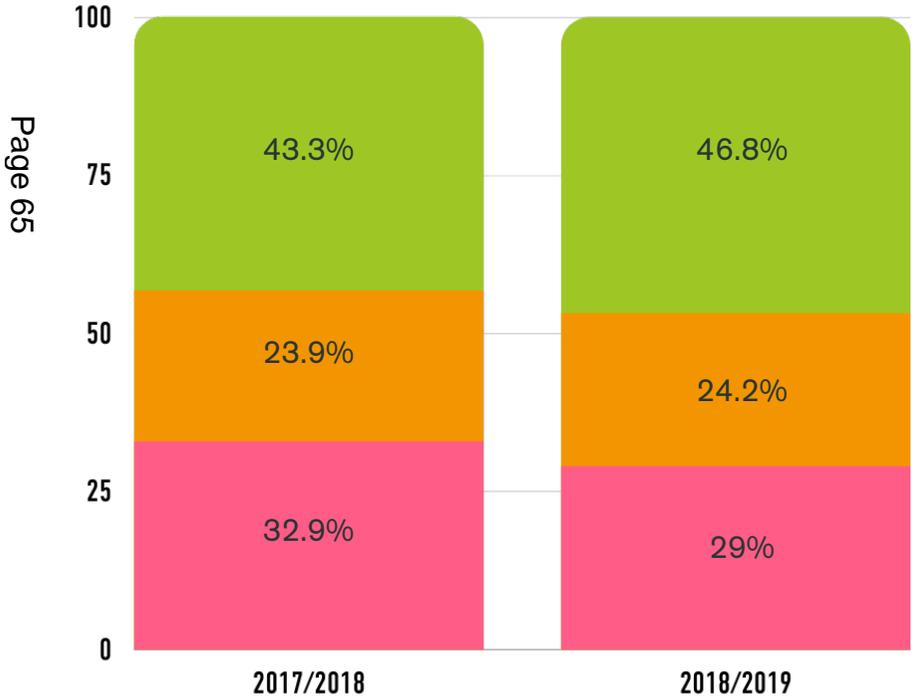
We Can Be Active online conversation participant



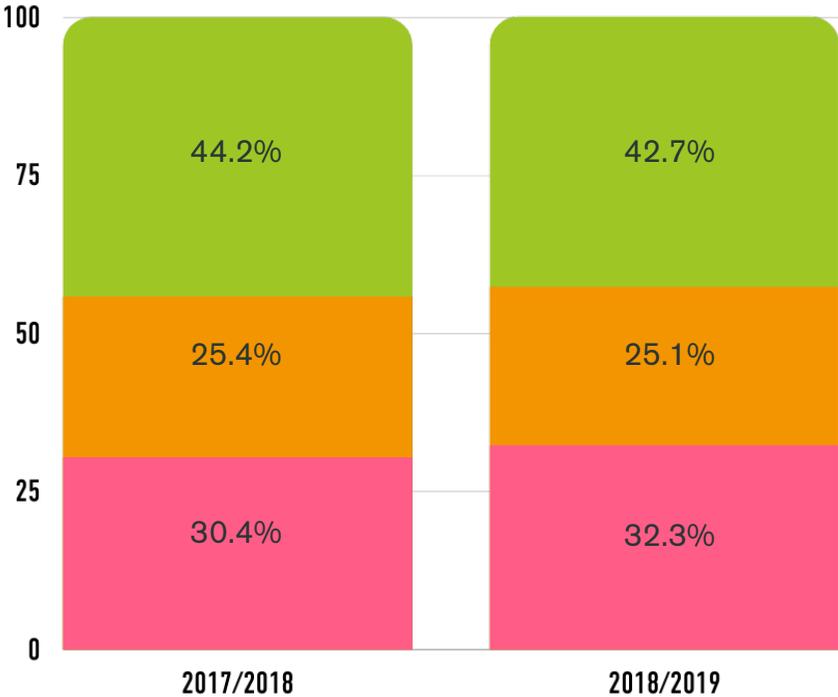
Children and Young People

| | | | | | |
|----------------------|---|-----------------------------|--|------------------------|---|
| <p>Active</p> | <p>% of children aged 5-16 doing an average of 60 minutes or more of physical activity per day.</p> | <p>Fairly Active</p> | <p>% of children aged 5-16 doing an average of 30-59 minutes of physical activity per day.</p> | <p>Inactive</p> | <p>% of children aged 5-16 doing less than an average of 30 minutes of physical activity per day.</p> |
|----------------------|---|-----------------------------|--|------------------------|---|

England



Hampshire and Isle of Wight



Activity levels in and outside school

The Chief Medical Officers recommend:

30 + 30 = 60

minutes inside school

minutes outside school

minutes per day

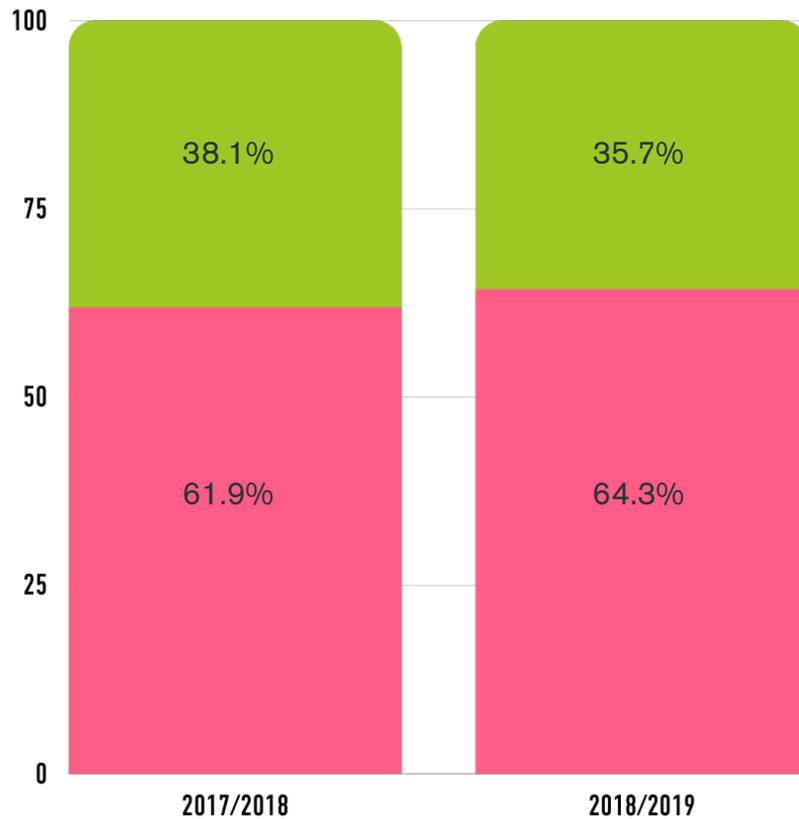
Active

% of children aged 5-16 doing an average of 30 minutes or more a day.

Less active

% of children aged 5-16 doing less than an average of 30 minutes of physical activity per day.

In School



Outside School



Activity levels by demographic group

Active

% of children in Hampshire and Isle of Wight (by demographic group) achieving an average of 30 minutes or more per day.

FAS stands for Family Affluence Scale: a measure of material family wealth.

_____ % of all children in Hampshire and Isle of Wight achieving an average of 30 minutes or more per day.



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Physical literacy

The international Physical Literacy Association's definition of physical literacy has five elements:

Motivation

Competence

Understanding

Confidence

Knowledge

The organisation says these help an individual **“value and take responsibility for engagement in physical activities for life.”**

Do young people in Hampshire and Isle of Wight agree with these statements?

‘I like playing sport’ and ‘I like being active’ Years 1-2
‘I enjoy taking part in exercise and sports’ Years 3-11

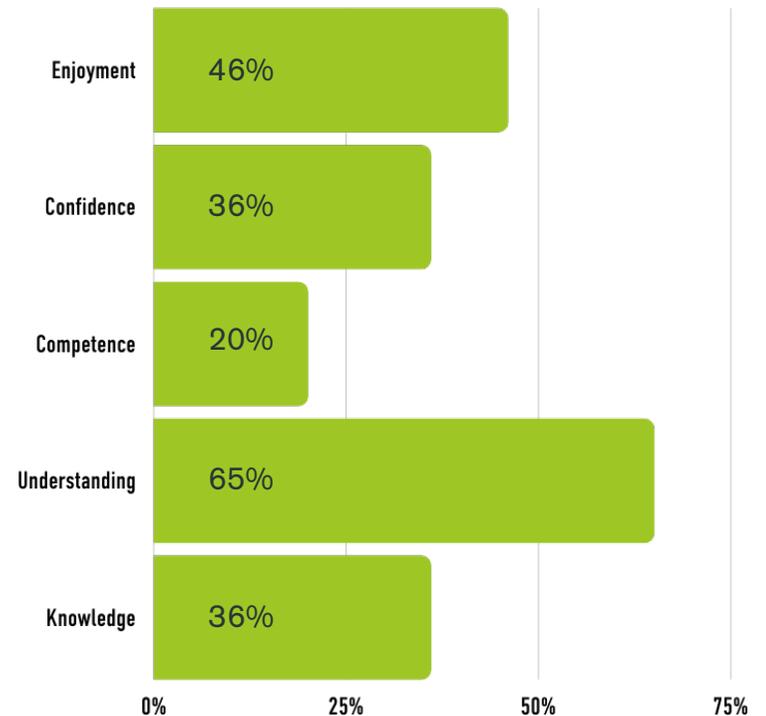
‘I feel confident when I exercise and play sports’ Years 3-11

‘I find sport easy’ Years 1-2
‘I find exercise and sport easy’ Years 3-11

‘I understand why exercise and sports are good for me’ Years 3-11

‘I know how to get involved and improve my skills in lots of different types of exercise and sports’ Years 7-11

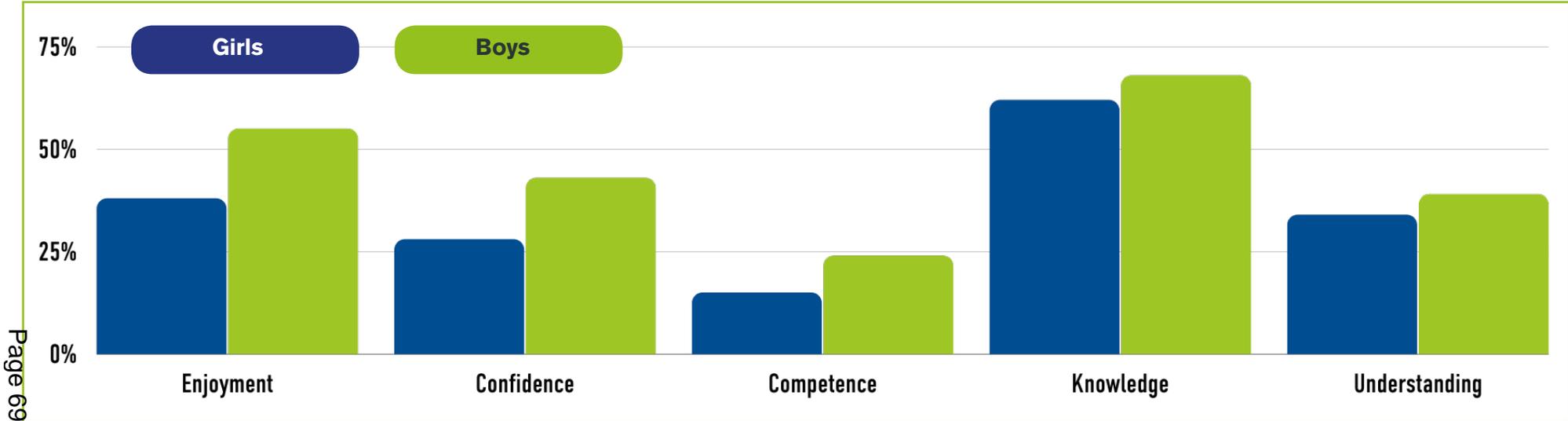
% of young people who ‘strongly agree’:



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If we take a closer look at physical literacy

There are significant differences in who 'strongly agrees':



*FAS stands for Family Affluence Scale: a measure of material family wealth.

Spotlight on inequalities

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“I have a long-term health condition and people instantly don’t want me to hurt myself or make it worse. I worry about it when other people worry about it or I don’t think they can help me through it - I don’t have the confidence that they can support me.”

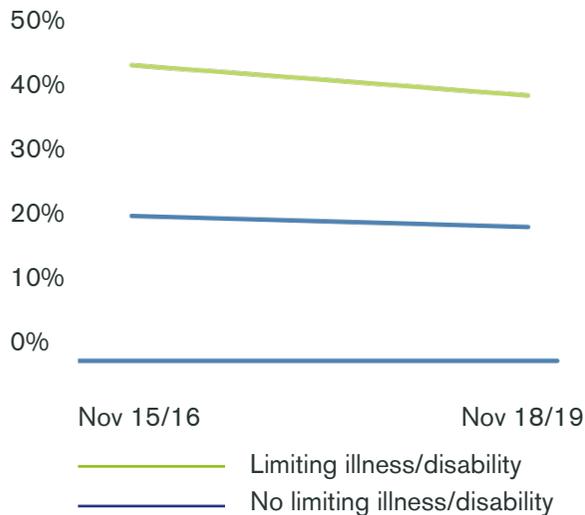
We Can Be Active online conversation participant



People living with long-term health conditions and/or disabilities

The trend for people with a long-term health condition and/or disability who were classed as inactive has reduced since 2015/2016. However, the 2019/2020 data has seen an increase in the inactive percentage from the previous year. Those with health conditions and disabilities are still nearly twice as likely to be inactive as those without. This has been compounded by the pandemic.

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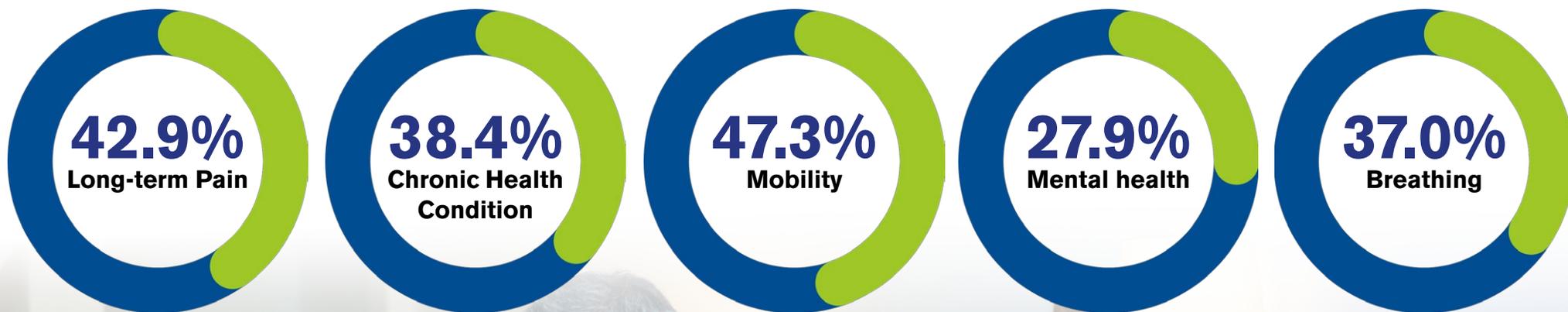


Source: Sport England Active Lives Adults



Types of health condition

Percentage of adults (age 16+) with health conditions doing less than 30 minutes of physical activity per week:



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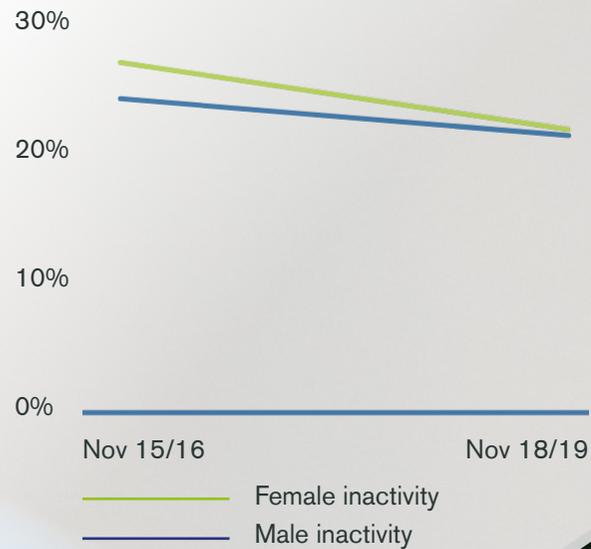


Women

The trend for women doing less than 30 minutes of physical activity per week has reduced since 2015/2016. Female inactivity (green line) has reduced at a faster rate, so the stubborn gender gap in male and female activity levels was finally beginning to close. **However**, early indications suggest that the pandemic is having a longer-term impact on women's activity levels than it is on men's so it's likely this gap will widen again.



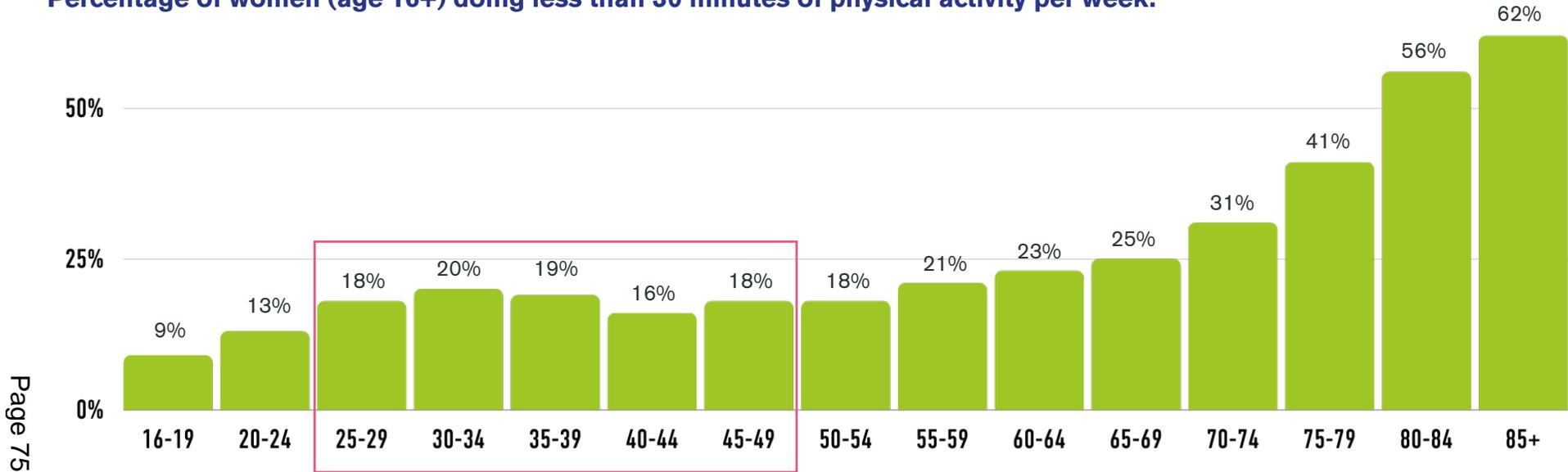
2015/2016 Female inactivity 2019/2020



Source: Sport England Active Lives Adults

Women at different life stages

Percentage of women (age 16+) doing less than 30 minutes of physical activity per week:



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Our activity levels change throughout our lives and are often impacted by major life events.

In Hampshire and the Isle of Wight, if we combine data from Nov 15/16 to Nov 18/19, the first peak in physical inactivity among women is within the 30-34-year-old age bracket. This age group registered the most births in 2019, according to the Office of National Statistics report. An increase in inactivity within this age group would be consistent with insight that suggests women struggle to prioritise time for themselves after childbirth.



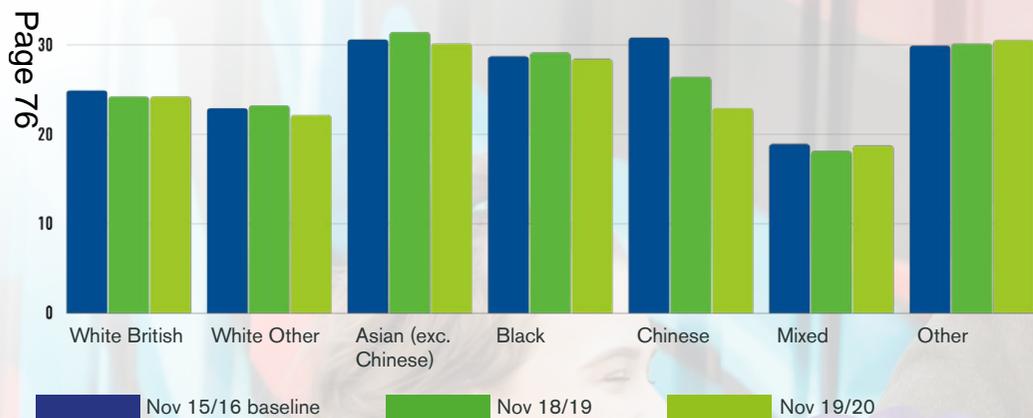
We become less active in later life. Research indicates that menopause can have a big impact.

In Hampshire and the Isle of Wight, if we combine data from Nov 15/16 to Nov 18/19, we can see a steady increase in inactivity among women from age 55 upwards. The average age for women to reach the menopause in the UK is 51 years, with natural menopause typically occurring between ages 45 and 55. [Research by Women in Sport](#) revealed that 30% of women reported being less active during menopause. Women also experience increased risk of osteoporosis and cardiovascular disease after menopause.

Black and South Asian

There is insufficient Active Lives Survey data available at a Hampshire and Isle of Wight level to explore physical activity levels by ethnicity. However, national data reveals that Black and South Asian adults and those within the 'Other' ethnic group are less likely to be active than those who are White or Mixed race.

Inactivity by ethnicity (England data Nov 15/16 to Nov 19/20):



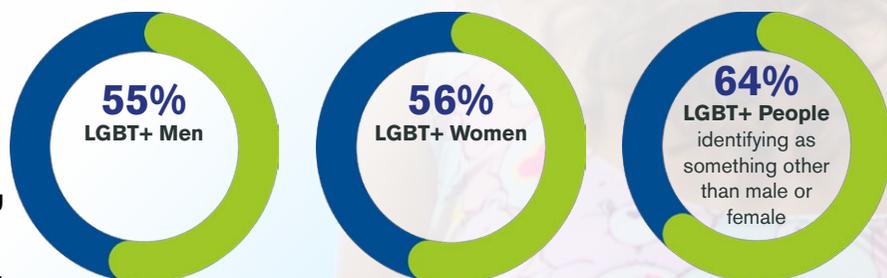
Source: Sport England Active Lives Adults

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LGBT+

There is insufficient Active Lives Survey data to explore physical activity levels by sexuality at a Hampshire and Isle of Wight level. However, there is national evidence to suggest that LGBT+ People - particularly those who identify as something other than male or female - are less likely to be active enough to maintain good health compared to the general population.

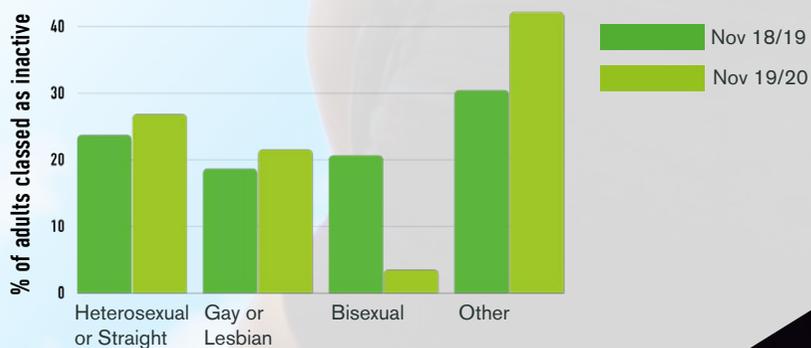
Pride Sports 2016 research commissioned by Sport England shows:



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were not active enough to maintain good health, compared to 33% of men and 45% of women in the general population.

Sexual Orientation was added to the Active Lives survey in 18/19:



Source: Sport England Active Lives Adults

Additional Resources

[Energise Me, Hampshire and Isle of Wight insight](#)

[Sport England, Know Your Audience - National data and insight](#)

[Women in Sport, Research, Advice, and Publications about women](#)

[Activity Alliance, National reseach on disabled people in sport and recreation](#)

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If you would like to chat about the data and insight in this pack, please get in touch with Sophie Burton, Strategic Lead - Insight and Workforce, Energise Me: [**sophie.burton@energiseme.org**](mailto:sophie.burton@energiseme.org)

We Can Be Active

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However we choose!

Coordinated by

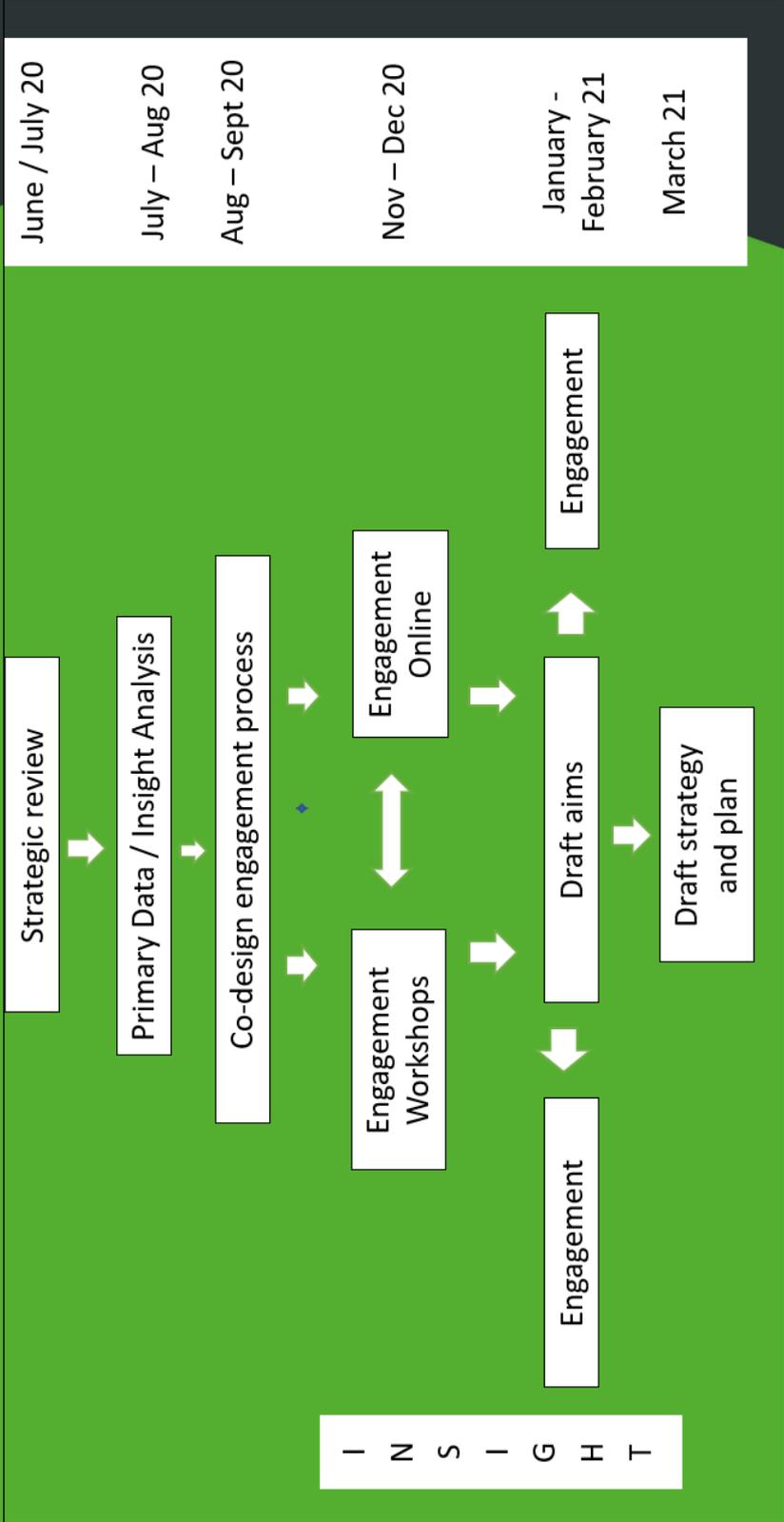


UPSIDE DOWN



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Strategy Development Process





Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

| | |
|---|---|
| Name or Brief Description of Proposal | Adoption of the Hampshire and Isle of Wight We Can Be Active Physical Activity Strategy for Southampton |
| Brief Service Profile (including number of customers) | |
| We are proposing the adoption of the Hampshire and Isle of Wight We Can Be Active Physical Activity Strategy as the new Physical Activity Strategy for Southampton. This has a joint mission to inspire and support active lifestyles so we can all be active in a way that suits us. It will apply to all residents living in Southampton. A local action plan will be developed for Southampton following adoption of the strategy with internal and external stakeholder consultation to determine the local actions needed. | |
| Summary of Impact and Issues | |
| There are no known negative impact or issues relating to equality in adopting the We Can Be Active Physical Activity Strategy; indeed, the primary aim of the strategy is to reduce inequalities in physical activity locally. The development of the strategy, over a 1-year timeline, took into account local insight, public consultation and organisational input to consider fully the least active groups including the impact of COVID, the barriers faced, and the goals needed to support everyone to be active. | |
| Potential Positive Impacts | |
| The new strategy’s primary mission is to support everyone to be active through focusing on those that are inactive. It aims to decrease long-standing inequalities for people who are least likely to be physically active including people who have Black and South Asian backgrounds, people who are LGBTQ+, women, low incomes, disabilities, long-term health conditions, adults aged 75+ as well as children and young people. | |

| | |
|------------------------------------|-----------------|
| Responsible Service Manager | Becky Wilkinson |
| Date | 01/02/2022 |
| Approved by Senior Manager | Dr Debbie Chase |
| Date | 01/02/2022 |

Potential Impact

| Impact Assessment | Details of Impact | Possible Solutions & Mitigating Actions |
|---------------------------------------|--|--|
| Age | Strategy focus on children and young people and older adults | Positive impact only |
| Disability | Strategy focus on people with physical and mental disability | Positive impact only |
| Gender Reassignment | Strategy focus on people who identify as LGBTQ+ (including transgender) | Positive impact only |
| Marriage and Civil Partnership | n/a | n/a |
| Pregnancy and Maternity | n/a | n/a |
| Race | Strategy focus on people with Black and South Asian background | Positive impact only |
| Religion or Belief | n/a | n/a |
| Sex | Strategy focus on women and girls | Positive impact only |
| Sexual Orientation | Strategy focus on people who identify as LGBTQ+ | Positive impact only |
| Community Safety | Goal 3/5 in the strategy is that we have places and travel routes where we all feel safe and are encouraged to be active (improve community safety) | Positive impact only |
| Poverty | Strategy focus on people in low-income groups | Positive impact only |
| Health & Wellbeing | Strategy focus on people with long-term health conditions | Positive impact only |
| Other Significant Impacts | <p>An over-riding aim of the strategy is to reduce health inequalities.</p> <p>The strategy was developed since the onset of COVID and, therefore, is designed to address the inequalities that have arisen as a result of the pandemic.</p> | n/a |