



GET SWINDON ACTIVE STRATEGY

2022-2025



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1. Foreword

Physical activity is very important to both physical and mental health and wellbeing. The pandemic affected people in different ways with some people being more active and others finding it much harder. In Swindon although 7 in 10 adults do some activity, one in four do less than 30 minutes a week. The Chief Medical Officers for the UK (Department of Health and Social Care, 2019) encourage people to be active 4 or 5 days a week, for 150 minutes a week and including some strength based activity.

This strategy is about how we make being active and moving more part of day-to-day life in Swindon. We want to encourage people to be more active whether at home or making the most of the streets and green spaces in and around our borough. We know from successful initiatives such as Beat the Street (Intelligent Health (2022) that people enjoy being active (and competitive!) and so we want to build on this to encourage more people to enjoy activity in whatever way appeals. We also want to understand and remove any barriers to being more active and moving more to reduce inequalities in access, participation and achievement.

Working with local communities and businesses to be more active needs a partnership approach and the strategy outlines how the Get Swindon Active Partnership will be that catalyst for change. Our ambition is to use the 'Get Swindon Active' branding to draw together both existing opportunities for activity and future initiatives. We want residents to know what's available locally and see Swindon as a town that promotes walking, cycling, swimming, dancing and any other activity that encourages people to have fun, feel good and ultimately achieve their health goals.

Councillor David Renard (Chair of the Swindon Health and Wellbeing Board)

Councillor Brian Ford (Cabinet Member for Health and Wellbeing)

Professor Steve Maddern (Director of Public Health)

2. Our vision

An active Swindon where physical activity or movement is a normal part of how people live, work and play, with partners and local communities coming together to understand the barriers to activity and identify opportunities and action for change. Ultimately, this will improve the health and wellbeing of our Swindon population.

3. How will we achieve our vision?

The vision will be achieved by

1. Encouraging everyone in Swindon to be more physically active and move more, focussing particularly on groups who are less active.

2. Removing the barriers to physical activity and movement so that everyone in Swindon is able to be active.

3. Working together with partners and the local communities in Swindon.

HOW

Encouraging forms of exercise which can be built into everyday life that are suitable and easily available; for example walking and cycling.

Influencing **where we live, work, travel and play** so that being active becomes an easy choice for Swindon residents. This includes infrastructure changes to support active travel.

Continuing to provide **information** on opportunities for being active within Swindon in a way that is easy for residents to access and understand.

Promoting Get Swindon Active as the overarching brand to ensure consistent messaging across projects and partners.

Tackle inequalities by encouraging an approach to increasing physical activity that allows all our communities to enjoy opportunities for being active. This includes working with and empowering communities who face difficulties in being active.

Clear and targeted **marketing and communications** to ensure that our residents are aware of what opportunities are available for being active and how they can get involved.

Encouraging employers to promote healthy workplaces and encourage physical activity and movement.

Encouraging frontline professionals to promote being active, including signposting to available opportunities and linking in with other initiatives, such as social prescribing.

Working together with partners and creating **shared responsibility** across Swindon to support being active.

Working together with Swindon's leisure providers and sports organisations, such as Wiltshire and Swindon Sport Partnership, to further develop the town's sporting infrastructure and promote being active.

Supporting and building capacity within neighbourhoods, communities and voluntary organisations which can encourage physical activity and movement.

Supporting partners, including schools, to **encourage physical activity and movement in children**, such as including being active in their daily routine.

BRINGING OUR STRATEGY TO LIFE: A detailed action plan will accompany this strategy with more detail and specific success measures.

Links to other Swindon strategies

As highlighted above, working together with organisations and communities and linking closely with other related work is key to delivering the Get Swindon Active Strategy's vision and achieving our aims. The aims in the strategy are also closely linked to those in other local strategies, for example the Healthy Weight Strategy, the Swindon Health and Wellbeing Strategy, the Sports Strategy, the Local Transport Plan, the Swindon Local Plan, the Playing Pitch Strategy, Swindon Falls and Bone Health Strategy and the wider Bath and North East Somerset, Swindon and Wiltshire Partnership Strategy. We will work closely with other partnerships and strategic groups in delivering joint aims. These partners include public, voluntary and private sector groups with shared goals e.g. climate change, environment, road safety, transport planning, equality, schools and education. This will help us to offer a wide range of opportunities to our communities including those who may be facing difficulties with being active. All will also benefit from shared learning and expertise, as well as good use of joint resources, with less overlap.

Links to national and global physical activity frameworks

This strategy has been informed by the following global and national frameworks, aligning with their guidance and latest evidence base:

- Sports England: Uniting the Movement, (Sport England, 2021a)
- National guidance: Physical Activity Prevention and Management of Long Term Conditions (Public Health England, 2020a); Everybody Active, Everyday: Framework for Physical Activity, (Public Health England, 2020a)
- World Health Organization: More Active People for a Healthier World (WHO, 2020).

4. What is physical activity?

Physical activity is defined as any **movement of the body** produced by muscles that requires energy to be used. It can take many forms, occurs in many surroundings, and has many purposes: for example daily activity, active leisure, and sport (Department of Health and Social Care, 2019). Appendix 1 lists health-improving physical activity examples of these activities. People can do several different types of activities to meet the recommended guidance. This is only a guide, and the intensity and type of activity suitable for each person will depend on their fitness levels and preference.

5. Why be active?

“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat” (Department of Health and Social Care, 2019).

Being active has huge benefits for the health and wellbeing of people of all ages. Regular physical activity is linked with a reduced risk of a range of diseases including type 2 diabetes, high blood pressure, some cancers and dementia. It also improves people’s mental wellbeing and makes a happier society (Public Health England, 2020a; Sport England, 2022c). Even relatively small increases in physical activity can help to improve health and quality of life.

Being active is important in helping to achieve and maintain a healthy weight. This strategy dovetails with the Swindon Healthy Weight strategy to support reducing levels of obesity in Swindon.

Physical activity also connects and strengthens communities, contributes to reducing inequalities for people with long term health conditions, and enables us to build a healthy and positive community where people want to live, work and play. Moreover, it adds value to our economy - the economic value of community building and social trust has been estimated at £14.2bn (Sport England, 2022c). Every year, leading an active lifestyle prevents 900,000 cases of diabetes and 93,000 cases of dementia – a combined saving of £7.1 billion to the UK economy (Sport England, 2022c) More information on the benefits of being active can be found in Appendix 2.

6. The cost of inactivity

Sedentary behaviour, or inactivity, is linked with poor health outcomes. It is one of the top risk factors of death from chronic diseases such as coronary heart disease, type 2 diabetes, and breast and colon cancers, and can shorten a person’s life span. Research suggests physical inactivity is responsible for up to nearly one in ten of chronic diseases and deaths worldwide (Katzmarzyk et al. 2022).

It is estimated that people who are not active enough have a 20% to 30% increased risk of death compared to people who are sufficiently active (WHO, 2020).

Physical inactivity is responsible for one in six UK deaths (same as the number of deaths by smoking) (OHID, 2022a). It costs the NHS around £1billion per year, and when costs to wider society are included this rises to around £7.4 billion per year (NICE, 2018).

7. How active do we need to be?

Health in later life is affected by a build-up of our experience and lifestyle throughout our life. Regular activity for people of all ages is required throughout our lives to achieve health benefits and reduce risks. The more time spent being physically active, the greater the health benefits. Evidence now shows that there is no minimum amount of physical activity needed to achieve some health benefits: even relatively small increases in physical activity can add to improved health and quality of life. Some is good, more is better. The UK Chief Medical Officers' Physical Activity Guidelines contain recommendations for physical activity for different age groups (see Appendix 3).

As an example, adults aged 19 to 64 should aim to:

- do strengthening activities that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms) on at least 2 days a week
- do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week
- spread exercise evenly over 4 to 5 days a week, or every day
- reduce time spent sitting or lying down and break up long periods of not moving with some activity

8. How active are we now?

The National Picture 2020/2021 – A Snapshot

The latest available national data from Sports England's Active Lives Adult Survey (adults aged 16+ in England) is from mid-May 2020 to mid-May 2021 (Sport England, 2021b). It is important to note that this time period includes three months of full national lockdowns, six months of significant restrictions and three months of easing restrictions.

During this period:

- 28% of people were inactive (did less than an average of 30 minutes a week)
- 12% were fairly active but didn't reach an average of 150 minutes a week
- 61% were active (did an average of 150 minutes or more a week)

When compared to the last full pre-pandemic data (mid-Nov 2018 to mid-Nov 2019), there were 0.8million (-2.4%) fewer active adults and 1.4million (+2.9%) more inactive adults. The pandemic has clearly had a negative effect on people in terms of opportunity and motivation to be active. The impacts of the pandemic are discussed in detail in Appendix 4.

Inequalities in physical activity nationally 2020/2021 (Sport England, 2021b)

There are inequalities in levels of physical activity by age, gender, disability, socioeconomic status, and ethnicity as shown below. This suggests that certain communities or individuals may face challenges in being active which should be reflected in any actions planned.

- **Gender:** Men (62%) are more likely to be active than women (60%). Furthermore, women of Black and Asian (excluding Chinese) ethnicities remain the least active and have the largest gender gap to males with the same ethnicity.
- **Ethnicity:** There are differences observed in activity levels based on ethnic background – for example, 63% ‘White’ respondents, 56% of ‘Chinese’ respondents, 52% of ‘Black’ respondents and 48% of ‘Asian respondents excluding Chinese’ report being active.
- **Age:** Activity levels generally decrease with age – 66% active at ages 16-34, 64% at ages 35-54, 60% at ages 55-74 with the largest decrease coming at age 75+ with only 38% active.
- **Disability and long term health conditions:** Activity is less common for disabled people or those with a long -term health condition (45%) than those without (66%).
- **Socio-economic groups:** Those in routine/semi - routine jobs and those who are long -term unemployed or have never worked are the least likely to be active (52%) compared to those who are in managerial, administrative and professional occupations (71%).

The Local Picture – How Active Are We in Swindon?

Adults

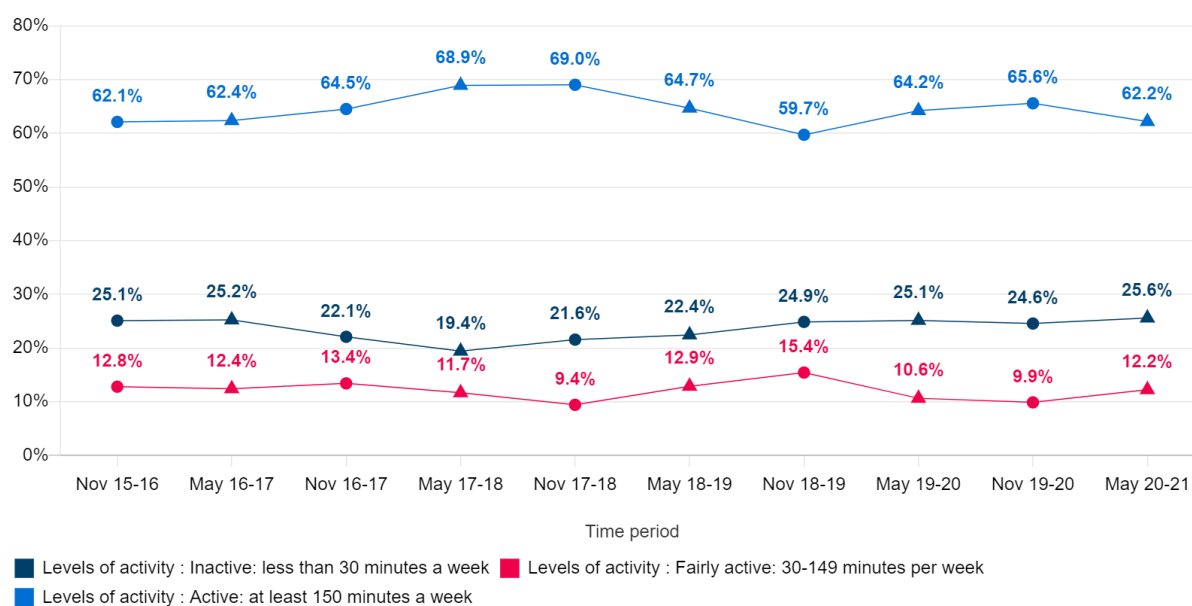
Using published data from Department of Health and Social Care (2019), this section provides a snapshot of how active we are in Swindon. Table 1 shows the percentage of physically active adults in Swindon in 2019/20 compared to other councils in the South West region (OHID, 2022c), (Swindon’s geographic neighbours) and Swindon’s CIPFA (Chartered Institute of Public Finance and Accountancy) nearest neighbours (local authorities similar to Swindon in terms of factors such as population and socio-economic indicators). The table shows that while Swindon is relatively less active when compared to many of its geographic neighbours in the South West, it is in fact more active than most of its CIPFA nearest neighbours, i.e. authorities with similar characteristics.

Table 1 Percentage of physically active adults in the South West region and CIPFA nearest neighbours to Swindon 2019/20

England		66	CIPFA neighbours	
<i>South West region</i>		71		
<i>Isles of Scilly</i>		80	<i>Stockport</i>	70
<i>Dorset</i>		77	<i>Swindon</i>	69
<i>Bristol</i>		74	<i>Trafford</i>	68
<i>Devon</i>		74	<i>South Gloucestershire</i>	68
<i>Wiltshire</i>		72	<i>Medway</i>	67
<i>Somerset</i>		71	<i>Bury</i>	67
<i>Gloucestershire</i>		71	<i>Calderdale</i>	67
<i>Bath and North East Somerset</i>		70	<i>Milton Keynes</i>	67
<i>Cornwall</i>		69	<i>Derby</i>	66
<i>Swindon</i>		69	<i>Bedford</i>	65
<i>Torbay</i>		69	<i>Telford and Wrekin</i>	64
<i>North Somerset</i>		69	<i>Warrington</i>	63
<i>South Gloucestershire</i>		68	<i>Kirklees</i>	63
<i>Plymouth</i>		66	<i>Peterborough</i>	59
<i>Bournemouth, Christchurch and Poole</i>		63	<i>Thurrock</i>	58

In 2020/2021, 62% of adults in Swindon reported being active for more than 150 minutes a week on average, while 26% reported being inactive (which is less than an average of 30 minutes a week). The trend in physical activity levels in Swindon over the last few years have been fairly unchanged as shown in Figure 1 below (Sport England, 2022a).

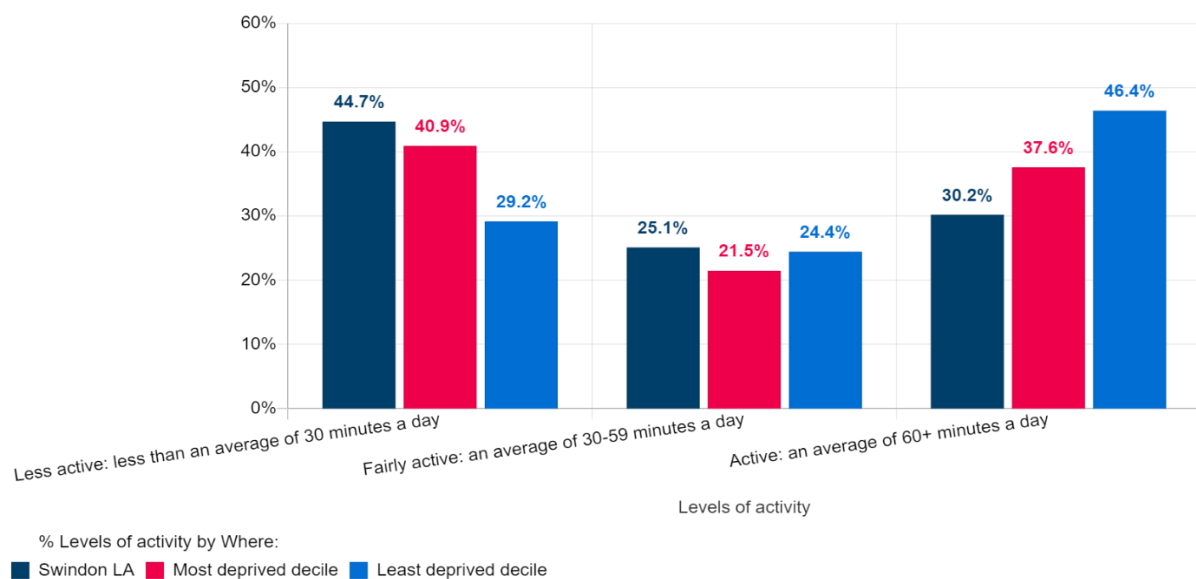
Figure 1 Levels of physical activity in Swindon adults: November 2015/16 - May 2020/2021



Children and Young People (aged 5-16)

According to the Active Lives Children and Young People Survey 2020/2021, 30% of children and young people (CYP) in Swindon reported being active for more than 60 minutes a day on average, while 45% reported being inactive (which is less than an average of 30 minutes a day). A higher proportion of CYP from the most deprived areas in Swindon were inactive (45%), compared to those from the least deprived areas (29%) as shown in Figure 2 below (Sport England, 2022a).

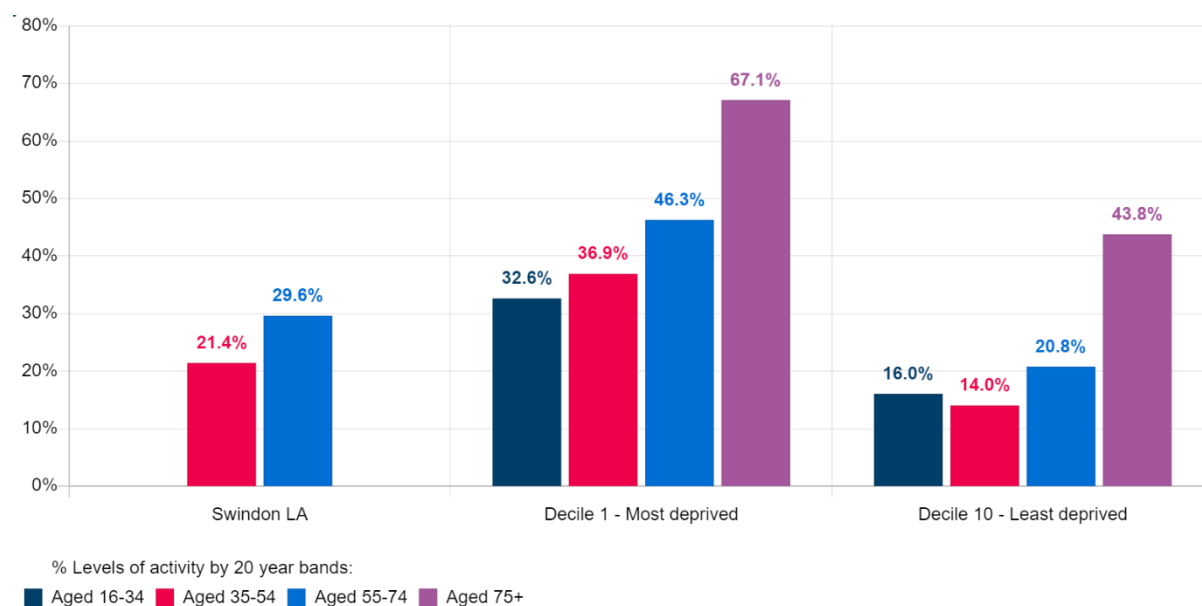
Figure 2 Levels of physical activity amongst Swindon's children and young people 2020/2021



Inequalities in Swindon 2020/2021

- **Age:** Individuals aged 75+ are the biggest group for inactivity in both the most deprived areas (67%) and the least deprived areas (44%) in Swindon as shown in Figure 3.

Figure 3 Physical inactivity by age in Swindon 2020/2021



- **Ethnicity:** Data on physical activity by ethnicity is limited – this may be due to limitations of data collection or an indication of issues with engaging in physical activity, or a combination of both.
- **Socio-economic:** Levels of inactivity in those aged 16+ in Swindon are higher among those from the most deprived areas (39%) compared to those from the least deprived (21%). Only 49% of those in the most deprived areas reported being active for 150+ minutes a week compared to 69% in the least deprived.
- **Disability or long term health condition:** 53% of individuals with a disability or long term health condition report being active at least 150 minutes a week compared to 65% of individuals without disability or long term health conditions.

Related conditions (OHID, 2022b)

Physical inactivity can contribute to obesity, which is a risk factor for several health conditions. Two in every three adults in Swindon are classified as overweight or obese. This is the third highest in the South West region, and also higher than the South West average (62%) and the England average (63%)

Swindon is also the highest in the South West for the prevalence of obesity (including overweight) in Year 6 children – 36% which is statistically significantly higher than the South West average of 32%. Swindon is considered to be statistically similar to the England average of 35%.

What does this mean for Swindon?

The data suggests that:

- Swindon has high levels of inactivity among its adults and children with harmful consequences for their health.

- Inactivity is higher among those who are older, those from deprived backgrounds, and those who have a disability or long term health condition.
- There is limited data for ethnicity groups.

This presents us with the task of working with all Swindon residents to increase physical activity and movement, with a particular focus on those groups who may face barriers to being more active.

9. How can we support Swindon's population to be more active?

Understanding what drives behaviour is key to engaging with our residents and working with them to be more physically active. There appear to be three key factors to creating behaviour change: (OHID, 2022d).

1. Our capability to change
2. Being given an opportunity to change
3. Having the motivation to change

For example, perceived ability to take part in sport and physical activity increased slightly ahead of the pandemic and throughout the pandemic period remained slightly higher than 12 months previously. Positive messaging around the importance of staying active, encouragement to leave the house once a day to exercise and the increased promotion of digitally-consumed fitness activities are likely to have created spaces for exercise away from the fear of judgement (OHID, 2022d). However, research continues to highlight the need to tackle emotional barriers which have been exacerbated by the pandemic (Sport England, 2021e). Enjoyment, fun and belonging are considered valuable enablers in the implementation, engagement, and long-term maintenance of physical activity behaviours (Public Health England, 2021).

People report a variety of barriers to being active. These include lack of time, cost of being active, not being 'sporty', too tired to be active and safety fears (e.g. women walking or jogging on their own, particularly in parks; fear of cycling on busy roads) (Sport England, 2005).

Furthermore, evidence shows that different groups may face different barriers to engaging in physical activity. For example:

- People with long term conditions experience internal barriers, such as lack of motivation, pain, fear of hurting themselves, feeling embarrassed, and feeling unsafe in public spaces (Public Health England, 2020b).

- Young people report attitudes toward physical activity, perceptions of competence and body image, fun, and influence of friends, family and physical activity teachers as some factors related to participation in physical activity (Martins et al. 2015).
- Older adults from Black and Minority Ethnic communities report awareness of the links between physical activity and health, interaction and engagement with health professionals, cultural expectations and social responsibilities, suitable environment for physical activity, and practical challenges as some barriers (Ige-Elegbede et al. 2022)

Deep dive into Swindon

It is important to understand and appreciate the different barriers faced by different groups in order to work with people to become more active/move more and reduce inequalities. Therefore, a community engagement exercise was done in Swindon resulting in over 45 interviews and focus groups with people from different backgrounds and ranging in age from 16 to 93. Insight from this found that:

- **One size does not fit all:** it is important to target information or initiatives to be gender, age or socio-economically specific as this shapes perceptions.
- The **balance between being active and healthy eating** in maintaining health is difficult for many people: for example there is a perception junk food is easy to access in Swindon. Some women spoke of the importance of body image.
- **Better understanding of what being active means:** some people who walked 10 miles a day to get to work and back, had very manual jobs or did very active housework did not perceive this to be physical activity –despite active travel to work being part of day to day life.
- There are **financial and safety barriers** to being active: a few people mentioned access to parks and the cost of sports facilities membership.
- Older residents who took part in the consultation have expressed that the **social aspect of physical activity** is the most motivating for them. **Barriers** included transport, money, managing physical pain and limitation to movement.
- The significance of **physical activity for mental health** was acknowledged.

It is important to note that these insights were gathered from a small group of people.

10. Swindon's existing partnerships, initiatives and opportunities

In delivering this strategy, we will build on Swindon's strong track record of working in partnership to promote physical activity and the wide range of existing opportunities and facilities for our residents to access physical activity.

There are a wide range of activities in Swindon, including those aimed at different ages, genders, areas, disability and/or faith groups. The examples below may change, but this table is to demonstrate the breadth of local activities and these can be built on. Some of these are partners in the Get Swindon Active partnership e.g. Swindon Sports Forum, Wiltshire and Swindon Sport Partnership, Swindon Borough Council Economy and Development (this includes Active Travel) and GLL (leisure centres). Other partners include Parish Councils, Swindon Cycle Campaign, the NHS and local businesses.

- Activities in [churches](#), religious centres and community halls (the link is to Christ Church as an example)
- Activities at school, including after schools clubs
- Cycle training for [children and adults](#), plus guided rides.
- Inclusive [activities](#): Swindon has a range of weekly activities suitable for all needs and ability levels, encouraging participation in local sports clubs. Information is available from the Active and Inclusive Swindon website.
- The Otago falls prevention programme: this is a supported home exercise programme designed to help increase the strength and balance of older people in order to prevent falls.
- [Health walks](#) and [Ramblers](#)
- Gyms and leisure centres
- Local challenges and activities (on for short periods) e.g. Beat the Street, Active Swindon challenge, local charity events:
 - Beat the Street Swindon: Beat the Street turns towns into giant games. Participants earn points, win prizes and discover more about the local area by walking, running and cycling. (Intelligent Health, 2022)
- A wide range of [parks and open spaces](#).
 - Park Run at [Lydiard Park](#) or [Seven fields](#), plus [junior Park Run](#) at Lydiard Park.
- [Sports clubs and societies](#) include athletics, badminton, boxing, canoeing, cricket, cycling, fencing, football, gymnastics, hockey, martial arts, netball, orienteering, rugby, running, squash, swimming, tennis, triathlon and volleyball.
- Football Fans in Training (run in partnership with Swindon Town FC): this is a healthy living and weight loss programme, which includes physical activity, using football as a focus.

- [Swindon travel choices website](#)- Swindon cycle maps, local walks maps.
- Online offers and apps- these include [NHS apps and online videos](#) and [Sport England](#) links to online classes, challenges and ideas for keeping active for all age groups and abilities.

11. Strategy implementation and measuring success

This strategy outlines a clear priority for Swindon to increase physical activity and movement for residents, with a particular focus on those groups who are less active. It highlights the need to remove barriers to enable everyone to be active so that ultimately their health and well-being is improved.

It is recognised that achieving our vision and strategic aims is a long-term ambition. A Get Swindon Active action plan has been developed outlining how the strategy will be implemented. The action plan is a separate working document and will be regularly reviewed and monitored by the Get Swindon Active Partnership.

Measuring Success

These are two key outcomes for this strategy to improve physical activity levels:

Outcome 1: The percentage of physically active adults and children in Swindon is no lower than the England average, with an aspiration to achieve better levels of physical activity than the England average, during the time period of this strategy.

Outcome 2: Increases in physical activity in Swindon are greatest in areas with the highest levels of socio-economic deprivation.

Our progress against the above outcomes will be measured through the relevant indicators in the Sport England Active Lives survey and the Public Health Outcomes framework. Indicators in other related local strategies will also contribute e.g. outcomes from the Healthy Weight strategy and Transport strategy. Service user feedback from reviews of commissioned local programmes will also inform our work.

An easy read strategy will also be produced.

Appendix 1: Health Improving Activities

Figure 1: Types of activities that improve health

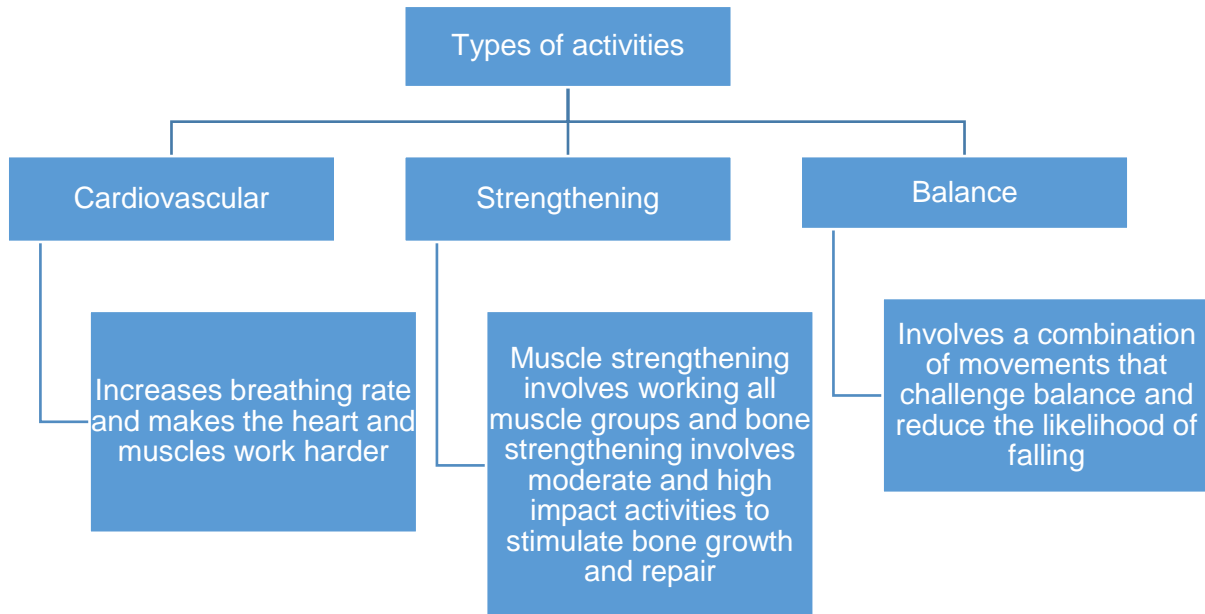
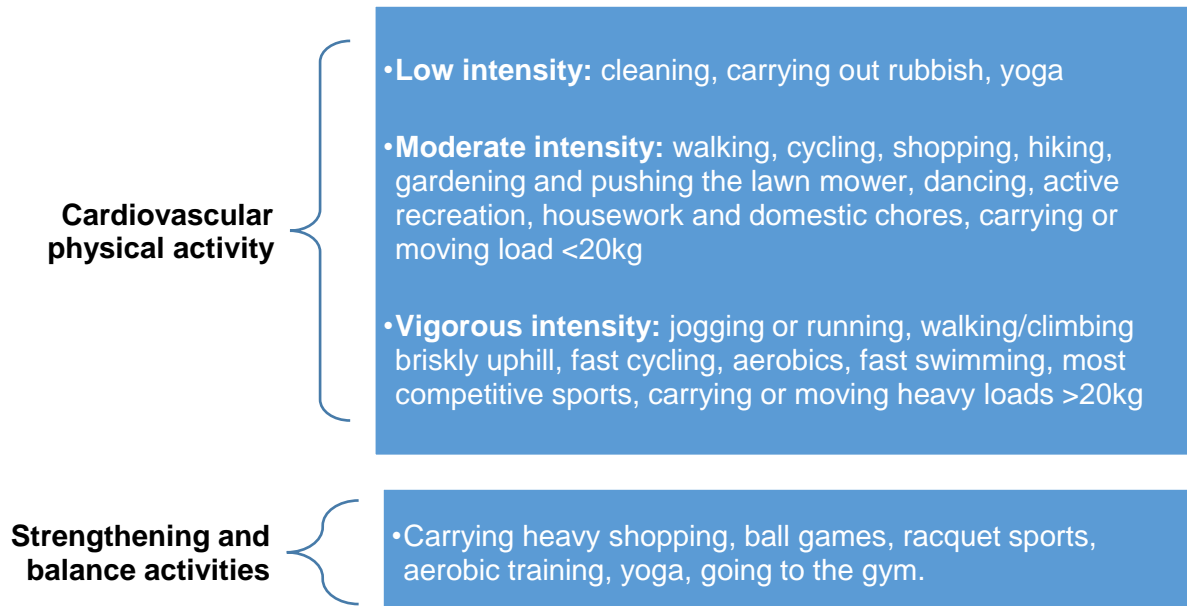


Figure 2: Examples of activities that improve health



Inactivity and sedentary behaviours involve being in a sitting, reclining or lying position during waking hours, doing little movement or activity and using little energy above what is used at rest. Examples are playing computer games for long periods or working at a desk without getting up and moving.

Appendix 2: Benefits of Being Active

Benefits to mental and physical health and wellbeing (Public Health England, 2016; 2020a)

- Regular physical activity can help in the prevention and management of over 20 chronic health conditions and diseases. Physically active people have a lower health risk including:
 - 35% lower risk of type 2 diabetes, 33% less risk of hypertension, 25% lower risk of coronary heart disease and stroke
 - 20% lower risk of breast cancer, 19% lower risk of colorectal cancer
 - 48% lower risk of depression, 40% lower risk of cognitive decline
 - 66% lower risk of hip fractures
- Physical activity can contribute to strength, balance and motor skills.
- It is a source of enjoyment and happiness, improved motivation, self-esteem and confidence. It supports positive mental health.
- Regular physical activity or movement helps in achieving and maintaining a healthy weight.

Value to community (Sport England, 2022)

- Physical activity can reduce social isolation, support social inclusion and enable a healthy and positive community where people want to live, work and play.
- It improves community links and cohesion, and build social capital.
- It contributes to reducing inequalities for people with long term conditions.
- It can increase levels of social trust and improve residents' sense of belonging.
- The economic value of community building and social trust has been estimated at £14.2bn.

Value to wider society and economy:

- Physical activity can contribute to increased productivity in the workplace.
- It can improve learning and attainment.
- It can lead to a reduction of harmful emissions and an increase in sustainable communities through the positive promotion of other options to the car, such as walking and cycling.
- According to Sports England, active lifestyles are credited with 30 million fewer GP visits every year (Sport England, 2022c).
- Every year, leading an active lifestyle prevents 900,000 cases of diabetes and 93,000 cases of dementia – a combined saving of £7.1 billion to the UK economy (Sport England, 2022c).

Appendix 3: UK Chief Medical Officers' recommended levels of physical activity

Age Group	Recommended levels of physical activity
Early years (birth to 5 years)	<p><u>Infants (less than 1 year):</u> At least 30 minutes across the day.</p> <p>For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake, for example interactive floor-based activity.</p>
	<p><u>Toddlers (1-2 years):</u> At least 180 minutes (3 hours) per day in a variety of physical activities, for example object play, swim, messy play, dance, walk, jump, throw/catch, games, scoot, playground, climb, skip, play, and bike.</p>
	<p><u>Pre-schoolers (3-4 years):</u> 180 minutes with at least 60 minutes of moderate-to-vigorous intensity physical activity, for example the 180 minutes should include at least 60 minutes of moderate to vigorous physical activity (MVPA).</p>
Children and Young People (5 to 18 years)	<ul style="list-style-type: none"> • Moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week, for example play, run, walk, swim, skate, bike, active travel, sport, physical education, skip, climb, workout, dance. • Minimise the amount of time spent being sedentary
Adults (19 to 64 years)	<ul style="list-style-type: none"> • Aim to be physically active every day; some is good, more is better. • Minimise the amount of time spent being sedentary. • Each week: should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity; or 75 minutes of vigorous intensity activity; or even shorter durations of very vigorous intensity activity; or a combination of moderate, vigorous and very vigorous intensity activity. E.g. swim, brisk walk, cycle, run, stairs, sports.

	<ul style="list-style-type: none"> • Muscle strengthening at least two days a week. E.g. gym, yoga, carry heavy bags. • Improve balance 2 days a week. E.g. dancing, Tai Chi.
<p>Older Adults (65 years and over)</p>	<ul style="list-style-type: none"> • Participate in daily physical activity: some physical activity is better than none. • Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. • Undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. • Break up prolonged periods of being sedentary with light activity when physically possible – at least standing.

Appendix 4: Impact of the COVID-19 pandemic

The COVID-19 pandemic has impacted on the way many people are active, with social distancing measures and restrictions on movement limiting opportunities. There has also been a drop in people's motivation and sense of capability (i.e. an individual's psychological and physical capacity to engage) to be active (Sport England, 2021).

Inequalities have widened over the pandemic nationally (Sport England, 2021c; 2021d)

- Both men and women recorded sharp declines in activity levels as a result of the restrictions; while men were less active initially, women recorded more sustained drops in activity.
- Compared to 12 months previously, activity levels have fallen amongst all groups, with those from lower socio-economic groups seeing larger decreases than those from higher socio-economic groups
- The 75+ age group was particularly affected and this may be linked to the requirement for many of those aged 70+ to shield during the earlier stages of the pandemic.
- Black and Asian adults, as well as those in the 'other ethnic group', are less likely to be active than those who are White or Mixed race.
- Amongst children and young people, those from the least affluent families remain the least active, and this gap has widened since the start of the pandemic, in part because less affluent families have less access to outdoor space.

After the easing of restrictions, some people might return to physical activity sooner than others. Affordability may be a challenge, with people continuing to be financially impacted longer-term. Additionally, changes to working patterns, caring responsibilities, personal management of risk, worries about contracting / spreading the virus or anxieties about social mixing could continue to impact behaviour. However, whilst the restrictions severely limited the ability to take part in some activities such as active travel and swimming, data shows significant attempts by the population to find other options through increases in activities like walking, running and cycling. Also, the vaccine rollout appears to be having a positive impact on attitudes towards taking part in physical activity. This momentum must be built on to positively engage with people around physical activity going forward.

References

Department of Health and Social Care (2019) UK Chief Medical Officers' Physical Activity Guidelines. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf (Accessed: 08 August 2022).

Ige-Elegbede J, Pilkington P, Gray S, Powell J. Barriers and facilitators of physical activity among adults and older adults from Black and Minority Ethnic groups in the UK: A systematic review of qualitative studies. *Prev Med Rep.* 2019 Jul 13;15:100952. Available at: <https://pubmed.ncbi.nlm.nih.gov/31367514/> (Accessed: 10 August 2022).

Intelligent Health, (2022). *Building Healthy Communities*. Available at: <https://www.intelligenthealth.co.uk/>. (Accessed: 16 September, 2022).

Katzmarzyk, P.T., Friedenreich, C., Shiroma, E.J., *et al* (2022) Physical inactivity and non-communicable disease burden in low-income, middle-income and high-income countries, *British Journal of Sports Medicine*, **56 (2)**, pp. 101-106. Available at: <https://bism.bmj.com/content/early/2021/03/01/bjsports-2020-103640> (Accessed: 08 August 2022).

Martins J, Marques A, Sarmiento H, Carreiro da Costa F. (2015) Adolescents' perspectives on the barriers and facilitators of physical activity: a systematic review of qualitative studies. *Health Education Research.* 30(5):742-55. Available at: <https://pubmed.ncbi.nlm.nih.gov/26324394/> (Accessed: 10 August 2022).

NICE (2018) Physical activity and the environment. Available at: <https://www.nice.org.uk/guidance/ng90/chapter/Context> (Accessed: 08 August 2022)

OHID (2022a) Physical activity: applying All Our Health. Available at: <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health#why-promote-physical-activity-in-your-professional-practice> (Accessed: 08 August 2022)

OHID (2022b) Physical Activity. Available at: <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938133001/pat/6/par/E12000009/ati/202/are/E06000022/cid/4/tbm/1/page-options/car-do-0> (Accessed: 09 August 2022).

OHID (2022c) Physical Activity. Available at: <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000009/ati/302/are/E06000030/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yr/1/nn/nn-10-E06000030/cid/4/tbm/1/page-options/car-do-0> (Accessed: 09 August 2022).

OHID (2022d) Physical Activity. Available at: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/applying-behaviour-change-theories-real-world-examples-from-ghga.pdf> (Accessed: 09 August 2022).

Public Health England (2016). Health matters: getting every adult active every day. Available at: <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day> (Accessed: 10 August 2022).

Public Health England (2020a) Health matters: physical activity – prevention and management of long-term conditions. Available at: <https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions> (Accessed: 08 August 2022).

Public Health England (2020b) Health matters: physical activity – prevention and management of long-term conditions; the barriers to physical activity for those with long-term conditions. Available at: <https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions#the-barriers-to-physical-activity-for-those-with-long-term-conditions> (Accessed: 10 August 2022).

Public Health England (2021) Physical activity: understanding and addressing inequalities. Available at: <https://www.gov.uk/government/publications/physical-activity-understanding-and-addressing-inequalities> (Accessed: 09 August 2022).

Sport England (2005) Understanding Participation in Sport – a Systematic Review. Available at: <https://www.sportengland.org/media/39119/understanding-participation-in-sport-2005.pdf> (Accessed: 09 August 2022).

Sport England (2021a) Uniting the movement: 10-year vision to transform lives and communities through sport and physical activity <https://www.sportengland.org/about-us/uniting-movement#readourstrategy-13743>. (Accessed: 16 September, 2022)

Sport England (2021b) Active Lives Adult Survey May 2020/21 Report. Available at: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-10/Active%20Lives%20Adult%20Survey%20May%202020-21%20Report.pdf?VersionId=YcsnWYZSKx4n12TH0cKpY392hBkRdA8N> (Accessed: 09 August 2022).

Sport England (2021c) Coronavirus challenges highlight importance of physical activity and sport for children. Available at: <https://www.sportengland.org/news/coronavirus-challenges-highlight-importance-physical-activity-and-sport-children> (Accessed: 12 August 2022).

Sport England (2021d) The impact of coronavirus on activity levels revealed. Available at: <https://www.sportengland.org/news/impact-coronavirus-activity-levels-revealed> (Accessed: 11 August 2022).

Sport England (2021e) Understanding the impact of Covid-19. Available at: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021->

[04/Understanding%20the%20Impact%20of%20Covid%20April%202021_0.pdf?VersionId=rDJkuKiVEnrsQYsDn9nSYezUmXlu6ZK9](https://www.sportengland.org/04/Understanding%20the%20Impact%20of%20Covid%20April%202021_0.pdf?VersionId=rDJkuKiVEnrsQYsDn9nSYezUmXlu6ZK9) (Accessed: 09 August 2022).

Sport England (2022a) Trends: Levels of activity. Available at: <https://activelives.sportengland.org/Result?queryId=52373> (Accessed: 09 August 2022).

Sport England (2022b) Trends: Levels of activity. Available at: <https://activelives.sportengland.org/Result?queryId=52506> (Accessed: 09 August 2022).

Sport England (2022c) why moving matters. Available at: <https://www.sportengland.org/why-were-here/uniting-the-movement/why-moving-matters> (Accessed: 08 August 2022).

WHO (2020) Physical Activity. Available at: <https://www.who.int/news-room/fact-sheets/detail/physical-activity> (Accessed: 08 August 2022).