Fit for Life

A strategy to get more people, more active, more often

June 2014-2019

Bath & North East Somerset Council

“Lack of activity destroys the good condition of every human being while movement and methodical physical exercise save it and preserve it”

Plato

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Foreword

Introducing the Fit for Life strategy

Welcome to Fit for Life, the strategy for physical activity in Bath and North East Somerset Council.

I believe that physical activity should be an important part of everyone's lives. To achieve this the Council along with a range of partners and stakeholders will need to work together to provide a range of efficient and effective services and opportunities for people to engage with.

In 2008, the Council's first physical activity strategy 'Get Active' was produced. Its purpose was to create a framework to increase physical activity levels in Bath and North East Somerset. Since 2008, there has been much progress resulting in increased levels of participation from 22.5% for 2008 period (Active People Survey 2/3 NI8 data) to 27.2% for the 2013 period (Active People 6/7 NI8 data).

Fit for Life has been produced to build on the good work that is already being done with partner organisations. The strategy sets out strategic aims and key actions to support the continued development of Physical Activity within Bath and North East Somerset up to 2019. It also seeks to reinvigorate and build on the 'Get Active Partnership' that was created as part of the previous strategy and played an important role in bringing partners together.

Having a strategy is increasingly important at this time when finances are very limited; whilst the needs, expectations and aspirations of our customers and partners are increasing. Our Health and Wellbeing Strategy recognises the significant benefits that physical activity can deliver and this strategy builds on that work to looking to provide preventative measures to improve the future health of our population.

The strategy also demonstrates the contribution sport and physical activity can make to the economy of Bath and North East Somerset, how they contribute to a sense of place and community through bringing people together and reducing social isolation in addition to contributing creating a sustainable environment.

Particular attention will be given to encouraging those who are inactive to take up regular participation in physical activity, helping to reduce the significant health inequalities that exist within the district.

David Dixon
Cabinet Member for Neighbourhoods

Executive Summary

Vision

The overarching vision for 'Fit for Life', agreed by all partners and delivery organisations is:

More people, more active, more often

This strategy is also driven by the Public Service Board Vision which is:

Bath and North East Somerset will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a 'connected' area ready to create an extraordinary legacy for future generations.

The Strategy

The strategy sets out the priorities for Bath and North East Somerset which are determined using existing provision, consultation, research, other strategies and plans and emerging trends and issues.

It recognises the significant health and wellbeing benefits that physical activity can deliver and seeks to find ways to make physical activity more central to people's lives making explicit links to the Health and Wellbeing Strategy.

The strategy also considers the contribution physical activity can make to the economy of the area, how they can help to enhance place and communities through bringing people together and reducing social isolation and how they can contribute to improving the environment and support the sustainability agenda.

It shows the Council's commitment to improving opportunities to get more people active and healthy and enable greater involvement from all sectors to develop services which promote and facilitate an active lifestyle for all our residents.

The strategy has emerged following extensive research and consultation with partners and stakeholders including a 1000 count street survey and a number of focus groups run with those groups within the population that have lower levels of physical activity.

The strategy makes the case for physical activity by making reference to a number of national and local statistics, by referring to the extensive evidence base for the benefits of activity and by making use of the joint strategic needs assessment to understand the key local issues.

The strategy seeks to support delivery against a number of key opportunities:

- Ageing well.
- Healthy weight.
- Reducing inequalities.
- Positive mental health.
- Employability.
- Supporting complex families.
- Stronger communities.
- Supporting the local economy.
- Creating healthy and sustainable places.
- Self Help.

The strategy sets out a framework for partnership action under 4 key themes:

Active Lifestyles

More people are participating in physical activities which are fun and sociable and help to build and strengthen communities.

Active Travel

More people are walking or cycling as a means of getting around as part of everyday life.

Active Design

Our neighbourhoods are designed to offer easy access to a choice of opportunities for physical activity enabling communities to be more active and healthy.

Active Environments

Our leisure facilities and green infrastructure are well used and enjoyed by local residents and visitors.

Governance

Fit for Life is a cross cutting strategy and is governed by the Health and Wellbeing Strategy. It will be implemented alongside other key strategies that contribute to B&NES's public health agenda, including but not limited to: The Economic strategy, Transport Strategy, Core Strategy, the Green Infrastructure Strategy, Green Space Strategy, Sustainability Strategy and Children and Young People's Plan as well as contributing to the delivery of outcomes in partnership plans such as the Clinical Commissioning Group's 5 Years Strategic Plan.

The strategy will be supported by an action plan agreed by the Health and Wellbeing Board and Physical Activity Strategic Partnership. Reporting of outcomes will be via the Physical Activity Strategic Partnership to the Health and Wellbeing Board.

What is Physical Activity?

Physical activity is a broad term to describe movement of the body that uses energy. It includes everyday activity such as walking and cycling to get from A to B, work-related activity, housework, DIY and gardening. It also includes recreational activities such as working out in a gym, dancing, or active play, as well as organised and competitive sport. Some people think about getting active as getting fit and assume that it means vigorous physical activity. It doesn't.

We do get fitter as we get more active. But, the goal for good health is to increase the amount of physical activity that we do. In doing more physical activity, we will develop the health-related areas of our fitness. These are cardiovascular fitness (our heart, lungs and circulatory systems), muscle strength and stamina, flexibility and body composition (percentage of body fat). There are also skill-related areas of fitness – power, speed, agility, co-ordination, balance and reaction time. These are vital for good health and are also important for sports performance.

How much Physical Activity is enough?

The four UK Chief Medical Officers recommend at least:

- 150 minutes per week of moderate physical activity in bouts of 10 minutes or more.
- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- More detailed government recommendations on physical activity levels can be found in appendix 5.

Principles underpinning the strategy

1 **Leadership** – Has strong local leadership supporting people to embrace change.

2 **Partnerships** – effective partnership working to optimise the use of resources.

3 **Intelligent Interventions** - developments are needs led, making best use of available market insight.

4 **Advocacy** – ensuring local people & key stakeholders understand the benefits of physical activity.

5 **Value for Money** – ensuring we deliver our priorities in the most effective way.

6 **Innovative** – uses technology to better engage and connect with people.

7 **High quality and Best Practice** – Development that meets local need, learning from & improving on the best.

8 **Holistic** – a cross sector commitment contributing to improved health and wellbeing of local people as well as providing a better built and natural environment for people to enjoy.

9 **Targeted** – focuses on the inactive, addressing inequalities for underrepresented groups, creating opportunities which are fun, tailored and inclusive.

10 **Sustainability** – ensuring exit routes are in place for participants to ensure impacts and measures are sustained and long lasting and that work is built from the bottom up creating an asset based community development approach.

What are the benefits?
National and Regional Context

‘The scientific evidence is compelling. Physical activity is good for both physical and mental health and contributes to overall positive wellbeing. People who are physically active reduce their risk of developing major chronic diseases by up to 50%, and the risk of premature death by about 20% - 30%.

Chief Medical Officer, Department of Health, 2004

60%

of men

72%

of women

68%

of boys aged 2–15

76%

of girls aged 2–15

do not meet the UK Chief Medical Officers' physical activity recommendations

Exercise has been described as a 'wonder drug' or 'magic pill' which, if used in the right measures can:

- Reduce the risk of heart disease by 40 per cent.
- Lower the risk of stroke by 27 per cent.
- Reduce the incidence of diabetes by almost half.
- Reduce the risk of recurrent breast cancer by almost half.
- Lower the risk of colon cancer by over 60 per cent.
- Decrease depression as effectively as Prozac.

Staying physically active is one of the best ways to maintain the ability to perform activities of daily living and improve overall quality of life (British Heart Foundation).

Being active is associated with reduced risk of depression and dementia in later life, it is effective in the treatment of clinical depression and can be as successful as psychotherapy medication, particularly in the long term. More generally, physical activity helps people feel better and feel better about themselves, as well as helping to reduce physiological reactions to stress.

Around 60% of adult men, 72% of adult women and 68% and 76% of boys and girls (respectively) aged 2–15 do not meet the UK Chief Medical Officers' physical activity recommendations, these include:

- a lifetime approach
- an emphasis on daily activity
- recognition of the importance of vigorous-intensity activity
- advocating a combination of moderate and vigorous-intensity activity
- new guidelines on combatting sedentary behaviour.

In recent years, studies have shown that regular physical activity also has benefits for our mental health. Exercise is associated with a reduced risk of depression and can prevent some people becoming depressed in the first place.

Studies also demonstrate that there are strong positive links between our physical and mental health and the level of contact with the natural environment. People living in areas with high levels of greenery are thought to be three times more likely to be physically active and 40% less likely to be overweight or obese than those in areas with low levels of greenery.

150 minutes a week is twice as effective as medication at reducing the risk of developing type 2 diabetes.

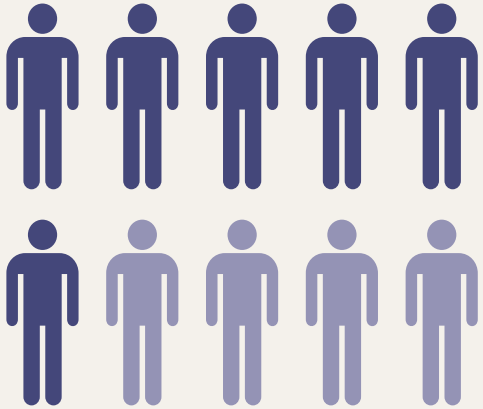
Economic Costs

In Bath and North East Somerset it is estimated that £45.8 million was spent by the NHS in 2010 on disease related to overweight and obesity and is set to rise to £49 million by 2015.

The cost of inactivity in B&NES is estimated at £15m.

The cost to the NHS for treating CHD, stroke, obesity and other health problems caused by physical inactivity is high and places an enormous financial burden on the Health Service. The cost of physical inactivity in England –including direct costs of treatment for the major lifestyle related disease, and the indirect costs caused through sickness absence – has been estimated at £8.2 billion a year.

In England, the costs of lost productivity from sickness absence and premature death have been estimated at £6.5 billion per year (Start active, stay active). Physical activity programmes at work have been found to reduce absenteeism by up to 20%: physically active workers take 27% fewer sick days.



60%

of UK adults are overweight

£6.5bn

The cost of lost productivity from sickness absence and premature death

£45.8 million

Amount spent by the NHS in 2010 on disease related to overweight and obesity

Who needs to become more active?

Current Participation

Physical activity rates in Bath and North East Somerset show a mixed picture (see *Joint strategic Needs Assessment*: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/physical-activity).

The overall message is that being inactive is bad for our health and that more of us need to become more active. B&NES's residents are likely to face many significant and growing health challenges in the future.

Most adults over the age of 35 are now overweight (APHO and Department of Health data)

- 23.6% of adults are obese (APHO and Department of Health data).
- 75% of pregnant women in B&NES are an unhealthy weight.
- 48% of adults are inactive (Sport England Active People Survey).
- Only 21% of the population nationally are taking part in sport or active recreation 3 times per week (Sport England Active People Survey).

Over half (55.7%) of adults in B&NES are estimated to be overweight or obese, although this is significantly lower than regional and national figures.

- Rates of recorded obesity are rising in adults in B&NES but are lower than national rates.
- In the 2013/14 school year, 23.3% of reception aged children had an unhealthy weight (overweight or obese), higher than national and regional levels, this represents a slight decrease on the 12/13 figure of 25.9%.
- 26.4% of year 6 children attending schools in B&NES had an unhealthy weight (overweight or obese), significantly lower than national and regional levels.

Who are the inactive?

We have identified specific priority group who are experiencing health inequalities, they are:

- People living in geographical areas of inactivity (See map in appendix 2).
- 11-18 year olds (particularly females) – this is the age where levels of activity start to drop.
- Families (particularly expectant mothers and those with pre-school aged children).
- Older People.
- Those who are carrying excess weight in both children and adults.
- Those with disabilities and long term health conditions.
- Ethnic Minorities.

75% **of pregnant women in B&NES are an unhealthy weight**

More than 1 in 4 children are an unhealthy weight at year 6 (age 10/11)

Stakeholder and Partner consultation

A wide range of consultation was carried out to inform the development of the strategy, more detail on this is provided in appendix 3.

Headline findings from the consultation process

Although 97% state regular activity is either very important or important, under a half state they are **not** undertaking as much activity as they would like to (46%). Women are currently less satisfied than men with the amount of activity they are currently doing.

Under half (47%) of the sample would like to undertake more physical activity than they currently are. Female respondents show a higher desire to take part in more activity/exercise than men and those age 55+ are the least likely to take part in more activity.

Of those who would like to do more activity but don't, the main barrier preventing them from doing so is the lack of time due to work pressure at 54% (nationally 47%), followed by lack of time due to home pressures at 22% (nationally 5%). Lack of motivation is a higher barrier in this area than nationally at 11% (nationally 2%).

The key issues to be addressed according to respondents were availability of time at 55% and direct costs at 40% stating either very important or important, followed by accessible and good quality facilities at 26%.

Key Themes

Several cross cutting themes came out of the consultation with focus groups held with population groups known to have lower physical activity levels.

1. Most inactive people know they need to be more active and say they want to be.
2. Recognition of individuals own responsibility to be active.
3. Being part of a groups or exercising with friends helps motivate people to exercise more.
4. Outdoor spaces/environment a great opportunity to be active for this area.
5. Club base is strong at both recreational and elite level.
6. Awareness of what is already happening could be better – better marketing and communications needed.
7. Local facilities perceived generally to be adequate to good with friendly, supportive staff and management, although both Bath and Keynsham were seen as being a bit tired and "not as good as they used to be".
8. Feeling that the council could engage better and more consistently.

Further to this there has been strong representation amongst the consultation for more accessible warm water swimming within the area.

Cycling

The majority of the sample does not cycle and do not want to (55%). Of those that do 27% overall do so for leisure purposes, a further 16% do not currently but would like to. 50% of those who do cycle do so alone, a further third with friends and a third with family. Men are more likely to cycle alone but women are more likely to cycle with family. This would also explain why women prefer off road (45%) and men prefer road cycling (51%) although men are also using cycling for travel purposes more than women.

Sports Club Consultation

We have also consulted local sports clubs as part of the playing pitch strategy process to understand what their key issues are. The majority of clubs are keen to increase the number of members they have and are looking for support to do this. They have highlighted the following:

- The need for greater access to floodlit training.
- The need for better/improved facilities.
- The need to reduce the costs of sport to participants.
- Support in accessing grants.
- The need to develop more coaches.
- The need to find more volunteers.
- The cost of hiring/using facilities.
- The lack of funds within the club to make the improvements needed.

Addressing Health and Wellbeing Strategy Priorities

The Council's health and wellbeing strategy has outlined the key priorities that the Council needs to address to improve the health of its population. Physical activity can make a significant contribution to this agenda.

Helping people to stay healthy

Healthy weight – Physical activity along with a healthy diet is key to reversing the rising obesity levels. It can help to reduce rates of childhood and adult unhealthy weight through increased activity levels among young people and targeted programmes at those with most need.

Supporting the Connecting families project – The government believes that there are 220 families in B&NES experiencing a range of complex needs including children known to social services, mental health problems and domestic violence. Access to physical activity opportunities, training and skill development programmes and access to targeted health programmes could help improve health, self-esteem and better connect these families to their communities.

Supporting the local economy – The physical activity sector can add to the area's attraction to inward investment/ business expansion through provision of modern, attractive built and natural facilities and by providing a range of opportunities to local employees to take part. Providing events such as half-marathons, sporting festivals and competitions could help to boost the visitor economy. Encouraging active workplace schemes will lead to improve employee health & wellbeing and productivity. The sector can also provide employment, training and volunteer opportunities to enhance individuals' skills and employability.

Creating Healthy and Sustainable Places – Providing fit for purpose leisure facilities with investment as identified through this strategy aimed at attracting new types of customers and increasing participation levels.

Improving the quality of people's lives

Ageing Well – With increasing age, the profile of disease and cause of death changes, with increased prevalence of physical and mental frailty during the years and months prior to death. Physical activity can help to increase mobility reduce the risk of falls, reduce social isolation and help maintain independence for longer.

Positive mental health – Physical activity has been shown to be as effective as medication at alleviating the symptoms of depression and is recommended by NICE guidance to be provided alongside talking therapies and medication as a treatment option to patients.

Self Help – To support people to take a greater ownership of their own health and wellbeing through increased physical activity and the provision of educational material.

The population is ageing, we think there will be over

2.5x

as many people aged 80+ by 2026 campared with 1981

Creating fairer life chances

Employability – Physical activity can provide volunteering opportunities, training, new skills, improved confidence and a route to employment.

Stronger communities – 7 out of 10 teenagers believe that anti-social behaviour happens because young people are bored. Physical activity can provide diversionary activities, help to reduce social isolation and be a positive force in bringing communities together to help reduce this problem.

Reducing Inequality – Physical activity is key to reducing the health inequalities that exist within the area, our research has shown that the most deprived areas with the lowest life expectancy are also the least active. Specific targeted programmes aimed at the prevention of ill-health and the promotion of wellbeing, such as exercise on referral schemes, will address those with the highest need.

80%

of emplyers value volunteering on a CV

Key Themes

Active Lifestyles
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Active Lifestyles

More people are participating in everyday activities which are fun and sociable and help to build and strengthen communities.

Of the 23.7% of adults in England who volunteer

1 in 5

volunteer in sports and recreation

Active Lifestyles is about increasing opportunities and participation for everyday activity, sport and recreation and preventing as well as treating ill health for all ages and abilities across the locality.

We will seek to develop and support activities that start where people are, are fun and sociable and help to build and strengthen communities.

Sport plays a key part in the culture of B&NES, with Bath Rugby and Bath City Football clubs prominent forces in the city and the world class training facilities and athlete's resident at the University of Bath. There is a strong culture of sports clubs in the area with well above average membership levels and a large volunteer workforce providing a myriad of sporting and physical activity opportunities.

Team facilitated sports and games help both children and adults to build friendships, social networks, give people a sense of belonging and help to break down social barriers.

Children and young people

The *fit for life* strategy aims to introduce a moving culture across the generations.

Physical activity is fundamental to the development of children and young peoples' health and wellbeing, and their ability to lead healthy, active lifestyles. Healthy pupils are more likely to be more effective learners.

Regular participation in physical activity can impact on children and young people's attainment through:

- Increased attendance at school.
- Improved behaviour.
- Increased confidence.
- Increased sense of belonging.
- Raised aspirations.
- Develop life/employability skills.
- Support for cross-curricular learning.
- Increased knowledge of healthy lifestyles.

Physical activity is also a powerful way to develop children's wider skills, qualities and aspirations as participants, leaders and organisers, which improve the overall school environment.

What do we know:

- Children's play is an important contribution to reducing obesity in children and young people.
- Outdoor and unstructured play is one of the best forms of exercise for children.
- Walking and playing provide children with more physical activity than most other activities.
- Children need a variety of inspiring, challenging formal and informal play provision for different age groups and abilities.
- Children need to feel safe from bullying.
- Children from lower socio-economic groups and some black and minority ethnic groups do less sport and exercise than those from higher socio-economic groups.
- Physical activity positively effects cognition in children. Being physically active releases hormones, neurotransmitters and a protein responsible for learning, memory and higher thinking.
- Sport and recreation can also lead to increased self-esteem and the development of motivation and determination.
- Children are most active at primary school age with activity levels dropping with age, particularly at 11-18 and especially in girls.

70%

of teenagers believe anti social behaviour occurs because young people are bored

Childhood membership of a sports club increases likelihood of being active as an adult

Information from the Schools Health Education Unit (SHEU) survey conducted in B&NES schools:

- Most children say that they enjoy physical activities.
- At Primary School around 50% of our pupils walk to school, this drops to 40% at Secondary School.
- Physical activity has to compete with activities such as watching TV, playing computer games, the internet, meeting friends, homework, playing musical instruments, listening to music etc. and so has to be engaging and fun.
- Just over 80% of young people say they watched TV, DVD's or videos on the day prior to the survey.
- 93% of our Primary School children own a bicycle.

What we will do:

- **Ensure physical activity is a consideration in all policy development that impacts on children and young people.**
- **Work across sectors to maximise the opportunities for physical activity in commissioned and delivered services.**
- **Reduce the rise in unhealthy weight.**
- **Commission targeted healthy lifestyle programmes for children, young people and families and expectant mothers.**

What we will do in partnership:

- **Increase opportunities to stimulate engagement in physical activities**
  - Develop and increase family focussed programmes.
  - Increase the range of activities and opportunities for children and young people to be active outside of school.
  - Encourage schools and clubs to work together in increasing participation.
  - Promote activities which children can do independently and those they can enjoy with their family and friends.
- **Increase access to physical activity in settings**
  - Continue to support early years and educational settings to encourage healthy lifestyles and physical activity opportunities and to provide good quality information on these subjects.
  - Support children and young people's settings to promote physical activity and active play during school hours, evenings, weekends and holidays.
  - Support schools to be community hubs providing access to their facilities in their local community to raise awareness and encourage families to be more active.
  - Continue to work with the school sports partnership to continue to ensure high quality sport and physical activity opportunities are delivered within schools.
  - Develop effective strategies for increasing activity levels in the key transition points for young people (between primary and secondary school and secondary and further education).
  - Map safe routes to school, local play and leisure facilities.

More than 1 in 4 children are an unhealthy weight at year 6 (age 10/11)

How will we know if we have made a difference:

- More children playing outdoors.
- The SHEU survey shows activity levels increasing.
- We reduce the drop off in activity levels at 11-18 years.
- More children are a healthy weight.
- More children are reducing screen time.
- We have increased the number of school to club links.
- We have increased the number of young leaders being trained.
- We have increased the number of competitions and competitors taking part in schools.
- Increase in number of early years and educational settings promoting active play.

Active Adults and Active Ageing

Being an active adult helps to prevent and helps to manage conditions such as coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers. It has a positive effect on wellbeing, mood, sense of achievement, relaxation and release from daily stress.

As we get older, many of us accept weakness, pain and loss of function as an inevitable consequence of the ageing process. However many of these symptoms are not due to ageing but are due to lack of physical activity. By maintaining strength through physical activity falls can be reduced, we have better cognitive function and we are able to enjoy active physical functioning well into our eighties and nineties.

What we know:

- The main barriers to increasing participation are cost, transport and time but these barriers will be greater for vulnerable groups.
- Although adult participation in leisure is above the national average, more provision is wanted by all age groups and there are areas of specific need.
- The majority of our local clubs would like to increase the number of members they have, but are experiencing a range of challenges in doing this from lack of facilities, to lack of volunteers and coaches and increasingly challenging funding issues.
- 80% of employers value volunteering on a CV and 9 in 10 employers believe that volunteering can have a positive effect on career progression. The average sports club has 20 volunteers. Of the 23.7% of adults in England who volunteer 1 in 5 vounteer in sports and recreation.
- Being active before, during and after pregnancy enables women to be better prepared for the physical demands of birth and parenthood. There are also long term benefits for children as physical activity can be incorporated into a family's life early on, so that it becomes a habit. It can also help women to return to their pre-pregnancy weight more quickly after childbirth.

What we will do:

- **Increase Opportunities to stimulate engagement in physical activities**
  - Deliver events aimed at engaging new people, promoting positive messages and providing education about sport and physical activity.
  - Ensure that major events that take place in the area provide a legacy of increased participation as an agreed and planned objective of the event, as well as enhancing the visitor economy and making links to the arts/culture sector where relevant.
  - Develop appropriate services which promote the use of both indoor/outdoor space across the life course.
  - Offer interventions which are whole family/carer centred and combine play with exercise.
  - Promote activities which are holistic and combine improved mental wellbeing and exercise.
- **Increased participation and client outcomes in targeted healthy living programmes aimed at reducing health risk factors or rehabilitation.**
- **Create fairer life chances by improving participation in physical activity for priority groups: disadvantaged areas, sedentary, those with a disability, BME groups.**
- **Increase opportunities for walking and cycling for leisure such as:**
  - Promoting community cycling clubs.
- **Increase number of walking and cycling interventions - (linking routes with opportunities in social settings as rest points)**
  - Develop arts/cultural landmarks on walk routes which promote reminiscence learning.
- **Support people in maintaining a healthy weight:**
  - Ensure a range of level 1 and level 2 weight management services are on offer to adults who carry excess weight.
- **Improve skills and employment in disadvantaged groups**
  - Improve opportunities for those persons not in employment, education or training to access training and volunteer opportunities within sport and physical activity.

What we will do in partnership:

- **Promote activities which encourage people to re-engage with sport.**
- **Improve access to local sports clubs and leagues and competitions working closely with Wesport and the National Governing Bodies of Sport.**
- **Increase access to elite squads and athlete support schemes.**
- **Increase access to and participation in sustainable physical activity programmes in community settings (e.g. green gym, community food growing).**
- **Continue to support the B&NES Inclusive Sport and Physical Activity partnership to improve opportunities and access to sport and physical activity for those with disabilities.**

- **Increased participation and client outcomes in targeted healthy living programmes aimed at reducing health risk factors or rehabilitation**
  - Work with the NHS to develop a self-care and prevention strategy for Long Term Conditions (including Type 2 diabetes, moderate and severe mental illness and related non communicable diseases (e.g. cardiovascular disease).
  - Support the development of exercise for health programmes for patients with medical problems that can be improved by participating in physical activity.
  - Ensure a range of level 3 and level 4 specialist weight management services are on offer to adults who carry excess weight.
- **Build inclusive networks, supporting people with a disability or impairment to try new sports through taster events and links to their local sports clubs.**
- **Signpost sports clubs to training and funding to support delivery of inclusive sessions.**
- **Increase resilience in people and communities including action on loneliness**
  - Provide structured exercise in a range of community settings for older people.
  - Develop activities which help reduce social isolation in older people.
  - Contribute to the reduction in number of falls.

How will we know we have made a difference:

(See appendix 6 for Sport England Measured KPI's for the area):

- Club membership stays at its current high level.
- The inequality between the most active and least active areas narrows.
- Participation increases amongst our priority groups.
- We have reduced health inequalities in areas of greater need, through a range of health referral and physical activity programmes, focussing on those at risk of developing chronic health conditions.
- There has been an increase in numbers of people physically active.

Active Environments

Our leisure facilities and green infrastructure are well used and enjoyed by local residents and visitors.

Built Facilities

The majority of the Council owned stock of facilities was built in the 1970's and like much of the country's leisure estate, is ageing and in need of modernisation and investment to ensure it is fit for purpose to meet the needs of the local population. These facilities also need to ensure that they can be financially viable to ensure their long term future and this needs to take into account lifecycle costs and realistic repair and maintenance costs to ensure that there is no repeat of the current problem.

Bath is unusual in its low levels of private sector leisure provision, however there is a larger than usual contribution made to the offering by Private Schools and the University of Bath, although it must be recognised that public provision is not the core business of these facilities and so access is restricted.

The newly built cycle circuit at Odd Down Playing Fields has helped to fuel increases in the number of cyclists in the area as well as providing a good example of partnership working between local agencies to drive participation levels up. Building on and learning from this partnership approach will be key to ensuring the future of local sports clubs facilities within this challenging financial climate where pooling of resources and multi activity sites are likely to prove more viable than multiple small groups and single use small sites.

The area has some very good examples of dual use leisure provision on state school sites using differing models of delivery and encouraging and supporting community access to school facilities is seen as a much more realistic proposition that the large scale development of new facilities.

What we know:

- There are significant pockets of deprivation with B&NES and that these areas have the lowest levels of physical activity, Culverhay Sports Centre is very well located to lead the work on narrowing the inequalities in Bath.
- Our key leisure facilities play a significant role in leisure provision receiving over 1.1 million visits per year.
- The facilities are in need of investment to improve the customer experience and sustain and increase participation levels.
- Detailed condition survey reports have been carried out on the leisure centres showing that there is a significant backlog of maintenance and repairs that needs to be addressed and highlights the current poor condition and unattractive nature of the facilities.
- Visits to our leisure centres have dropped and recovered in recent years due to a variety of factors and are currently at the same level as they were in 2006, to improve the health of the area we need to make a step change in these levels.
- There is an undersupply of fitness suite stations in the area, perhaps due to an absence of the larger private sector health clubs commonly found in comparable locations.
- A number of sports halls have been built within Bath and North East Somerset on school sites in recent years leading to an oversupply of this type of facility.
- There is a lack of dedicated swimming teaching space within the area.
- Fitness suites, studio space and swimming pools deliver far greater participation numbers than sports halls and squash courts.
- The current leisure centre in Keynsham is an area that has been assigned for redevelopment.
- There is a shortage of 3G astro turf pitches within Bath and North East Somerset, leaving pitch-based sports like football less resilient in periods of wet weather and limiting opportunities for teams to train.
- The Norton Radstock area currently has 2 primary leisure facilities – Writhlington Sports Centre and South Wansdyke Leisure Centre, the area would be best served by these facilities working together rather than in competition.

What will we do:

(Conclusions drawn from the Council's Built Facilities Strategy, a thorough assessment of local needs evidence):

- **Commission a new leisure facilities contract to ensure Council owned leisure and sports facilities are fit for purpose for the next 25 years.**

What we will do in partnership:

- **Generate Investment and improved and updated Sports and leisure Facilities to meet the needs of the community and secure the financial future of these facilities**
  - Redevelop Bath Sports and Leisure Centre to increase participation levels, better serve the strong visitor economy of the city and
  - Build a new facility in Keynsham to replace the existing leisure centre, including a teaching pool to address the lack of this type of space within the area.
  - Continue to work with Wellsway School and Broadlands Schools in Keynsham to develop their facilities to complement the offer of a new build. Aspirations include the development of community entrances, parking and dedicated community changing for the leisure facilities alongside further development of the existing offer including indoor tennis facilities.
  - Explore the possibility of asset transfer for South Wansdyke Sports Centre to the Writhlington Sports Trust to improve coordination of facilities in the Norton Radstock area.
  - Ensure that new and remodelled facilities are designed to be inclusive and that users and potential users are consulted on final design as part of the procurement process.
- **Increase customer satisfaction levels with facilities.**
- **Ensure the services provided at these key facilities are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes.**
- **Support schools, colleges and university to provide facilities that can deliver positive experiences of sport and physical activity and develop community access to these key dual use facilities.**

How we will know we have made a difference:

- Increase in number of users and visits across the sites.
- Increase in members and users from our priority groups.
- Increased number of children and young people and families using the sites.
- Members and users show increased activity levels.
- Successful delivery of exercise as a form of treatment for ill health schemes through our facilities.
- Jobs, training opportunities and apprenticeships are aimed at B&NES residents.
- New leisure centre delivered in Keynsham and investment secured for other sites to modernise.

Green Infrastructure

The term "green infrastructure" describes the networks of natural spaces and corridors across a given area. Green infrastructure is made up of a wide range of green assets such as open spaces, parks and gardens, allotments, woodlands, street trees, green roofs, fields, hedges, lakes, ponds, meadows and grassland playing fields, as well as footpaths, cycleways and waterways. These are the "soft" places and edges of our built communities and the natural habitats and beautiful landscapes of our rural areas that together quietly control the background to our health and well-being.

B&NES as an area benefits from some outstanding natural environment, with Bath in the unique position of being the only City in the world to achieve world heritage site status. This strategy is keen to maximise the benefits of the green infrastructure as a resource to encourage more people to be active. Indeed the City is built on a history of recreation and leisure rather than industry or trade, with it being considered a leisure destination akin to an outdoor hotel through its history.

Outside Bath City, access to green infrastructure is good with a wide range of opportunities for people to be active on their doorstep, encouraging and supporting this is central to the strategy.

91%

of people believe that public parks and open spaces improve quality of life.

What we know:

- The B&NES area benefits from a unique and in places, outstanding natural environment, parks and green spaces. There are exceptional leisure and recreational opportunities available through this invaluable asset for developing and supporting healthy, happy and vibrant local communities.
- Streets and parks designed to be safer and more attractive were the most common changes people reported which would encourage them to walk more – RIBA, 2014.
- Access to green spaces is associated with a decrease in health complaints such as high blood pressure and high cholesterol, improved mental health and reduced stress levels.
- People living closer to green spaces are shown to be more physically active and less likely to be overweight or obese.
- Green Infrastructure contributes to all aspects of health and well-being including increasing levels of physical activity which would alleviate pressures on the NHS.
- Simply being outside in a green space can promote mental well-being, relieve stress, overcome isolation, improve social cohesion and alleviate physical problems so that fewer working days are lost to ill health.
- Living near parks, woodland or other open spaces helps to reduce health inequalities, regardless of social class.
- In urban areas people are more likely to rate their health as good if there is a safe and pleasant green space in their neighbourhood: an increase from 48% to 58%.
- 60% of interviewees thought pleasant local green spaces would improve their overall physical health, 48% thought it could improve their mental health, and 46% thought it would make them feel better about their relationships with family and friends.[1]
- 91% of people believe that public parks and open spaces improve quality of life.[2]

[1] CABE Space. (2010). Community Green: Using local spaces to tackle inequality and improve health
[2] CABE. (2009). Future Health: Sustainable places for health and well-being

- In a national survey of 5831 respondents, 79% agreed with the statement: "Parks and open spaces help me stay fit and healthy". Only 4.5% of respondents disagreed with the statement.
- Parks and green space facilities provide easily accessible recreational opportunities, which are usually free. A brisk walk every day, in your local park, can reduce the risk of heart attacks by 50%, strokes by 50%, diabetes by 50%, fracture of the femur by 30%, colon cancer by 30%, breast cancer by 30% and Alzheimer's by 25%.
- Green exercise has important implications for public and environmental health. Evidence suggests that participants in exercise programmes based in outdoor green environments are more likely to continue with their programme than if it is based within a gym or leisure centre.
- There is a shortage of sports pitches for sports like football and rugby in Keynsham which are resilient in periods of wet weather. The extent of this will be highlighted in the review of the playing pitch strategy. The Wellsway School site has established pitches which do not flood.

What will we do:

- **Support a well-connected and multifunctional network of green Infrastructure.**
- **Ensure there is a good supply of resilient, well-managed, maintained and fit for purpose green spaces and playing pitches that meet the needs of the community they serve as well as safeguard against the loss of open space and recreational facilities.**
- **Maximise on opportunities for integrating walking and cycling routes with art and culture and world heritage sites.**

What we will do in partnership

- **Work closely with and through a number of linked strategies, including the Sustainable Transport Strategy, Green Infrastructure Strategy and Green Spaces Strategy to deliver "Fit for Life" priorities.**
- **Protect playing pitches and outdoor opportunities for physical activity from development.**
- **Provide safe open spaces and play areas which are stimulating and challenging for children.**
- **Develop age appropriate play facilities for children and young people.**
- **Create family friendly environments that enable opportunities for active play and planned physical activity.**

A brisk walk every day, in your local park, can reduce the risk of heart attacks by

50%

- **Encourage schools to make use of available facilities to children and young people out of school hours and holidays, offering physical activity programmes and opportunities for physically active play.**
- **Create more opportunities for people to access sport and physical activity on their doorstep (own community), particularly utilising parks and open spaces.**
- **Seek to influence future enhancements of the canals, rivers and towpaths to ensure they maximise opportunities for being active.**
- **Promote greater usage of our parks, green spaces and natural environment.**
  - Address any concerns about safety, crime and inclusion in our parks and open spaces.
  - Ensure spaces and facilities used for physical activity meet recommended safety standards for design, installation and maintenance.
  - Increase the availability and accessibility of holistic growing schemes, allotments and community gardens so that they attract a wider audience.
  - Deliver improvements at Lansdown Playing fields in partnership with local schools and clubs to enhance the user experience and drive greater participation recognising the key strategic nature of this site for sports provision.

How we will know we have made a difference:

- Usage of our green infrastructure increases.
- We are able to protect our parks and green spaces against development.
- Increase in the number of outdoor play opportunities.

Active Design

Our neighbourhoods are designed to make physical activity an "easy" choice, enabling communities to be more active and healthy.

What we know:

The built environments we live in can make choices to be more physically active easier or much harder depending on how they are designed.

Design factors such as stair promotion within buildings to the availability of active recreation spaces and the walkability of neighborhoods for example, play an important role in promoting or inhibiting regular physical activity. People generally enjoy walking, but if it is not an accessible and easy option they are less likely to actually do it. Well-designed and accessible neighbourhoods, streets, and buildings are therefore needed to make physical activity an easy choice for all residents. This will help contribute to more active, healthier communities.

"Active Design" uses architecture, urban planning, and policy as tools to promote public health through changes to the built environment. Active Design has three key principles;

- Improving accessibility (providing easy, safe and convenient access to a choice of opportunities for participating in sport and physical activity and active travel for the whole community)
- Enhancing amenity (ensuring high quality design of facilities and infrastructure with good links to other developments, local communities and the wider public realm).
- Increasing awareness (making sure opportunities to be physically active are prominent through the design and layout of the development).

Ideally, these three key principles should be applied to the following "activities" so that we create environments that maximise opportunities for participation in sport and physical activity:

- Everyday Activity Destinations – these are those places where people spend most of their time and which are essential to meeting people's day to day needs. They include schools, workplaces, shops, homes and community facilities. Where possible the linkages between them should provide safe, convenient and direct access for walking, running or cycling between different places.
- Informal Activity and Recreation – these are facilities that could be available more locally to people's homes such as children's play areas, multi-use games areas, skate parks, home zones, allotments, parks and gardens and other informal parkland, natural green space and civic spaces.

- Formal Sports and Leisure Activities – these are those facilities where sport or physical activity will be the deliberate and primary purpose of the visit. This includes swimming pools, fitness clubs, formal pitches and indoor facilities used for team sports, athletics, countryside and water sports.

In order to influence the design and development of places, "active design" must be incorporated into the work of key Council departments such as Planning, Regeneration, and Transport. There are a number of key opportunities to enable this, including contributing to:

- Master Plans for areas in B&NES that are due to be redeveloped.
- The Placemaking Plan, including the development requirements for site allocations.
- The Sustainability Appraisal (to ensure that active design considerations are integrated into the preparation of plans).
- Health Impact Assessments where they are required.
- Pre-planning and planning applications for major developments.
- Key Council Strategies such as the Transport Strategy, Housing Plans and Strategies.

What we will do:

In partnership with Planning, Regeneration and Transport colleagues, we will promote active design so that physical activity becomes an easy choice for our residents. This will be achieved through:

- **Supporting a planning policy framework which seeks to promote the 3 key principles of active design and in relation to everyday activity destinations, informal activity and recreation, and increasing awareness. This should include:**
  - Making physical activity an easy option when designing spaces and so that they are inviting for all.
  - Improve walking and cycling opportunities between everyday activity destinations.
  - Ensure building design helps to encourage use of the stairs ahead of the lift.
  - Ensure that active design is incorporated into the Sustainability Appraisal so that it is considered and integrated into plans such as the Placemaking Plan and Master Plans.
  - Utilise active design criteria to assess pre-planning and planning applications for major developments.
  - Promote the incorporation of active design principles in key Council Strategies such as the Transport Strategy, and Housing Plans and Strategy.

How we will know we have made a difference:

- Active design principles are incorporated into the Council's Sustainability Appraisal.
- There is evidence that active design principles influence pre-planning and planning applications for major developments.
- Key Council Strategies and Plans promote active design principles.
- New developments clearly demonstrate how this advice has been implemented.
- Physical activity, sports and leisure facilities, green space and access to the natural environment are key considerations in the planning process.

Active Travel

More people are walking or cycling as a means of getting around as part of everyday life

Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic approach to increasing physical activity and may be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits. More walking and cycling also has the potential to achieve some of the Council's wider objectives, it:

- supports local businesses and promotes vibrant town centres
- provides a high-quality, appealing public realm
- reduces car travel, air pollution, carbon dioxide emissions and congestion
- reduces road danger and noise
- increases the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction and children's play
- provides an opportunity for everyone, including people with impairments, to experience and enjoy the outdoor environment.

There is an extensive evidence base for effective action on active travel. The most relevant and recent review has been conducted by NICE, looking specifically at local measures to promote active transport.

The small size of the City of Bath makes it a much more walkable proposition than many other places and this should be exploited both for residents and tourists with readily available walking routes, highlighting the strong heritage of the city in the way that many other European cities do. In partnership with the more infrastructure and commuter led approach of the Transport Strategy the opportunities for walking and cycling as a leisure pursuit should be considered as an important part of building healthy lifestyles.

What we know:

There is potential for increasing the number of journeys taken by bicycle. Currently, these trips make up just 2% of all journeys in Britain. Twenty percent of all trips made cover less than 1 mile – and just over half of all car journeys cover less than 5 miles (Transport trends 2009).

Although most children can cycle, only 2% of trips to school are made by bike (Taking part: The national survey of culture, leisure and sport. Adult and child report 2009/2010).

What we will do:

- **Improve access to public services and local amenities.**
- **Improve walking and cycling conditions by:**
  - Safe, attractive walking and cycling networks linking every day destinations.
  - Develop a coordinated pack of individualised travel marketing.
  - Develop school and work travel plans.
  - Provide high quality cycle training.
  - Support the delivery of walking programmes.
- **Contribute to the implementation of the Bath Transport Plan.**
- **Increase the number of healthy living road shows to support people in making the choice to walk or cycle for both work and leisure.**
- **Provide interventions and services that support people in making the choice to walk and cycle more as a recreational activity.**
- **Make use of the Odd Down Cycle Circuit as a safe off road venue for skill development and improving confidence in cyclists.**
- **Work with early years and educational settings to continue to encourage a culture of physically active travel, supporting them to provide cycle and road safety training for all children.**
- **Promote active travel in schools and workplaces.**

What we will do in partnership:

- **Continue to support local cycling clubs to increase their membership through the partnership working with British Cycling that has successfully delivered the Cycle Circuit and its development plan.**
- **Work with providers of public transport to promote the benefits of travelling sustainably – linking walking and cycling routes with public transport networks.**

How we will know we have made a difference:

- Walking and cycling as a leisure activity and commuter travel increases across all ages.
- Targets are in place to measure uptake of walking and cycling.

Cross Cutting Themes

- **Workforce and Volunteering**
- **Evidence and Evaluation**
- **Communications, Information and Resources**

Workforce and Volunteering

The positive impact that employment can have on health and wellbeing is well documented. There is strong evidence to show that having a healthy workforce can reduce sickness absence, lower staff turnover and boost productivity – this is good for employers, workers and the wider economy.

Physical activity can provide volunteering opportunities, training, new skills, improved confidence and a route to employment to help support work on the worklessness agenda.

Through a partnership approach we will:

- Work with local employers to create healthy, active workplaces which improve the health of the working age population.
- Create opportunities for volunteering to successfully increase people's physical activity and promote good mental health and well-being as well as increasing the potential for employment.
- Work with local employers to implement a Workplace Wellbeing Charter which is an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce.
- Offer support to local employers who want to encourage their employees to be more physically active by implementing local physical activity programmes and developing workplace travel plans to enable people to be physically active throughout the day.
- Ensure continuing professional development (CPD) programmes for people involved in organising and running formal and informal physical activities.
- Ensure new workplaces are linked to cycling and walking networks.

Evidence and Evaluation

We will provide and develop clear information about the positive effects of being active, what works best for different people and different settings, and use an evidence based approach to the development of policy and practice.

We will work with partners to agree a performance measurement system as well as accurate baseline measures so that progress can be measured.

We will also utilise the potential for developing research projects with the University of Bath and others.

Communications, Information and resources

What we will do:

- **We will establish a Physical Activity Network and strategic partnership to support and coordinate work in the sector.**
- **The Physical Activity Strategic Partnership will be responsible for ensuring that lines of communication are clear and that the public are aware of what opportunities are available from different organisations.**
- **We will develop a communications plan, which will involve much greater use of local intelligence and the market segmentation information to identify suitable marketing strategies that would appeal to the lowest participating groups.**

The communication plan will:

- Promote the use of the Change4Life and Start4Life campaigns, plus other national campaigns that may emerge over the next three to five years (www.change4life.co.uk).
- Improve communication between the partners and sharing good practice.
- Improve consistency of key messages.
- Promote local opportunities.
- Develop and maintain easily accessible resources about what's available across Bath and North East Somerset, taking into account a wide range of interests and preferences. As part of this create a high quality digital hub for signposting and promotion with an effective online physical activity finder.
- Create a B&NES brand.

Through a partnership approach, we will:

- **Work with local and regional networks, clubs and forums to engage stakeholder and local residents in increasing participation rates and promoting the benefits of being active.**
- **We will seek to connect people with Physical Activity opportunities across the lifespan using clear and consistent, simple and value based marketing messages for physical activity making use of social marketing and information technology to support campaigns.**
- **Maximise on community resources to improve awareness of key messages and to increase accessibility to interventions.**

Appendices

Appendix 1
Outcomes Framework

Measures of success:
How we will measure the outcomes of the strategy

Outcomes	National and local Indicators the strategy contributes to:	Linked Strategies/ plans	Strategy Objectives	Examples of local Activity/ Programmes	Performance Measures
Active Lifestyles					
All People are active enough to benefit their health	Under 75 Mortality from all cardiovascular diseases (including heart disease and stroke) Mortality from causes considered preventable % of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on PA. (Active People Survey, Sport England) Numbers less than exercising 0 x 30 mins per week Numbers active 3 x 30 Numbers reaching 5 x 30 The gap in activity levels between the most and least deprived wards (measured by active people) Self-reported activity levels and barriers to exercise (Voice box street survey)	HWBB strategy CCG strategic plan	Increase opportunities to stimulate engagement in physical activities Increased participation and client outcomes in targeted healthy living programmes aimed at reducing health risk factors or rehabilitation Create fairer life chances by improving participation in physical activity and sport for priority groups: disadvantaged areas, sedentary, those with a disability, BME Develop the workforce to be able to promote physical activity Raise awareness of the benefits of physical activity Support people to self help Increase access to physical activity in settings Increase opportunities for walking and cycling for leisure	Programme of events to stimulate new activity and engagement, particularly in families e.g. sky ride , bath half marathon Lifestyle services including exercise referral programmes e.g. Passport to Health Rehabilitation programmes Programme of support for settings which includes physical activity e.g. workplace charter, DPH award Walking programmes Cycling development for leisure – promotion, training, disability cycling Play provision Swimming programmes Programme of School sports activities Programme of sports clubs , leagues and competitions Targeted activities for priority groups: children at risk from exclusion, NEETS, complex families, people with mental health issues, BME , disabled e.g. Breakthrough mentoring programme Staff training for brief interventions Social marketing activity e.g. Change for life	Numbers attending events and the % stating they will exercise more as a result Numbers participation in activities/ services Client satisfaction levels with services Client outcomes for people accessing programmes e.g. Numbers exiting Passport to Health Scheme still active 3 x 30 minutes 6 months post programme Number of children who can now swim 25 metres Numbers of staff trained Levels of media coverage / web hits Sports club membership

Outcomes	National and local Indicators the strategy contributes to:	Linked Strategies/ plans	Strategy Objectives	Examples of local Activity/ Programmes	Performance Measures
Active Lifestyles					
Older people are active enough to and enjoy good quality of life and maintain independent living	% of over 65s reporting any exercise lasting at least 10 minutes during a 4 week period (Health Survey for England) Reduction in falls in over 65s by age and gender	CCG Strategic plan Avonsafe Injury Prevention Strategy	Improved Services which support and encourage independent living Increase resilience in people and communities including action on loneliness Reduction in the number of falls	Falls and balance clinics Targeted physical activity programmes for older people	
All Children and adults maintain a healthy weight (inc pregnancy)	% of children aged 4-5 classified as overweight or obese (as measured by NCMP) % of children aged 10-11 classified as overweight or obese (as measured by NCMP) % of children overweight or obese in bottom quantile % of children walking/cycling to school (The Health-Related Behaviour Survey) The Schools Health Education Unit Increase in perception of safe areas to play for children and families (play spaces survey/ Youth Parliament) % of adults classified as overweight or obese (as measured by Sport England research)	Healthy Weight Strategy Children and Young People's Plan Play Strategy CCG Strategic Plan	Reduce the rise in unhealthy weight Maintain healthy weight during pregnancy	Healthy weight pathways Weight management programmes e.g. SHINE, Health in pregnancy Social marketing activity	Coverage for NCMP data

Outcomes	National and local Indicators the strategy contributes to:	Linked Strategies/ plans	Strategy Objectives	Examples of local Activity/ Programmes	Performance Measures
Active Lifestyles					
People increase their employability via physical activity	Sickness Absence – % of working days lost due to sickness absence	Economic strategy	Improve Skills and Employment in disadvantaged groups	Training and development and volunteer opportunities and apprenticeships for young people related to physical activity	Numbers participating
Active Environments					
All people have access to affordable high quality and sustainable facilities **All people have access to high quality natural environment and outdoor places**	% of people using outdoor space for exercise/health reasons (as measure MENE survey by Natural England)	Placemaking plan Green Infrastructure Strategy Playing Pitch strategy	Generate investment and Improved and updated Sports and Leisure facilities to meet the needs of the community Increase customer satisfaction levels with facilities Increase usage of the facilities Protect playing pitches and outdoor opportunities for physical activity from development Provide open spaces and play areas which are stimulating and challenging Promote greater use of parks and open spaces and natural environment	Re tender the Leisure contract delivering value for money New Build Leisure Centre for Keynsham Refurbishment of Bath and North East Somerset sports centre Redevelopment of facilities (Odd Down, Lansdown, South Wansdyke Sports Centre), to deliver both improved service and greater commercial return Develop and apply supportive policies Provision of outdoor activity e.g. green gyms	Visits to leisure facilities Lower operating costs (£0 revenue cost to Council) Customer satisfaction levels Life cycle costs accounted for New members not active in previous 12 months Playing pitch and built facility strategies are adopted and informing Council's regulation 123 statement

Outcomes	National and local Indicators the strategy contributes to:	Linked Strategies/ plans	Strategy Objectives	Examples of local Activity/ Programmes	Performance Measures
Active Travel					
All people have opportunities to travel sustainably to key destination points	Self-reported modes of transport for work/school and barriers to walking and cycling as a means of active travel (Voice box street survey)	Transport plan Economic strategy Sustainable Construction SPD	Improve access to public services and local amenities Improve walking and cycling conditions	Bicycle hire schemes Cycle infrastructure development Sustainable transport plans in schools Sustainable transport road shows Implement 20 MPH or lower speed limits Driver training	Usage of bike schemes User satisfaction Number of transport plans Engagement with road shows
Active Design					
All new developments and buildings support people to be physically active	Number of health impact assessments complete Further indicators to be developed	Core strategy Placemaking Plan	Improve design and planning process to take into consideration the impact on physical activity	Application of design checklist Health impact assessments	Policies in place to levy fees from developers via CIL to support facility development Number of planning applications which have been Health Impact assessed

Appendix 2
Evidence Base – Additional Information

In 2010, 47% of children's trips to and from primary school were made on foot, compared to 53% in 1995/97. The proportion of trips by car increased by about the same proportion. Similar patterns are seen among secondary schoolchildren, but they make fewer school trips on foot (36% in 2010) (National travel survey: 2010).

White adults are more likely than those from black and minority ethnic groups to say that they can cycle. Cycling proficiency is also linked to where people live, with those in more deprived neighbourhoods less likely to report being able to cycle (Taking part 2011/12 quarter 3: statistical release).

People living in the most deprived areas are less likely to take part in active sport than people in the least deprived areas (43.5% versus 57.2%) (Sport overview figures).

The proportion of people aged 65–74 involved in active sport has increased (from 35.3% in 2005/06 to 36.9% in 2010/11), but there has been a decrease among those aged 16–24 (from 75.8%–71.9%) (Taking part 2011/12 quarter 3: statistical release).

Women are less likely than men to have been involved in active sport in the last 4 weeks. Sports participation rates among women have declined (from 47.7% in 2005/06 to 45.9% in 2010/11), while rates for men have remained steady at around 60% (Sport overview figures).

What does the needs assessment say?

There is a life expectancy gap of 6.3 years for men and 3.5 years for women between the Wards at either ends of the spectrum – If everyone in B&NES had a similar health experience to those who suffer the least inequalities, then it may be possible to prevent 40% of premature deaths in males and 9% of premature deaths in females (over 220 deaths over a three year period).

We know that 73% of adults are not getting enough physical activity to benefit their health, 43.7% of adults are doing no physical activity at all and that there are 598 deaths per year that are preventable through physical activity in B&NES.

5.5% of current 16-18 year olds are NEET (Not in Education, Employment or Training).

Nationally the cost of responding to incidents of anti-social behaviour is £3.4 billion per year.

An estimated

£16 million

is spent on our most complex families every year

The Local Picture

There are over 73,000 people in Bath and North East Somerset with at least one long term health condition. Older people in particular often live with several long term health conditions at the same time.

Within Bath and North East Somerset, approximately 18 per cent of our local population have experienced mental ill-health which includes depression and anxiety.

Our population is changing as people are living for longer. Statistical projections suggest that by 2026 people aged over 75 will represent 11 per cent of the local population, compared with 9 per cent in 2011. This will increase the demand for services that help older people to stay healthy, active and independent for as long as possible.

Our local surroundings and social environment play an important part in our health and wellbeing. There is a link between loneliness and isolation and a range of health and wellbeing issues such as high blood pressure, depression and heart disease, particularly amongst the aging population.

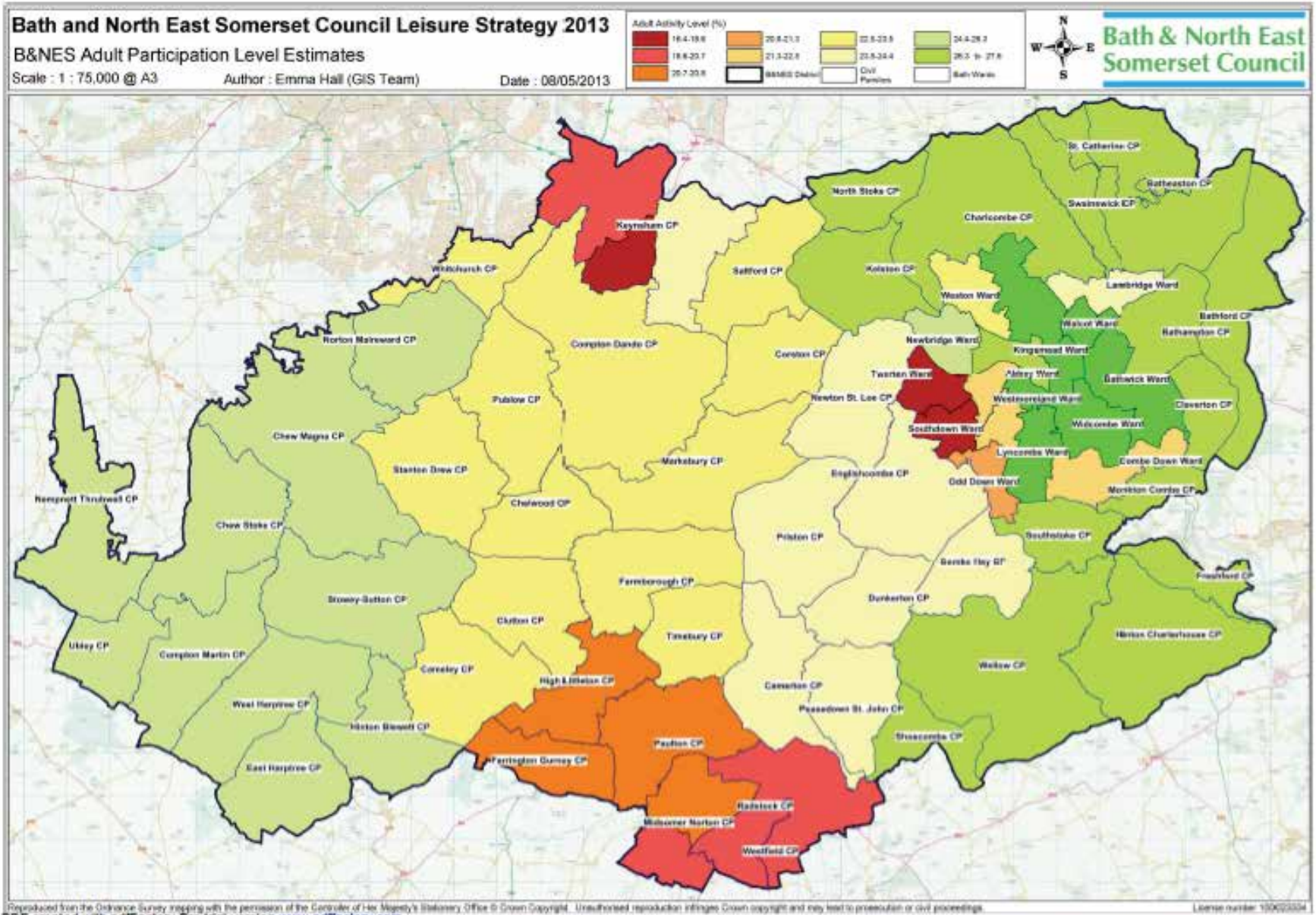
There are a number of groups which may be particularly vulnerable to social isolation and loneliness including young care-leavers, those with mental ill-health and the older population.

Activity Levels

Bath and North East Somerset is above the national average for activity levels with 25.9% of adults getting at least 3 x 30 minutes of exercise per week compared to 23.7% nationally (Active People Survey 6 data).

There are clear inequalities in how active people are depending on where they live within the area. The map shown below shows activity levels broken down by ward. The highest level is 27.6% of people active 3 x 30 minutes per week which contrasts with a mere 16.4% in the least active area. Low levels of activity overlay closely with deprivation levels suggesting that a focus for the strategy should be areas such as Twerton, Southdown and Whiteway in Bath as well as areas of Keynsham and Radstock.

Our population is changing as people are living for longer



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Appendix 3 Consultation Process for the strategy

A stakeholder day was held in July 2013 to look at priority groups and key areas for the strategy to consider. A wide range of partners attended with representation from services across the Council, Governing Bodies of Sport, Sport England, local Town Councils, leisure providers and the County Sports Partnership. Further to this consultation meetings were held with the Clinical Commissioning Group (Operational Leadership Team), People Directorate Senior Management Team, Health and Wellbeing Board and Cllrs Simon Allen and David Dixon who are the relevant Cabinet members for this area of work.

This work led to the following:

Priority groups for increasing participation in Sport and Active Lifestyles

- Ethnic Minorities.
- 14-18 year olds (particularly females) – this is the age where levels of activity start to drop.
- Middle aged men.
- Families.
- Those experiencing health inequalities.
- Older People.
- Those who are carrying excess weight in both children and adults.
- Those with long term health conditions.
- Those with disabilities.

Areas for the strategy to address

- Increasing participation in all areas.
- Targeted health intervention schemes.
- Tackling obesity – including pre surgery weight loss.
- Increasing participation in active lifestyles (walking, cycling, swimming) and sport.
- Providing education on healthy living.
- Outreach programmes, not just focused around facilities, making the best use of the free facilities and environment such as parks and open spaces.
- Promoting active travel and creating links with the transport strategy.
- Taking a view on the quality, quantity and accessibility of facilities.
- Ensuring clear governance for delivery of the strategy.

What does the community tell us?

The Council commissioned a street survey of 1000 people in November 2013 to understand local people's views on physical activity to help shape the strategy.

B&NES street survey headline findings

Nationally, 61% feel regular activity is very important with a further third (34%) viewing it as important. Similar to the respondents in the Bath & NE Somerset area with 62% stating very important and a further 35% stating it as important.

Although 97% state regular activity is either very important or important, under half state they are not undertaking as much activity as they would like to (46%). Women are currently less satisfied than men with the amount of activity they are currently doing.

For those who do undertake regular physical activity 43% state they use a Leisure Centre or health club. Bath Sports and Leisure Centre was the most popular of this sample. The most popular form of independent activity is walking/jogging in the streets/parks (84%), followed by gardening at 16%.

Under half (47%) of the sample would like to undertake more physical activity than they currently are. Female respondents show a higher desire to take part in more activity/exercise than men and those age 55+ are the least likely to take part in more activity.

The main reason given for wanting to take part in more activity/exercise is to improve/maintain health at 59% lower than the national benchmark of 64%, followed by improve/maintain body tone/shape (22%), which is higher than the national benchmark of 15%.

Of those who would like to do more activity but don't, the main barrier preventing them from doing so is the lack of time due to work pressure at 54% (nationally 47%), followed by lack of time due to home pressures at 22% (nationally 5%). Lack of motivation is a higher barrier in this area than nationally at 11% (nationally 2%).

Of those who do not want to do more physical activity the main reason given as to why not is 'do enough/no need' (50%), followed by 'just don't want to' (13%), and 'not enough time due to work' (12%).

Only 15% is either very likely or quite likely to increase their activity in the near future, considerably lower than the national benchmark of 38%.

The key importance factors to be addressed according to respondents were availability of time at 55% and direct costs at 40% stating either very important or important, followed by accessible and good quality facilities at 26%.

The sample as a whole shows 43% would consider using Bath & NE Somerset Council leisure facilities. The main reasons they don't currently use any of Bath & NE Somerset Council's Leisure Centre's/ facilities, were 'no time' 20%, slightly higher than the national average at 18%, followed by 'cost' at 17% (nationally 22%) and happy where I am 8% (nationally 4%).

According to the respondents, the main factor that Bath & NE Somerset Council could introduce to encourage more usage, would be to lower costs 59%,(nationally 65%), followed by better range of facilities at 39% and improved facilities also at 39%.

The most popular place to gain information regarding sport and leisure is to go to the council website (43%) followed by visiting another website (36%).

Cycling

The majority of the sample does not cycle and do not want to (55%). Of those that do, 27% overall do so for leisure purposes, a further 16% do not currently but would like to. 50% of those who do cycle do so alone, a further third with a friend and a third with family. Men are more likely to cycle alone but women are more likely to cycle with family. This would also explain why women prefer off road (45%) and men prefer road cycling (51%) although men are also using cycling for travel purposes more than women.

Of those who would like to do more activity but don't, the main barrier preventing them from doing so is the lack of time due to work pressure

Parks & Green Space

Overall 87% have visited a park or green space in the last 12 months. A third of those who have visited a park or green space have done so at least once a week with a further 28% once a month. The introduction of outdoor gym equipment would definitely be used by 20% and 27% would try, although 53% would definitely not use.

Focus Groups

This consultation was carried out by Leisure-net as a follow up to the Community Survey completed in November 2013. This survey was designed to investigate attitudes and behaviour around physical activity and exercise in general and more specifically to find out what certain target groups in the area think about the facilities provided by Bath & NE Somerset Council, and what would encourage them to use their leisure facilities and outreach programmes in the future. The focus group and stakeholders interviews in this report were designed to drill deeper into some of the issues coming out of the research and to provide some more qualitative data.

Groups/interviews held

The following groups/interviews were held over a three week period targeting key groups across different areas geographically;

- Focus group in Bath – middle aged inactive men.
- Focus group in Bath – people with disabilities.
- Focus group in Bath – Warm water Group – WWISE.
- Focus group in Southside – young mothers with pre-school children.
- Focus group in Keynsham – 65 plus and people with disabilities.
- Interview in Southside – Re-generate – Community worker in Southside.
- Interview in Bath – Cordelia Johnney – Trustee of Percy Community Centre and Organiser of the Bath Steel Band.

Key Themes

Several cross cutting themes came out of the consultation.

9 Most inactive people know they need to be more active and say they want to be
The issue is not one of education but of motivation.

10 Recognition of individuals responsibility
Most people recognise that whilst the council and others can make it easier for them to be active, in the end it is their own decision to start, and their own motivation that will keep them going.

11 But that groups/friends help motivate
Opportunities to do activity with others is crucial to keeping things going. Most people know that group/family/peer activities are more fun and motivational than individual activities.

12 Outdoor spaces/environment an opportunity
Bath and its environs have extensive open spaces which offer great opportunities for encouraging physical activity. The parks, riversides and surrounding countryside could be better utilised and schemes such as marked walks and bike rides, fit trails and led health walks/rides are all seen as attractive activities.

Most inactive people know they need to be more active and say they want to be

13 Club base is strong at both recreational and elite level
The area has a very strong base of clubs operating at all levels and with strong community links. Several groups identified their local sports clubs as being ideal opportunities for local physical activity opportunities to be developed. Some clubs could do more to be more open and inclusive it was felt.

14 Awareness of what is already happening could be better
Quite often groups came up with ideas that someone else knew was already happening, so perhaps there is an issue of improving awareness of what is already happening as an easy first step to improving activity opportunities.

15 Local facilities perceived generally to be adequate to good with friendly, supportive staff and management
The local leisure centres were generally viewed positively, although both Bath and Keynsham were seen as being a bit tired and "not as good as they used to be". The staff and management were viewed positively though.

16 Feeling that the council could engage better and more consistently
There was a view from several of the target groups that the council could engage with them on a better and more regular basis. Some expressed the opinion that this sort of consultation only happened when it had to happen, and a more formal on-going way of engaging was needed. However others within the disability groups for example felt that the council officers they worked with were excellent and really tried to make a difference.

Sports Club Consultation

We have also consulted local sports clubs as part of the playing pitch strategy process to understand what their key issues are. The majority of clubs are keen to increase the number of members they have and are looking for support to do this. They have highlighted the following:

- The need for greater access to floodlit training.
- The need for better/improved facilities.
- The need to reduce the costs of sport to participants.
- Support in accessing grants.
- The need to develop more coaches.
- The need to find more volunteers.
- The cost of hiring/using facilities.
- The lack of funds within the club to make the improvements needed.

Appendix 4
Background – progress made – the Get Active Strategy

In 2008, the first Get Active Vision was produced. Its purpose was to: create a framework to increase physical activity levels in Bath and North East Somerset and to create a platform on which a wide range of partners could join together to raise awareness of the role that Sport and Active Lifestyles can play in improving the health and wellbeing of local residents.

Since 2008, there has been much progress resulting in increased levels of participation from 22.5% for 2006/8 period (Active People Survey 2/3 NI8 data, data is aggregated over a 2 year period to enhance sample size) to 27.2% for the 2011/2013 period (Active People 6/7 NI8 data).

This refreshed strategy has been produced to further develop the work that has been done with partner organisations. It seeks to reinvigorate and build on the 'Get Active Partnership' that was created as part of the previous strategy and played an important role in bringing partners together.

The role of this strategy is to support and improve the health and wellbeing of the population by ensuring sustainable, high quality sport and physical activity infrastructure and opportunities to enable residents to live active lives, helping to prevent ill health, reduce social isolation and maintain independence for longer.

Appendix 5
Government Recommendations on activity levels

The national recommendations on physical activity for everyone are:

- Aim to be active daily. Over a week, activity should add up to at least 150 minutes of moderate-intensity activity in bouts of 10 minutes or more. This could be achieved by doing a 30-minute session at least 5 days a week. Undertake physical activity to improve muscle strength on at least 2 days a week. Minimise the amount of time spent being sedentary for long periods.
- To lose weight: most people may need to do 45–60 minutes of moderate-intensity activity a day, particularly if they do not reduce their energy intake[2].
- People who have been obese and have lost weight may need to do 60–90 minutes of activity a day to avoid regaining weight.

There is also age specific advice as follows:

UNDER 5s

Who are capable of walking unaided should be physically active daily for at least **180 minutes** (3 hours), spread throughout the day. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

5-18 YEAR OLDS

Should engage in moderate to vigorous intensity physical activity for at least **60 minutes** and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least 3 days a week.

[2] http://pathways.nice.org.uk/pathways/preventing-type-2-diabetes#pathways-preventing-type-2-diabetes-path

19-64 YEAR OLDS

Should aim to be active daily. Activity should total **150 minutes** (2.5 hours) of moderate intensity activity per week or 75 minutes vigorous intensity activity or a combination of both. Adults should also undertake physical activity to improve muscle strength on at least 2 days a week.

65+ YEAR OLDS

Should aim to be active daily. Activity should total at least 150 minutes (2.5 hours) of moderate activity per week. Active older people could achieve comparable benefits from 75 minutes of vigorous intensity activity per week or a combination of both.

Older adults should also undertake physical activity to improve muscle strength on at least 2 days a week.

Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least 2 days a week.

It is important that people of all ages minimise the amount of time spent being sedentary for extended periods.

Appendix 6

KPI's measured by Sport England's Active people survey are as follows (National figure in brackets):

Performance measure	Active People Survey 4	Active People Survey 5	Active People Survey 6
3 x 30 sport – At least 3 sessions x 30 minutes, moderate intensity sport per week	16.9% (16.5%)	20.0% (16.3%)	18.3% (17.3%)
KPI 1 – At least 3 days x 30 minutes, moderate intensity participation (sport and recreational walking and cycling) per week	23.7% (22.1%)	26.0% (21.8%)	27.9% (22.9%)
KPI 2 – At least 1 hour of volunteering to support sport per week	* (*)	18.1% (13.6%)	* (14.0%)
KPI 3 – Member of a sports club	25.8% (23.9%)	27.0% (23.3%)	29.5% (22.8%)
KPI 4 – Received sports tuition or coaching	22.9% (17.5%)	23.1% (16.2%)	23.6% (16.8%)
KPI 5 – Taken part in organised competitive sport	18.7% (14.4%)	17.8% (14.3%)	* (14.4%)

* Data unavailable, question not asked or insufficient sample size