

GET SWINDON ACTIVE

***A STRATEGY TO GET EVERYBODY ACTIVE,
EVERY DAY***

2015-2020

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1.0 Foreword and introduction

Physical activity is central to physical and mental health and wellbeing. The benefits of being active are many and far reaching: from improving health to reducing health inequalities. The importance of physical activity for health and wellbeing is widely recognised; this is reflected in the inclusion of activity and inactivity levels within the Public Health Outcomes Framework (this is a framework which sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected).

Swindon has a higher prevalence of inactive people and a lower prevalence of active people compared with the average of local authorities with similar deprivation levels and also to England.

A number of diseases are currently on the increase and affecting people at an earlier age. They include cancer and diabetes and conditions like obesity, hypertension and depression. Regular physical activity can guard us against these.

To improve health and wellbeing in Swindon, it is important to get **everybody active, every day**. Active lives need to be the norm, not the exception. There is some form of activity which will suit everyone- you just have to find what's right for you.

The over-arching aim of 'Get Swindon Active' is to get **everybody active, every day**.

This cannot be achieved by one organisation alone. To increase physical activity there needs to be cross-sector collaboration, from providers and commissioners in transportation, planning, education, sport and leisure, culture, social care, health, the voluntary and community sector, as well as public and private employers.

This strategy provides an overarching framework to develop an action plan to increase physical activity levels in Swindon and links to other key national documents which give a wealth of information on increasing physical activity.

**The vision for
Swindon is
'everybody active
every day'**

National Frameworks

*Public health outcomes
framework*

*Everybody active, every
day, Public Health
England, 2014*

*Claiming the Health
Dividend, Department for
Transport, 2014*

*Start active, stay active,
Department of Health,
2011*

*Creating a sporting habit
for life, Department for
culture media and sport,
2012*

We all need to come together to make being active a routine part of our lives.

Cherry Jones
Director of Public Health
Swindon Borough Council

David Renard
Chair of the Swindon Health and
Wellbeing Board

2.0 The vision

Our vision for Swindon is ‘everybody active, every day’.

3.0 Why be active?

Participation in any type of physical activity contributes to the health and quality of life of individuals and the communities in which we live. There is some form of physical activity that will suit everyone’s needs- it includes diverse forms of everyday activities from walking and gardening to dance and housework.

The importance of physical activity is being recognised beyond the health sector at the national level, as can be seen by reports published by the Local Government Association (1) and the Department for Transport ⁽²⁾.

The positive contribution of physical activity can be seen across the whole spectrum of our community as follows ^{(3) (4)}.

- Increased opportunities for individuals and communities to reach their full potential thus increasing motivation, confidence and self esteem
- Increased opportunities for social interaction; contributing to a positive community environment, a sense of belonging and a reduction in crime
- Reduction in risks of coronary heart disease and stroke by 20-35%
- Reduction in the risk of developing type 2 diabetes by 30-40%
- Regular physical activity helps in achieving and maintaining a healthy weight
- Reduction in risk of colon cancer by 30% and risk of breast cancer by 20% for adults participating in daily physical activity
- Reduction in the risk for depression and dementia by 20-30% for adults participating in daily physical activity
- A reduction of harmful emissions and an increase in sustainable communities through the positive promotion of alternatives to the car, such as walking and cycling
- Staying active can reduce the risk of vascular dementia and also have a positive impact on non-vascular dementia
- Being active plays a key role in brain development in early childhood and is also good for longer-term educational attainment.

“It doesn’t matter what shape you’re in or what shape you are: you’re better off being active.”

*Professor Kevin Fenton,
Public Health England*

“If sport and physical activity was a drug, it would be regarded as a miracle.”

*Professor Sally Davies
Chief Medical Officer*

4.0 The cost of inactivity⁽³⁾

Inactivity is harmful to both mental and physical health and places a substantial cost burden on health and social care services, through the treatment of long-term conditions and associated acute events such as heart attacks, strokes and falls, as well as the costs of social care arising from the loss of functional capacity. Increasing activity levels has a huge potential to benefit health and social care services, especially in the context of an aging population.

The direct cost of inactivity to the NHS across the UK is estimated at £1.06 billion, based on just five common conditions specifically linked to inactivity (namely coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer). This figure is a conservative estimate, as it excludes the costs of other diseases and health problems and the cost to social care. It is estimated that physical inactivity costs **7.4 billion** to the **national economy as a whole** in terms of healthcare, premature deaths and sickness absence. The cost of inactivity in Swindon to the **health sector alone** is estimated at **3.3 million** ⁽⁵⁾.

'Physical inactivity directly contributes to 1 in 6 deaths'

Everybody active, every day

Public Health England

5.0 How active are we now?

5.1 The national picture⁽⁶⁾ - a snapshot

- Men are more active than women in virtually every age group. Physical activity declines with age to the extent that by the age of 75 years only one in ten men and one in 20 women are active enough for good health.
- 33% of men and 45% of women are not active enough for good health.
- 19% of men and 26% of women are physically 'inactive', which is doing less than 30 minutes of at least moderate intensity physical activity per week.
- 18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults.
- Girls are less likely to take part in physical activity than boys, and participation begins to drop even more from the age of ten.
- 21% of boys and 16% of girls aged 5-15 meet the recommended levels for activity in children; 47% of boys and 49% of girls in the lowest economic group are 'inactive' compared to 26% of boys and 35% of girls in the highest.
- Walking trips decreased by 30% between 1995 and 2013.
- 64% of trips are made by car, 22% by foot, 2% by bike.
- People living in the least prosperous areas are twice as likely

"If being active was a pill, we would be rushing to prescribe it. A wealth of evidence shows that an active life is essential for health."

Everybody Active Every Day

Public Health England 2014

to be physically inactive as those living in more prosperous areas.

- Only 11% of Bangladeshi women and 26% of men are sufficiently active for good health compared with 25% and 37% respectively of the general population.
- 50% of lesbian, gay, bisexual and transgender people say they would not join a sports club, twice the number of their heterosexual counterparts.
- The communities with the lowest level of physical activity often have the highest burden of disability and poor health

5.2 The local picture- a snapshot

Increasing physical activity and reducing inactivity are both important for good health and wellbeing. As shown in figures 1 and 2, Swindon has a higher prevalence of inactive people and a lower prevalence of active people compared to England and the South West. 'Peer group' refers to other councils within the same deprivation decile as Swindon (the third least deprived decile). Examples of such councils include Milton Keynes, Poole and Solihul. ⁽⁷⁾

**Figure 1: Physical activity levels in adults-
Public Health Outcomes Framework (PHOF) data 2013**

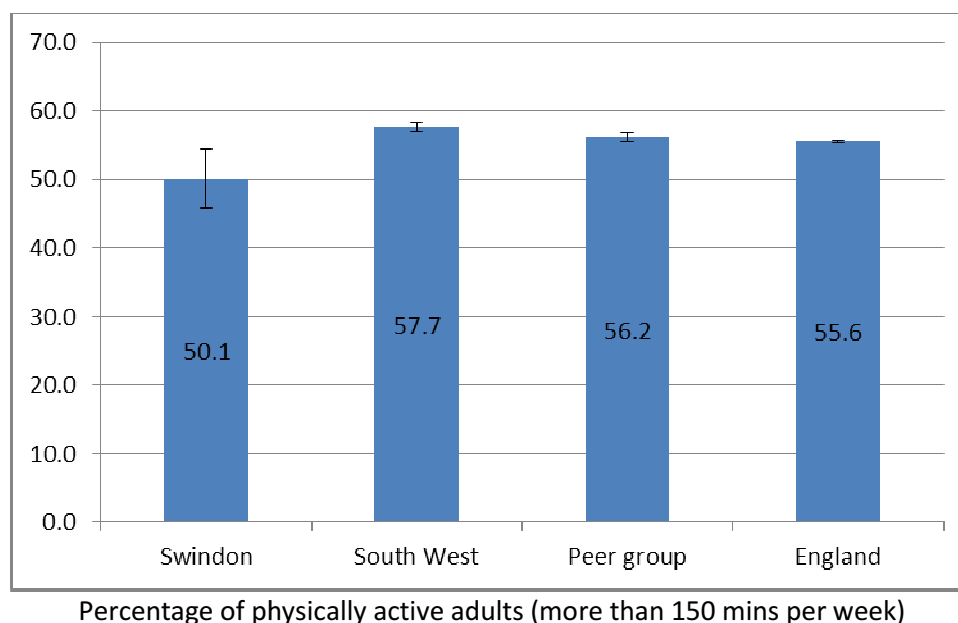
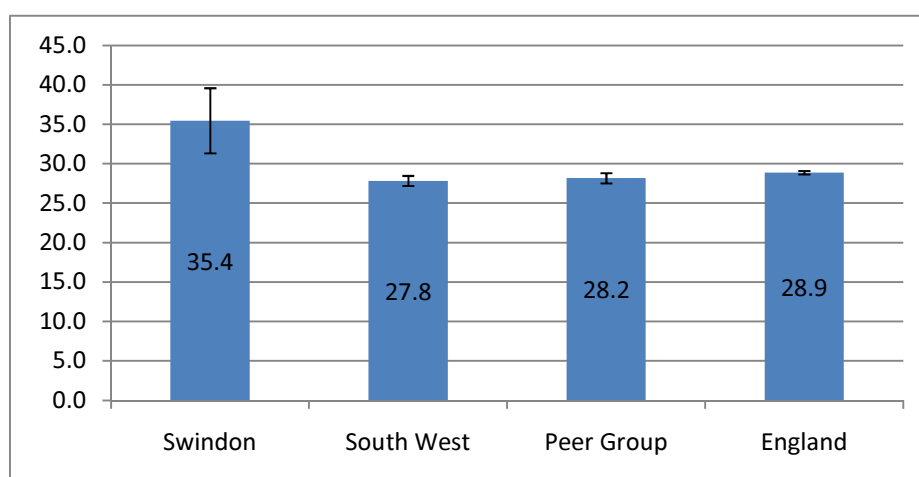


Figure 2: Physical inactivity levels in adults

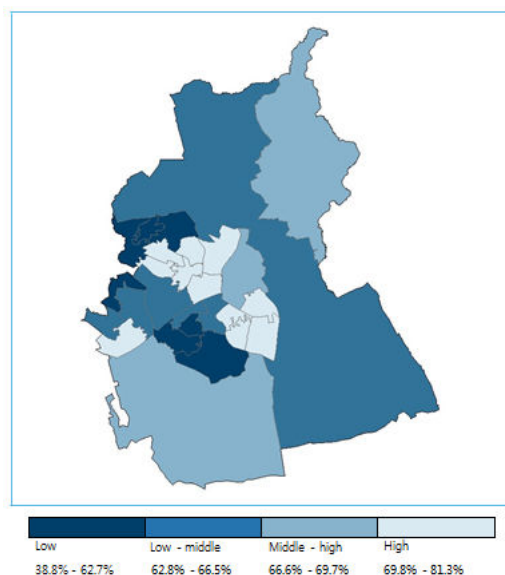
(PHOF data 2013)

Percentage of physically inactive adults (less than 30 mins per week)

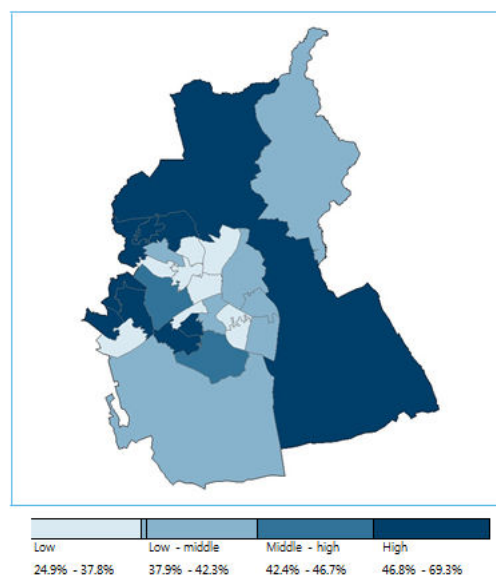
The following maps illustrate the link between participation in sport and obesity and overweight prevalence in Swindon adults. As can be seen by the maps, the areas in Swindon with high sport participation rates also have low obesity and overweight rates. Obesity and overweight has many health consequences, including coronary heart disease, osteoarthritis, breast and colon cancer, infertility and depression ⁽⁸⁾.

Figure 3: Maps of Swindon showing distribution of adults with excess weight and adult participation in sport ⁽⁵⁾

Excess weight in adults



Adult participation in sport



Dataset: Active People Survey model based MSOA estimates January 2012-2013 for adults classed as overweight or obese. Contains Ordnance Survey data. © Crown copyright and database right 2014. Sport England 100033111.

We do not have local data for physical activity levels in children. However the National Childhood Measurement Programme data for 2011/12 showed that 9.9% of reception year

children and 19.2% of year 6 children were obese. The data was not statistically different to the national data (9.5% and 19.2% respectively).

5.3 Current opportunities for physical activity in Swindon

Below are some ways in which public sector organisations in Swindon encourage and promote physical activity. This is by no means an exhaustive list. The voluntary sector, (for example sports clubs, walking groups) and the private sector (for example fitness centres) also play an invaluable role in providing opportunities for physical activity.

Table 1: Examples of local initiatives promoting physical activity in Swindon

Early years <ul style="list-style-type: none"> Child and family weight management programme Preparing for cycling training Mini football programme
Children and young people <ul style="list-style-type: none"> Healthy schools –including active travel to school such as walking and cycling Swindon School Games Satellite Clubs Street Games 5 minute walking zones around schools School travel ambassador scheme Cycle training Coaching and teacher training
Adults <ul style="list-style-type: none"> Swindon Health walks Workplace Challenge Tri-active project- promoting running, cycling and swimming to inactive people Exercise on referral schemes Exercise groups for those with health conditions e.g. chronic lung problems class Ability sports, for people with disabilities

Football fans in training
Workplace health
Over 65s
Swindon Health walks
Exercise on referral schemes
Outreach exercise sessions
Classes tailored to ability e.g. gentle and seated exercise classes

6.0 How active do we need to be? Recommendations for different age groups⁽³⁾

The table below summarises the recommendations for physical activity for different age groups.

Table 2: Recommendations for physical activity for different age groups

Population group	Recommendation
Early years – under 5s	<ol style="list-style-type: none"> 1. Physical activity should be encouraged from birth, particularly through time spent on the floor, including rolling and reaching for and grasping objects, and water-based activities in safe environments, e.g. parent and baby swim sessions. 2. Children of pre-school age* who can walk, should be physically active daily for at least 180 minutes (3 hours), spread throughout the day. 3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting, such as in infant carriers or seats or walking aids or baby bouncers) for extended periods (except time spent sleeping).
Children and young people (5-18 years)	<ol style="list-style-type: none"> 1. 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. 2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week. These include swinging on playground equipment, hopping and skipping 3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods, including reducing time spent watching TV, using the computer or playing video games.
Adults (19-64 years)	<ol style="list-style-type: none"> 1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. NICE guidance⁽⁹⁾ for pregnant women advises that moderate-intensity physical activity will not harm her or her unborn child. At least 30 minutes per day of moderate

Population group	Recommendation
	<p>intensity activity is recommended.</p> <p>2. Adults should also undertake physical activity to improve muscle strength on at least two days a week, such as carrying heavy shopping or exercising with weights.</p> <p>3. All adults should minimise the amount of time spent being inactive (sitting) for extended periods, as much as possible.</p>
Older adults (65 years +)	<p>1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical health and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.</p> <p>2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.</p> <p>3. Older adults should also undertake physical activity to improve muscle strength on at least two days a week, such as carrying heavy shopping or exercising with weights.</p> <p>4. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.</p> <p>5. All older adults should minimise the amount of time spent being inactive (sitting) for extended periods, where possible.</p>

* Those children able to walk unaided and who have not yet started school (i.e. toddlers and pre-schoolers).

** A level of activity where participants breathe faster, experience an increase in heart rate and feel warmer. They may even sweat on hot or humid days.

*** A person who is doing vigorous intensity activity will usually be breathing very hard, be short of breath, have a rapid heartbeat and not be able to carry on a conversation comfortably .

7.0 How will we achieve our vision?

The key to increasing physical activity is to build it into everybody's lives, so that it becomes a routine part of everyday life.

As part of the development of this strategy, consultation events were undertaken (see section 11.0) to consider how best to support an increase in physical activity in Swindon. This consultation showed that there is already a range of opportunities within Swindon supporting people to be more active, such as sports and leisure clubs, work around sustainable transport (walking and cycling) and the built environment, work in schools, and workplaces (see section 5.3). This work is on-going and the strategy acknowledges this and aims to support its continued development. It was felt that Swindon should particularly focus on areas of work that encourage inactive people to be active and reduce inactivity levels overall. From the consultation discussions these areas were identified as priority areas for adults and children:

1. Promote forms of exercise which can be built into everyday life e.g. walking.
2. Support neighbourhoods, communities and voluntary organisations with initiatives to promote physical activity.
3. Influence the built environment so that being active becomes an easy choice for Swindon residents.
4. Encourage employers to promote healthy workplaces and encourage physical activity.
5. Encourage frontline professionals to promote physical activity.
6. Continue to provide easily accessible information on opportunities for physical activity within Swindon.

It is acknowledged that cross sector collaboration is essential in order to deliver these priorities.

Underpinning the strategy is the opportunity for everyone to maximise the likelihood of achieving a healthy life and reducing the risk of illness through increasing physical activity. Providing additional support and information for people who are inactive promotes equality of opportunity to health. The strategy also explicitly recognises the increased risk of inactivity and subsequent ill-health in different communities, such as some BME (black and minority ethnic) communities, the LGBT (lesbian, gay, bisexual and transgender) community and amongst people with disabilities (for example learning disabilities, poor mental health). Collaborative work with all communities is needed when commissioning local programmes so that people feel comfortable to participate in mainstream physical activities, without fear of discrimination, harassment or victimisation.

8.0 Framework of strategies influencing physical activity within Swindon

Figure 3: Strategies which influence physical activity in Swindon



The development and delivery of physical activity is not within the remit of any one organisation but is a commitment and responsibility which is shared across a number of partners in Swindon. The Get Swindon Active Strategy will impact on other strategies and vice versa as shown in the diagram above. Furthermore cross-sector collaboration from all organisations that can support an increase in physical activity is needed to deliver the vision of this strategy. Key sectors include transport, planning, education, sport and leisure, culture, social care, health, the voluntary and community sector, as well as public and private employers.

9.0 How will we tackle inequalities?

It is recognised that inequalities in physical activity levels and access to physical activity opportunities exist within Swindon as they do nationally (see section entitled ‘The national picture’ page 2). The Chief Medical Officers’ Report on physical activity found “clear and significant health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability (3).”

The strategy therefore aims to support and empower those who have the lowest activity levels to become more active. The programmes to increase physical activity will consider all groups with low physical activity levels (e.g. the Swindon Tri-active programme target groups include women and BME communities who have low levels of physical activity. Swindon health walks aims to be inclusive and provides an opportunity for physical activity and socialising for people from a range of backgrounds and with diverse health issues).

Swindon reflects the national picture and people from minority groups are likely to be less active than the general population (e.g. people with a disability, BME groups).

10.0 Strategy implementation and measuring success

A partnership of key stakeholders has been convened to set up the Get Swindon Active Action Plan which will implement the priority areas identified in this strategy. The implementation of the action plan will be overseen by this group. The action plan is a separate working document available from Fiona Dickens, Public Health Programme Manager at Swindon Borough Council (Contact details: fdickens@swindon.gov.uk 01793 444680). The strategy and action plan will be reviewed annually, with the first review taking place in April 2016. The review process will be an opportunity for any comments from service users to be discussed and actioned. In addition there is performance review of local programmes to pick up service user feedback in order to improve the programmes.

The proportion of physically active and inactive residents in Swindon will be monitored as part of the Public Health Outcomes Framework and provide a key indication of success against this strategy.

11.0 How was the community involved in developing this strategy?

Two stakeholder engagement events were conducted during the development of this strategy to engage the public. Attendees included health ambassadors, Healthwatch representatives, community workers, Swindon Borough Council professionals, volunteers from walking groups and members of Mitra Milan (an Asian Women's group) and Hindu Samaj. We also asked Healthwatch, the health ambassadors and the health improvement team to let the public know of the strategy and how to feedback to us regarding the strategy.

12.0 References

1. **Local Government Association.** *Tackling the causes and effects of obesity.* 2015.
2. **Davis, Adrian.** *Claiming the Health Dividend: A summary and discussion of value for money estimates from studies of investment in walking and cycling.* s.l. : Department for Transport, 2014.
3. **Department of Health.** *Start Active, Stay Active: a report on physical activity from the four home countries Chief Medical Officers.* July 2011.
4. **Swindon Borough Council & NHS Swindon.** *Active Swindon - more people, more active, more often.* 2009.
5. **Sport England.** Partnering Local Government in Swindon. [Online] 2014. [Cited: 28th January 2015.]

https://public.sportengland.org/Shared%20Documents/Map%20Library/LA%20mini%20sport%20profiles%20-%20Oct%202014/Swindon_Mini_LSP_Oct_2014.PDF.

6. **Public Health England.** *Everybody Active, Every Day: An evidence based approach to physical activity.* 2014.

7. **Public Health Outcomes Framework.** [Online] 2014. [Cited: 16th October 2014.] <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000009/are/E06000030>.

8. **Swindon Borough Council.** *Swindon's Healthy Weight Strategy 2013- 2015.* 2013.

9. **National Institute for Health and Care Excellence.** *Weight management before, during and after pregnancy (PH27).* 2010.