



Physical Activity Strategy

2016 - 2021

Southend *a healthy active borough*



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“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’.”

Sir Liam Donaldson



Foreword

I am delighted to introduce the Physical Activity Strategy for Southend-on-Sea 2016-2021, which sets out our vision to improve the health and wellbeing of everyone in Southend by encouraging active lifestyles.

Last year I chaired an indepth scrutiny project which looked at how we support people in the borough to achieve healthier lifestyles, with a particular focus on getting people to be more active. I was particularly struck by the amazing opportunities we have in the borough to support people to be more active in their everyday lives. I was also concerned to learn that almost a third of adults in Southend are classed as 'physically inactive'. This will be putting these individuals at a greater risk of a number of diseases, including coronary heart disease, cancer, stroke, type 2 diabetes and obesity. In addition to the impact on health and wellbeing of individuals, it is estimated that every year the health related costs associated with the low levels of physical activity in the borough are in the region of £5 million. This puts pressure on all of our budgets at a time when finances are tight and set to reduce even further over the coming years.

This strategy builds on the extensive work that was undertaken as part of the scrutiny project. We were also fortunate to have had dedicated input from the Chief Culture and Leisure Officers Association to assist us with our thinking about broader partnership working. This work enabled us to further understand our communities and how to influence people's attitudes and behaviours towards becoming more physically active.

We have used this broad range of information to inform the four key strategic aims of this strategy. These focus on: increasing levels of participation in physical activity and reducing inactiity; improving our marketing and communications about physical activity; promoting the contribution of the built and natural environment in supporting people to be active in their daily lives; and supporting the collaborative working of the Council with a wide range of partners to help people to be more active.

There is a wealth of evidence that increasing participation in physical activity can make a huge difference to people's lives. I recommend this Physical Activity Strategy to you as our first step on a journey and look forward to collaborating with you to achieve our vision to make Southend a healthy active borough.



Councillor James Moyies

Portfolio Holder for Adults, Health and Social Care, and
Chair of Southend Health and Wellbeing Board



1.0 Our Vision

For Southend to be a healthy active Borough.

Mission

We will make participation in an active healthy lifestyle a social norm for people who live and work in Southend, and particularly for under-represented and inactive groups.

Strategic aims

To help us achieve our vision, we plan to use our influence and resources within the following key strategic aims:

1. To reduce inactivity and increase participation in physical activity for everyone, giving priority to our more inactive populations. We will look at more ways for people in Southend to be more active more often at work, at home and during leisure time
2. To improve our marketing and communications about physical activity. We will increase the knowledge, awareness and understanding of people of all ages in Southend about the health benefits of physical activity, and where and how to be active.
3. To promote the built and natural environment and its contribution to supporting people to be more active in their daily lives. We will promote our world class facilities and active travel network that enhance the opportunities for people to get active and stay active.
4. Southend-on-Sea Borough Council will work collaboratively with a wide range of partners, including statutory organisations, businesses, the third sector and community groups, to help people to be more active. We will strengthen partnership working and make effective use of our combined resources.

In Southend we want to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives and that Southend is one of the most active areas in England.



2.0 Introduction

We are failing to stem the rising tide of physical inactivity across the population. We are already around 20% less active than in the 1960's and this is anticipated to increase to 35% less active by 2030 with the associated health, social and economic costs to individuals, families, communities and the country as a whole (1).

Physical inactivity is the fourth largest cause of disease and disability in the UK, with those of us who are not physically active enough being at risk of developing a number of conditions including heart disease, cancer, obesity, diabetes, depression and dementia (2).

Physical inactivity is also directly responsible for 1 in 6 deaths in the UK (3). Yet around one in four people in the UK do less than 30 minutes of activity a week and are so classified as 'inactive' (4).

Despite knowing the importance of exercise, we have not created an active society. Social, cultural and economic trends have removed physical activity out of people's daily lives. Car ownership continues to increase, we have less active jobs (5), and more screen based technology at home and at work. Even many features of cities and towns work against physical activity (6). The result is that we walk less, sit down more and allow gadgets to do the work for us.

With time and commitment in short supply, helping people to be active every day is about weaving incidental activity into our daily lives. We need to maximize our use of the many assets we already have – our parks, leisure facilities, community halls, and workspaces – as well as doing whatever exercise, dance, leisure or sport we enjoy.

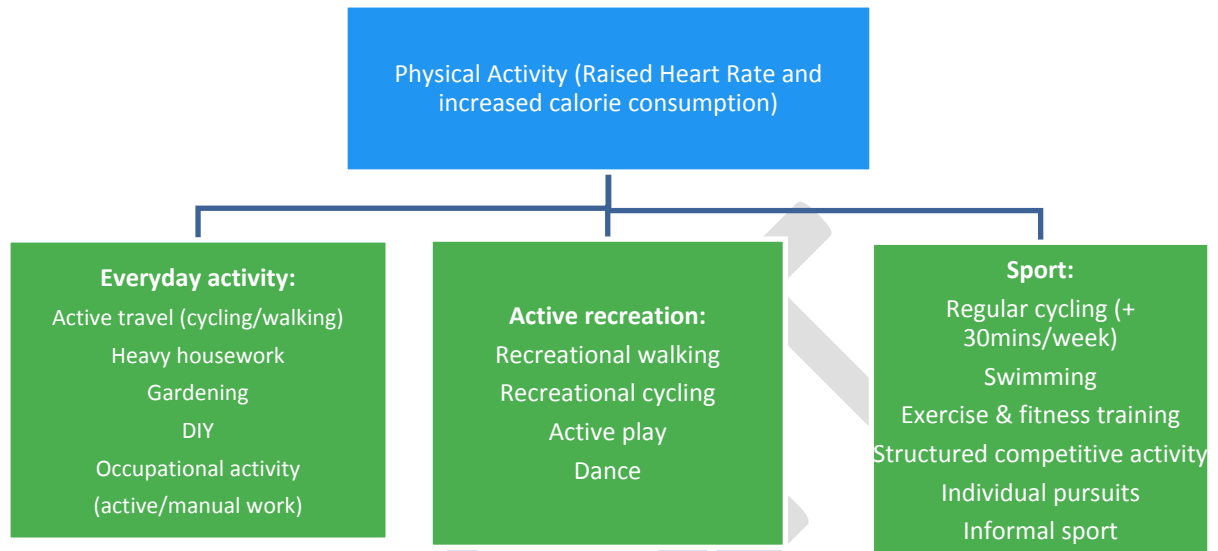
2.1 Definition of Physical Activity:

Physical activity has many different definitions, but for the purposes of this strategy it includes "all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport" (7).

Figure 1 sets out the structure of physical activity, showing how the different types of activity and their different elements all contribute towards the strategic aims set out in this strategy.



Figure 1. What constitutes physical activity



2.2 The case for physical activity

There is a wealth of evidence which demonstrates that an active life is essential for physical and mental health and wellbeing. Being active at every age increases quality of life and everyone's chances of remaining healthy and independent (6).

In particular, for adults undertaking at least 30 minutes of moderate intensity physical activity on at least five days a week helps to prevent and manage over 20 common serious medical conditions (7). Table 1 shows the effect of increasing physical activity on the risk of common conditions.



Table 1. Effect of physical activity on the risk of common conditions

Disease	Effect of physical activity
Cardiovascular disease	20-35% lower risk of cardiovascular disease, coronary heart disease and stroke
Type 2 diabetes	30-40% lower risk of type 2 diabetes (and metabolic syndrome) in those who are moderately active compared to sedentary
Breast cancer	20% lower risk of breast cancer for adults participating in daily physical activity
Colon cancer	20% lower risk of breast cancer for adults participating in daily physical activity
Mental health	20% -30% lower risk of depression and dementia for adults participating in daily physical activity
Musculoskeletal conditions	36% to 68% risk reduction of hip fracture at the highest level of physical activity 30% lower risk of falls for older adults who participate in regular physical activity

Source: Adapted from Start Active, Stay Active (2011) (Ref 7)

The health improvements with physical activity are often greater than many drugs, and exercise has been called a 'wonder drug' or a 'miracle cure' (8). Table 2 provides a summary of the evidence of improvement in health with physical activity for those with chronic conditions (9).

Table 2. Evidence of improvement in health with physical activity for those with chronic conditions

Condition	Evidence for improvement
Chronic obstructive pulmonary disease	Physical activity improves cardiorespiratory health. In COPD, exercise training reduces dyspnoea symptoms and increases ability for exertion.
Heart disease and/ or Heart failure and/or	Studies show clear improvements in cardiovascular health with



<p>Angina</p>	<p>moderate exercise. There are similar beneficial effects for sufferers of angina. Overall, exercise reduces cardiac mortality by 31%.</p>
<p>Hypertension (high blood pressure)</p>	<p>Randomised controlled trials show a clear lowering of blood pressure with aerobic training. 31% of patients on average experience a drop of at least 10 mmHg with regular physical activity.</p>
<p>Obesity</p>	<p>Exercise only has a moderate effect in reducing obesity. Aerobic physical activity has a consistent effect on achieving weight maintenance. Exercise also changes the distribution of fat, by reducing the less healthy visceral [abdominal] fat.</p>
<p>Depression</p>	<p>A Cochrane review evaluated 30 trials of physical activity as a treatment for depression, showing overall 'moderate' improvement.</p>
<p>Peripheral vascular disease</p>	<p>Exercise leads to a moderate improvement in peripheral vascular disease. Improvements are seen in both pain-free walking time and distance in several studies.</p>
<p>Diabetes</p>	<p>Exercise has a statistically and clinically significant beneficial effect on glycaemic control and the metabolic state. Exercise works as a treatment modality in both type 1 and type 2 diabetes</p>
<p>Osteoarthritis</p>	<p>Physical activity improves symptoms of osteoarthritis by 22-83% and does not lead to worsening of this condition. It has benefits in reducing pain (by 25-52%), improving function, improving quality of life and mental health. Others have commented on exercise being weakly effective in osteoarthritis and leading to moderate improvement in low back pain. Exercise increases muscle strength and coordination.</p>

There are many other social, individual and emotional reasons to promote more physical activity. Being active plays a key role in brain development in early childhood (10,11) and is also good for longer-term educational attainment (12). Increased energy levels boost workplace productivity and reduce sickness absence. An active population can even reduce levels of crime and antisocial behaviour (13).



2.3 The cost of physical inactivity

It is estimated that the health costs related to physical inactivity in Southend amount to approximately £5m each year, excluding the cost of obesity (14). This equates to £3,054,673 per 100,000 population.

Table 2. Health costs of physical inactivity by disease category in Southend

Disease	Cost (£)
Cancer lower GI	£62,231
Cancer breast	£93,462
Diabetes	£423,671
Coronary heart disease	£4,205,691
Cerebrovascular disease	£208,863
Total	£4,993,917

Source: Sport England Local Sport Profile 2016 (14)

2.4 Case studies and quotes from service users

Case Study:

Bob wants to stay healthy so he can play with his grandchildren into his old age – and he is praising Southend-on-Sea Borough Council for helping him to do so. The retired builder, was shocked when a health check at his local GP surgery revealed that his Body Mass Index was “through the roof”. His weight was exacerbating a chronic breathing problem and he realised he needed to take some action.

On the advice of the surgery Bob had an informal meeting in The Forum with a one-to-one coach from the Council’s Get Healthy Hub and he jumped at the chance to join the exercise referral and weight management programme. He was offered 12 weeks of subsidised sessions at Southend Leisure and Tennis Centre and 12 weeks of public health-funded weight management sessions.

“It was fantastic to be given this opportunity,” said Bob. “Overeating is a vicious circle and I needed a push to change my lifestyle. I found the discussion groups at the weight management sessions very useful and I have also benefited at the gym from the advice of a personal trainer for whom I paid.” Bob has kept up his gym sessions beyond the initial 12 weeks, easing himself into physical activity using the recumbent exercise bikes and a cross trainer.



“The help from the Council has been a lifeline to me,” he added. “I have four grandchildren, all girls aged nine, seven, six and two, and I want them to know I will be around to play with them for many years to come.”

Quotes:

“I love the drumming and dancing, I can express myself and it helps to calm me” Disability Capoeira participant

“As I have long term depression, this has been wonderful for my health” Active 50+ Festival on the Pier participant

“My young person has had the best time during this course. It has been wonderful to see his self-esteem and confidence grow. These sessions have certainly helped to break down barriers with some of our young people and have demonstrated that we listen to them and what they enjoy doing.” Case Worker for an individual who attended Parkour physical activity programme.

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3.0 The Context for Physical Activity

3.1 National physical activity policy

Physical activity is firmly in the national spotlight, showing an increasing drive to improve the health of the nation and tackle health inequalities. Recognition of the need to invest in preventative health is growing, focusing on staying healthy and promoting wellbeing.

Over recent years there have been numerous national reports and strategies published which provide detailed background information and evidence on the importance and impact of physical activity. These include:

Start Active, Stay Active: Department of Health, 2011 (7)

Otherwise known as the UK's Chief Medical Officers' guidelines, this report was aimed at the NHS, local authorities and a range of other organisations that develop services and advocates a partnership approach to increasing physical activity levels across the country. It lists the volume, duration, frequency and type of physical activity required for the UK population to achieve the range of benefits of being active. Its key recommendations are that:

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes, spread throughout the day.
- 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.
- Adults do at least 150 minutes per week of moderate physical activity in bouts of 10 minutes.

Public Health Outcomes Framework: Department of Health 2012 (15)

This introduces the overall vision for public health as 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest', and includes two key outcomes in which physical activity can play a role in increasing healthy life expectancy and reducing differences in life expectancy.

The indicators that will measure this ambition are:

- 2.13i Proportion of adults achieving at least 150 minutes of physical activity per week in accordance with UK CMO recommended guidelines on physical activity
- 2.13ii Proportion of adults classified as 'inactive'



Turning the Tide on Physical Inactivity. UK Active. 2013 (16)

This report provides the first detailed analysis of physical activity both at a national and local level and examines the rate of physical inactivity and impact on premature mortality. The report makes a number of recommendations, including that local authorities should prioritise and resource physical activity programmes to the same level as other top tier public health risks; deliver a local ambition of a 1% reduction in inactivity year-on-year for the next five years; and ensure that their green spaces are developed to make them safe, accessible and integrated into their leisure and physical inactivity strategies.

Moving More, Living More: the physical activity Olympic and Paralympic legacy for the nation. Cabinet Office (2014) (17)

In recognition of the significant opportunities that physical activity offers individuals and society, the aim of this strand of the Olympic and Paralympic legacy is to have a much more physically active nation. It presents three key areas for action:

- Active people – children, young people & families, older people, disabled people and people playing sport
- Active places – workplaces, public health settings within the NHS and travel by walking and cycling
- Active communities
- Everybody Active Every Day, Public Health England 2014 (6)
- This framework identifies that being active every day needs to be embedded across every community in every aspect of life, which requires creating cultural change.

To deliver this vision requires action at national and local level: across four areas:

- Active society: creating a social movement
- Moving professionals: activating networks of expertise
- Active environments: creating the right spaces
- Moving at scale: scaling up interventions that make us active



Sporting Future: A New Strategy for an Active Nation. Cabinet Office. 2015 (18)

This latest strategy looks to redefine nationally what success looks like in sport by concentrating on five key outcomes:

- physical wellbeing
- mental wellbeing
- individual development
- social and community development
- economic development.

This new approach includes a new system of measurement, replacing the current Active People Survey with Active Lives. It will measure how active people are overall rather than how often they take part in any particular sport and a new set of key performance indicators will be used to test progress towards the five key outcomes.

3.2 National picture: the extent of the problem

Physical activity behaviour should be an integral habit within our daily lives.

However, national statistics from the Health Survey for England (19) identify that:

- 33% of men and 45% of women are not active enough for good health
- 19% of men and 26% of women are 'physically inactive'
- 21% of boys and 16% of girls aged 5-15 achieve recommended levels of physical activity
- 23% of girls aged 5-7 meet the recommended levels of daily physical activity, by ages 13-15 only 8% do
- 47% of boys and 49% of girls in the lowest economic group are 'inactive' compared to 26% and 35% in the highest

In addition:

- Only 18% of disabled adults regularly take part in sport compared to 39% of non-disabled adults (20)
- Walking trips decreased by 30% between 1995 and 2013 (21)
- 64% of trips are made by car, 22% are made on foot and 2% are made by bike (21)



3.3 What works to increase physical activity

The evidence shows that inactivity is an entrenched problem. Positive change needs to happen at every level and should be measurable, permanent and consistent. NICE have issued evidence-based guidance to inform practice, but to achieve the desired impact it needs to be implemented on a major scale and with long-term planning.

Existing NICE guidelines include:

- PH6 2007 Behaviour change: the principles for effective interventions
- PH8 2008 Physical activity and the environment
- PH13 2008 Promoting physical activity in the workplace
- PH17 2009 Promoting physical activity for children and young people
- PH41 2012 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation
- PH42 2012 Obesity: working with local communities
- PH44 2013 Physical activity: brief advice for adults in primary care
- PH49 2014 Behaviour change; individual approaches
- PH54 2014 Exercise referral schemes to promote physical activity

Much of this guidance is about maximising the potential of the many assets we already have and using streets, parks, leisure facilities, community halls, and workspaces, and thinking differently about how we commission and plan public services.

Many aspects of this guidance have also helped to inform the key areas of the vision for 'Everybody Active, Every Day' (6), but interventions need to be based on local community needs.

4.0 Physical activity profile of Southend

4.1 Southend - the place

Southend is 16 square miles in size and is one of the largest conurbations in the East of England. Excluding the London boroughs, Southend is the eighth most densely populated area in the United Kingdom, with 42.10 people per hectare compared to a national average of 16.84 per hectare (2013 mid-year population estimates).

The population of Southend is currently 177,900 (mid 2014, population estimate). Southend has an ageing population with 18.7% of people aged 65 and over, which is higher than the national average of 17.3%. The proportion aged 17 and under is 21.5%. The population is predicted to increase, the greatest increase will be in the over 65 year age group.



Deprivation in Southend is higher than average, and overall Southend is ranked as the 190th most deprived out of 363 local authorities in England, and about 21.7% (7,200) children live in poverty.

Southend has a predominantly white British population 87.03%, with a small but increasing BAME population.

Life expectancy for both men and women is similar to the England average. However, there are significant health inequalities in the borough, with an 11.1 year gap in life expectancy for men and 10.0 years for women in the most deprived areas of Southend than in the least deprived areas.

In Southend, the adult excess weight prevalence (overweight and obese) is 66.8%, which is 2.2% higher than the national average of 64.6% and 1.2% higher than the regional average of 65.6%.

The childhood excess weight prevalence (overweight and obese) in 4-5 year olds is 21.9%, which is the same as the national average, but higher than the regional average (20.7%). For children aged 10-11 in Southend, excess weight prevalence is 32.2%, which is slightly below the national average (33.2%), but 1.5% higher than the regional average (30.7%).

Levels of physical activity in Southend

Southend currently falls below the national (57%) and regional average (57.8%) with the latest figures suggesting that just 52.1% of adults achieve at least 150 minutes of moderate activity per week in accordance with the CMO guidelines.

The latest figures also highlight that 29.2% of adults in Southend are classed as 'physically inactive' and undertake less than 30 minutes of at least moderate intensity physical activity per week (compared to 27.7% nationally and 25.9% regionally).

4.2 Southend: assets and opportunities for physical activity

Southend has a wealth of assets that present opportunities to support everyone in the borough to be more physically active. These include:

Southend Pier – a local icon, the longest pleasure pier in the world which stretches 1.33 miles out into the Estuary providing perfect conditions for walking.

Seafront – Southend has 7 miles of seafront, with eight beaches. 4 of the beaches have been ranked 'excellent' in the prestigious Blue Flag awards.



Three Shells Lagoon – a planned seafront development to construct an artificial lagoon to provide a safe swimming area.

4 Local Authority owned leisure centres including 3 public swimming pools –

Chase Sports and Fitness Centre, Belfairs Swim Centre, Shoeburyness Leisure Centre and Southend Leisure and Tennis Centre including Southend Swimming and Diving Centre at Garon’s Park. The centre is a World Class diving facility and was used by the British Olympic Diving Team as their pre-games training site for the 2012 London Olympics. The leisure operator is required to deliver sports development across the Borough, increasing physical activity opportunities for a range of target groups. Exercise Referral is delivered at Southend Leisure and Tennis Centre and currently provides tailored exercise programmes for those referred from their GP with long term conditions or at high risk for Long Term Conditions such as high BMI.

Cycling Town - 3 years as a Cycle Town has left a legacy of improved cycling infrastructure and additions to the national cycling network such as the Prittlebrook Cycle Path and the seafront cycle route. There is also improved cycle parking at all schools, colleges and the university, many workplaces, the town centre, parks and sports centres and local shopping areas.

Ideas in Motion – a distinct brand and website to promote sustainable transport options including walking and cycling.

Shared space infrastructure for traffic calming and to encourage walking and cycling. This includes the award-winning City Beach and Victoria Gateway Plaza.

Water sports - seven miles of seafront provide ideal conditions for water sports including sailing, wind surfing, kite surfing, jet skiing, kayaking as well as swimming and the seaside favourite –paddling.

Parks and Green Spaces – over 1,000 acres of parkland and green space which includes 5 Green Flag Award winning parks and offers various physical activity opportunities including multi-use game areas and outdoor gym equipment.

18 hole ‘pay and play’ public golf course at Belfairs Park. There is also a 9-hole Pitch ‘n’ Putt course.

283 acres of public pitches, courts and greens: bowling greens, cricket squares, football and rugby pitches, croquet lawns, pitch and putt, basketball courts, cricket nets, tennis court and a synthetic turf pitch.

Play areas



School sports facilities

Private and community provision including: 75 acres of private sport and leisure facilities, there are number of private leisure providers across the town which include private gyms and fitness centres, sports clubs, dance schools, martial arts clubs.

Effective volunteer workforce supporting delivery of many physically active sport and leisure activities

A Better Start National Lottery funded programme supporting system transformation to shift focus towards prevention in children 0-3 years. Increasing physical activity can support focused outcomes for social and emotional development in the targeted wards.

Two School Sports Partnerships provide a range of sport and physical activities in school settings across the borough, the partnership also provides continuing professional development opportunities for teachers in sports and physical activity.

Active Southend is a community network of physical activity and sport providers. The organisation funded solely by external funding grants delivers a range of projects to increase physical activity levels in the borough. Examples of these programmes include: Walking Football for older people, dodgeball for young adults and a disability focused multi-sport/activity project.

External Funding the Council is proactive in identifying funding opportunities to support sporting and physical activity initiatives – these include the Active Women project funded by Sport England over three years to provide sporting and physical activity opportunities for women in six wards across the town in community locations. The council have also worked in partnership with other organisations to draw in funding for a range of activities such as disability cycling and dodgeball.

4.3 Links with other local strategies

The main local drivers for change are:

In-depth Scrutiny 2014-15. How the Council assists and excites individuals and community groups to achieve healthier lifestyles – envisages a town:

- 'where people engage with each other through activity'
- 'whose people live longer more active lives'
- 'with reduced inequalities in life expectancy and improved quality of life'



Southend Health and Wellbeing Strategy – has nine ambitions for the Southend populations health and wellbeing, including:

- ‘a positive start in life’
- ‘promoting healthy lifestyles’
- ‘improving mental wellbeing’
- ‘living independently’
- ‘active and healthy ageing’

Southend-on-Sea Health & Wellbeing Strategy 2015 - 2016 Refresh

Introduction of three broad impact goals, including:

- ‘increased physical activity’

Southend-on-Sea Health System Strategic Plan 2014-19 - has a focus on prevention and introduces five system objectives including:

- ‘our children to have the best start in life’
- ‘encourage and support local people to make healthier choices’
- reduce the health gap between the most and least wealthy’

Southend Children and Young People’s Plan 2015/16 – has six priority areas including:

- ‘supporting young people and families to live healthy lifestyles’

Southend Local Transport Plan 3 Strategy Document 2011 – 2026 – aims to

‘tackle health inequalities by increasing the number of adults and children who walk and cycle for work, education and leisure’

Southend Parks and Green Spaces 2015 – 2020 – recently published and aims to ‘provide recreation and sports facilities to encourage active, healthy lifestyles’ ‘increase participation in sport and leisure’

Southend Sport & Leisure Strategy 2013 – 2020 - aims to provide a framework for sports and leisure provision; in particular focussing on increasing participation in sport and leisure as well as promoting the health and social inclusion benefits of sport and leisure to encourage lifelong participation.



5.0 Delivering the strategy

5.1 Implementation, monitoring and evaluation

This five year strategy highlights the importance of increasing physical activity levels for the health and wellbeing of the population and identifies the key measures that will be needed within Southend to achieve increased levels of activity.

Whilst all agencies, working in partnership, have a role to play, effective leadership and coordination of effort is needed. The action plan will be led and monitored by a Southend Physical Activity Strategic Partnership consisting of officers from the organisations that have been involved in developing it. The Strategic Partnership will report its progress to the Active Southend Board, which consisting of a much wider range of organisations and individuals that have a role to play in delivering activity across the borough.

The Strategic Partnership will report its progress on an annual basis to the Southend Health and Wellbeing Board which will have oversight of the implementation of the plan.

It is proposed that the two physical activity indicators in the Public Health Outcomes Framework, are used as the headline key performance indicators to monitor the overall outcome of the physical activity strategy. These two indicators are update on annual basis through the Active People Survey.

KP1: By 2021, achieve a 2.5% increase in adults being active for 150 mins per week
Baseline (2014): 52.1% Target: 54.6%

(Baseline 2014: England 57%, East of England 57.8%)

KPI 2: By 2021, achieve a 2.5% decrease in adults not being active for at least 30 mins/week

Baseline (2014): 29.2% Target: 26.7%

(Baseline 2014: England 27.2%, East of England 25.9%)

A number of other KPIs will be developed as part of further detailed action planning work.



5.2 Southend Physical Activity Strategy Action Plan

Action	Description	Timescale/ issues/ requirements	Lead	Outcome/Output	Impact of Action / What does success look like	Progress
1	Complete physical activity / physical inactivity needs assessment to identify at risk populations	On-going	Public Health / Planning	Completed needs assessment A detailed understanding of the main groups at risk from physical inactivity	Improved intelligence of most inactive populations in Southend and how we access them. This will be used to inform future commissioning and marketing approaches.	
2	Set up a multi-agency Southend Physical Activity Strategic Partnership to deliver this strategy to complement the operational work of Active Southend	June 2016	Public Health/ Culture	An effective mechanism for engaging key strategic partners	Multi-agency group to deliver the action plan. System-wide responsibility for increasing physical activity.	
3	Develop guidance for providers to utilise physical activity as a method of delivering social value within new and existing contracts	October 2016	Public Health and other commissioning and Procurement teams	Guidance document produced Providers delivering activities which enhance social value	Improved social value of SBC procurements and spend. More physical activity related social value commitments by providers.	
4	Include a Physical Activity related action in each service plan across SBC	March 2017	All SBC Departments	Further develop SBC as a Public Health organisation	All relevant SBC services supporting increased physical activity levels in a variety of ways.	
5	Include a "Public Health Impact" subheading for consideration within all board papers (Southend on Sea	March 2017	All SBC Departments	Consider the public health implications of all policy and strategic decisions	Public Health impact considered within all decision making.	



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6	Continue the implementation of the Parks and Open Spaces Strategy and Sports & Leisure Strategy	On-going	Culture / Public Health	Increased opportunities to be physically active	Ensure that the strategies have maximum impact to increase physical activity.	
7	Work with partners to develop a marketing plan for physical activity to maximise impact This will include existing websites and campaigns e.g. - Active Southend, SHIP - Leisure Provider Marketing Plan - Public Health England campaigns such as Change4Life (children and families) and One You (adults 18+) - Rio Olympics and other national and international events	On-going	Public Health/ Culture/ Comms	Increased awareness & accessibility of local Physical Activity opportunities	Increased awareness of existing and new opportunities to be physically active amongst the Southend-on-Sea population.	
8	Develop and implement Active Southend work plans to increase physical activity opportunities	On-going - Annual	Culture / Public Health	Improve the offer of physical activity opportunities across the Borough	Increased number of externally funded physical activity programmes in Southend.	
9	Mobilisation of the new Lifestyle Hub contract- particular focus on physical activity programmes i.e. Exercise Referral, Postural Stability Dance for Health and Social Prescription	1st June 2016	Public Health	Improve pathways to physical activity opportunities, delivery of good quality motivational interviewing and support to increase physical activity.	Increased number of inactive people entering physical activity interventions.	



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10	Increase active and sustainable travel through the Idea's in Motion campaign	On-going	Sustainable Transport	Creation of an environment that supports active travel	Increased number of people travelling in an active and sustainable way.	
11	Work in partnership to review & Implement new guidance from <ul style="list-style-type: none"> • "Building the foundations: Tackling obesity through planning and development" re: physical activity elements of designing physical activity into towns as part of tackling obesity • Sport England's "10 Principles of Active Design" 	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels.	
12	Optimise the Queensway development to be an exemplar site "designing for people and physical activity"	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Best practice examples for other developments (both in and out of the borough) to follow, improving physical activity levels of tenants.	
13	Develop 'Southend Active' Design Guidance including maximising section 106 impact	March 2017	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels.	
14	Use 'Southend Active' guidance to influence other regeneration and new build projects	On-going	Planning/ Public Health	Creation of environments that support physically active lives	Improved consideration of the impact of planning and development design on population physical activity levels.	
15	Deliver Continuing Professional Development for relevant health,	On-going	Public Health	Increased knowledge of the benefits of physical activity	Increased number of brief interventions and	



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	education, and social care professionals re: benefits and importance of physical activity, adjustments for special populations (diabetes, asthma) and local services and facilities			& dangers of sedentary behaviour and opportunities available for service users.	signpost/referral into physical activity opportunities.	
16	Delivery of Making Every Contact Count to deliver physical activity brief interventions across all appropriate public facing organisations including NHS (incoming standard NHS contract for brief interventions?)	On-going	Public Health / Lifestyle Hub Provider	Increased number of good quality brief interventions for physical activity. Increased referral into physical activity services	Increased number of brief interventions and signpost/referral into physical activity opportunities.	
17	Increase sign up to physical activity pledges for the Public Health Responsibility Deal amongst Southend-on-Sea Organisations	On-going	Public Health	Improved staff health and wellbeing in Southend-on-Sea businesses.	Increased number of employees in Southend-on-Sea supported to be physically active in the workplace.	
18	Social Marketing for new lifestyle hub including Physical Activity	On-going	Public Health/ Lifestyle Hub Provider	Increased awareness & accessibility of the lifestyle hub and associated services	Increased awareness of physical activity opportunities.	
19	Further develop settings based approaches to increase physical activity and reduce sedentary behaviours e.g. Public Health Responsibility Deal, Healthy Schools, Healthy Early Years, School Sports Partnerships	On-going	Public Health	Opportunities for physical activity are increased	Increased opportunities to be physically active in early years settings, schools and workplaces.	



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Appendix 1 Chief Medical Officer (CMO) Physical Activity Guidelines 2011

In July 2011, The Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland published new guidelines for physical activity. The report emphasised the importance of physical activity for people of all ages and also highlights the risks of sedentary behaviour. The recommendations for different age groups are as follows:

EARLY YEARS (under 5s)

Physical development involves providing opportunities for babies and young children to be active and interactive and to improve their skills of coordination, control, manipulation and movement. Children should be supported in developing an understanding of the importance of physical activity.

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided 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) for extended periods (except time spent sleeping).

CHILDREN AND YOUNG PEOPLE (5–18 years)

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.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.



ADULTS (19–64 years)

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.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

OLDER ADULTS (65+ years)

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
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.
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended period.