Five-year review of
‘Let’s Make Scotland More Active’ –
A strategy for physical activity

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Executive Summary

There are many ways in which people can be active: exercise (e.g. aerobics and jogging), sport, play, dance as well as active living (e.g. walking, housework and gardening). Adults should accumulate or build up 30 minutes of moderate-intensity activity on most days of the week and children should accumulate at least one hour daily.

However, physical inactivity remains one of Scotland’s major public health issues. Despite strong scientific evidence that meeting these recommendations can protect against many of Scotland’s leading chronic diseases and promote positive mental health and well being, two-thirds of Scottish adults and one-third of Scottish children are failing to meet the recommendations.

Let’s Make Scotland More Active (LMSMA) was published in 2003. The strategy is a 20-year plan and set ‘targets to achieve 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022’. As the Scottish Government has a separate strategy for Sport (Reaching Higher) LMSMA focuses on all the other components of physical activity outlined above.

In 2008, a review group carried out a full review of how LMSMA had been implemented in the past five years. The review group was chaired by John Beattie and included representatives from NHS Health Scotland, the Scottish Government and independent academic experts. A key strand of the review process was engaging with a huge number and variety of delivery agencies and also with the wider physical activity workforce, e.g. Active Schools coordinators and health promotion officers and those who have a more indirect role, e.g. teachers and primary health care staff. The purpose of the review’s engagement was to gather and assess views on what has been successful, what have been the key challenges and what are the future priorities.

This summary details the review group’s key recommendations. These were developed from research commissioned as part of the review, in-house analysis of policy documents and evaluations and feedback from the physical activity workforce gathered via regional events.
What does the review recommend?

• Continuation of LMSMA.
LMSMA remains an essential strategy to influence Scotland’s inactive population. The review found no evidence to suggest that the strategy should be substantially revised. In addition, Scotland remains in line with physical activity guidelines issued by WHO and the EU. The review process highlighted a number of key areas where action can be strengthened to maximise the drive to get more of Scotland’s population more active.

• Environment.
Interventions that enhance the built environment can impact on large sections of the population. There is good recent evidence-linking environments to physical activity (e.g. Foresight Report on obesity). The review group therefore believes the creation and provision of environments that encourage and support physical activity offers the greatest potential to get the nation active.

• Performance Management and Accountability.
Given the importance of physical activity across public health concerns (e.g. cardiovascular health, mental health, obesity) the review group believes that explicit physical activity targets/outcomes should be included within the National Performance Framework and/or NHS HEAT targets.

• Local Coordination and Leadership.
In addition to the above, given their responsibility for the key services that directly impact on physical activity (e.g. planning/environment, transport, education, sports/recreation/leisure) and as the lead authority in community planning, local authorities should be recognised as the most important local delivery agency for physical activity. As such they should lead local coordination and delivery. To do this effectively however, they need to be fully supported by National Government and its agencies (e.g. NHS Health Scotland). For example, the Scottish Government and its agencies need to work closely with COSLA at a national level and local authorities and their community planning partners (including NHS Boards and the Third Sector) at a local level. This should help ensure local physical activity strategies fully align and are integral to Single Outcome Agreements (SOAs) and will support the achievement of current national indicators and outcomes.

• National Coordination.
The commitment to physical activity across a range of government policies has been positive in the first five years of LMSMA. The Government needs to ensure physical activity continues to be a vital component of its public health work and also continues to be integrated into all relevant and related policy, e.g. education, environment, sports, transport.

1 www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp (accessed 16/02/09)
• **Performance, Monitoring and Evaluation.**
LMSMA should be underpinned by a research, monitoring and evaluation plan. This will help to strengthen our understanding of whether physical activity programmes are engaging with people who are inactive, and to identify more effective approaches that increase physical activity. In addition, as Scottish Health Survey population level data will be available annually from 2009 onwards, an annual ‘stock take’ of progress should be conducted shortly after the publication of the survey data to reflect and identify any immediate priorities for either policy or delivery. This could form one of the key functions of the Physical Activity and Health Alliance.

• **Supporting Physical Activity projects and initiatives.**
The Scottish Government, NHS Health Scotland and a variety of other national and local agencies fund a wide variety of programmes designed to promote and support physical activity. However, the commissioning process, performance management arrangements and support offered have not been consistent across these programmes. For this reason, the Scottish Government has commissioned SPARColl to develop separate frameworks to guide the planning/commissioning of physical activity programmes and the monitoring/evaluation of funded programmes. They were also asked to identify the level of support required by the programme deliverers to effectively plan, monitor and evaluate their work. It is recommended therefore that the SPARColl frameworks form an integral part of the research, monitoring and evaluation plan (referred to above) and that organisations who commission physical activity projects and programmes take full account of the SPARColl frameworks and recommendations.

• **Communications.**
Having a coherent and effective communication and marketing strategy in place will ensure physical activity remains prominent in all relevant settings and sectors (both local and national). It is recommended that the communication strategy should target three key areas: the general public, coordination of national and local organisations on physical activity; and engaging the Physical Activity Workforce.

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**Next steps**

A review of whether or not we are on track to reach the target of 50% of adults and 80% of children achieving minimum recommended levels of physical activity by 2022 will be undertaken when new Scottish Health Survey data are available in Autumn 2009. An assessment of whether existing action is sufficient to achieve the target will also be undertaken.

As part of this process, the review group will engage with local authority interests, health, community and Third Sector representatives at a national level. A short statement will then be issued by the review group that sets out a response to these new data and any further recommendations as a result.
Acknowledgements

With many thanks to all the individuals and organisations who contributed to the review. In particular, to those who participated in research interviews or who attended the Physical Activity and Health Alliance (PAHA) regional events in October 2008. Thanks also to former members of the Physical Activity Task Force who met with the review group in July 2008.

The review group drew significantly on research commissioned as part of the review process. We are very grateful to the researchers at the University of Edinburgh and Stirling, Blake Stevenson Limited and Avril Blamey & Associates who ably responded to the short timescales. Thanks also to Weber Shandwick who led the communications strategy for the review and Vikki Hilton for facilitating the PAHA events.

We have relied on the work of many individuals and organisations that have provided information to the review group. Particular thanks to those colleagues in the Public Health Observatory team at NHS Health Scotland (Sonnda Catto and Diane Gibbs) for their work on the national surveys and SPARColl (www.sparcoll.org.uk) colleagues for reviewing and advising on newly published evidence and guidelines.
CHD  Coronary Heart Disease
COSLA  Convention of Scottish Local Authorities
EU  European Union
GMS  General Medical Services
GUS  Growing Up in Scotland Study
HBSC  Health Behaviour in School-aged Children
HEAT  Health Efficiency Access and Treatment
HEPS  Health Education Population Survey
HIPM  Health Improvement Performance Management
LA  local authority
LMSMA  Let’s Make Scotland More Active
NICE  National Institute for Clinical Excellence
NPF  National Performance Framework
PA  Physical Activity
PAHA  Physical Activity and Health Alliance
PASS  Physical Activity in Scottish Schoolchildren Survey
PE  Physical Education
PHO  Public Health Observatory
SHeS  Scottish Health Survey
SHoS  Scottish Household Survey
SOA  Single Outcome Agreement
SPARColl  Scottish Physical Activity Research Collaboration
SPP11  Scottish Planning Policy 11 Physical Activity and Open Spaces
US  United States
WHO  World Health Organization
1. Introduction

1.1. Physical activity in Scotland

There are many types of physical activity: exercise (e.g. aerobics and jogging), sport, play, dance and active living (e.g. walking, housework and gardening). Adults should accumulate or build up least 30 minutes of moderate intensity activity on most days of the week and children should accumulate at least one hour daily.

However, physical inactivity remains one of Scotland’s major public health issues. Despite strong scientific evidence that physical activity can protect against many of Scotland’s leading chronic diseases (e.g. coronary heart disease (CHD), some cancers, obesity, diabetes, hypertension) and the role physical activity can play in promoting positive mental health and well-being, two thirds of Scottish adults and one third of Scottish children do not do enough physical activity to gain these benefits.

Scottish ministers set up the National Physical Activity Task Force in June 2001 and Scotland’s first physical activity strategy, entitled Let’s Make Scotland More Active (LMSMA) was published in 2003. The strategy responded to the concerns held that the nation in Scotland was ‘inactive, unfit and increasingly overweight’ (Scottish Executive, 2003b). The strategy proposed a 20 year plan and set ‘targets to achieve 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022’. As the Scottish Government has a separate strategy for sport (Reaching Higher) LMSMA focuses on all the other components of physical activity outlined above.

More recently the Scottish Government has published Healthy Eating, Active Living, which is an action plan to improve diet, increase physical activity and tackle obesity (2008). This plan re-affirms its commitment to the implementation of LMSMA.

1.2. About the review

One of the recommendations in LMSMA was to review the national targets after five years of implementation. Given the importance and potential contribution of physical activity to health in Scotland, a decision was taken to conduct a full implementation review of LMSMA in 2008.

John Beattie, original chair of the Physical Activity Task Force, brought together a short life group to review LMSMA. This membership included the Scottish Government, the national physical activity policy coordinator, NHS Health Scotland and physical activity academics.

The group has been responsible for managing the review process and disseminating the final review outputs. A key strand of the review process was also to engage with a huge number and variety of delivery agencies and also with the wider physical activity workforce e.g. Active Schools co-ordinators and health promotion officers and those who have a more indirect role e.g. teachers and primary health care staff. The purpose of the review’s engagement was to gather and assess views on what has been successful, what have been the key challenges and what are the future priorities.

This report provides a summary of the review’s findings, conclusions and recommendations. However, the review process is not yet complete. Important new data about physical activity trends from the Scottish Health Survey (SHeS) are not available until late 2009. Without this information, the review group believe that statements about progress (e.g. across the population and within key sub groups) are not yet possible. Furthermore, a review of the target cannot be completed at this time. Yet there are many important lessons that we can confidently state now, to strengthen the implementation of the strategy. These recommendations are made with the aspiration of giving the best chance to achieving an ‘active’ Scotland by 2022.
1.3. The Review Group

A national review group including Scottish Government representatives, NHS Health Scotland and physical activity experts undertook the review. The roles of individuals and organisations throughout the process were:

**Chair (John Beattie)**

To chair the review group and present the findings and subsequent recommendations to the Minister for Public Health and Sport.

**NHS Health Scotland**

To coordinate the process, pull together and summarise the evidence, commission any work from external consultants on behalf of the review group, organise any engagement events via the Physical Activity and Health Alliance, and produce final outputs.

**Academic Input**

To offer advice, guidance and leadership throughout the process and to participate in key stages (such as initiation meetings, hearings and stakeholder events) as required and as work commitments allowed.

**Scottish Government**

- To ensure the Minister and Scottish Government policy colleagues/groups are regularly and appropriately briefed on the review remit and scope, updated on progress and involved in hearings and consultations on emergent findings
- To provide advice and guidance to the review group on appropriate information and evidence to be included, and any additional work to be commissioned
- To ensure that the recommendations/conclusions of the policy review are fed back and used in the policy planning process
- To coordinate all communication activity.

1.4. Terms of Reference

The aim of the review was to evaluate progress to date in implementing the national physical activity strategy *Let’s Make Scotland More Active* and to recommend priorities for action within the strategy in the next five years to maximise improvements in the nation’s physical activity levels.

The objectives agreed with the Scottish Government were:

- To collate information on progress with implementation of the national physical activity strategy. This will involve an assessment of the extent to which each of the strategy’s recommendations have been implemented, including an assessment of the degree to which policies and services of several key groups (relevant Government directorates, national agencies, community planning partnerships and physical activity workforce) have been influenced by the strategy.
- To assess changes in key physical activity outcomes.
  - Are data currently available to assess change in short-term outcomes (e.g. awareness, knowledge, motivation in priority groups) and intermediate outcomes (e.g. physical activity levels [including sports participation] in the population and priority groups). If data are not currently available then recommendations will be made about future data collection
  - If there are enough data to be able to assess short or intermediate change then how have the outcomes changed and to what extent can this be attributed to the national physical activity strategy?
To engage with a number of key groups and organisations (relevant Government directorates, national agencies, community planning partners and physical activity workforce) to evaluate the picture of progress and change, to reflect on areas of success/challenge and lessons learned and to agree key priorities for the future.

To identify new evidence/guidance on health-related physical activity that may require adjustments in focus/direction.

To identify new opportunities to enhance/accelerate existing action.

To ensure that the national physical activity target and intended outcomes of the next phase of strategy implementation are fully in line with the National Performance Framework and Single Outcome Agreement process.

1.5. About the review process

The review of LMSMA is the third of a series of policy reviews of health improvement conducted in Scotland. The first policy review of the Scottish Diet Action Plan (Lang, Dowler and Hunter, 2006) was completed in September 2006. The second policy review focused on mental health improvement and the implementation of the National Programme for Mental Health and Wellbeing (Hunter, Barry and McCulloch, 2008).

While each review has taken a slightly different approach – each building on learning from the last - the three reviews share fairly similar goals – to combine both formal evaluative evidence and information and provide space for reflection and learning for those involved in implementation.

The review was split into two distinct phases before the review group made its main conclusions and recommendations in December 2008.

1.6 Phases of the review and timescales

1.6.1. Phase one: evidence collation and analysis (May – August 2008)

Key activities undertaken in the first phase were the three independent strands of commissioned research at a national, local and programme level (see table 1.1) and in-house analysis of key documentary sources (e.g. evaluation reports). This phase sought to address the first 2 objectives of the terms of reference, detailed on the previous page.
Table 1.1 Commissioned research for LMSMA review

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Findings from the evidence gathered during the review process are summarized in chapter 3 and summaries of reports detailed above and information about the review process are also available on the NHS Health Scotland website (www.healthscotland.com).

**Survey trends in physical activity**

The Public Health Observatory team (PHO) at NHS Health Scotland provided information from new research examining validity and trends of physical activity data from Scotland’s routine national surveys (Catto and Gibbs, 2009). This research is due for publication in 2009.

1.6.2. **Phase two: Engaging with physical activity workforce and future directions**

A key aim of the review was to engage the physical activity workforce in the process of evaluating progress. In phase 2 (September to December), PAHA organised four regional events in October 2008. These attracted over 250 members of the physical activity workforce. The events provided interim findings and involved the workforce in assessing progress made and priorities for the future. The report of these events is on the NHS Health Scotland website.

**New evidence**

The Scottish Physical Activity Research Collaboration (2008) reviewed new evidence sources published (i.e. review articles, position statements, published guidelines and evidence reports) between 2003 and 2008 concerning recommendations of the amount and type of physical activity needed for health gain.

**New opportunities**

The group reviewed documentary sources to identify and assess ‘events’ that may accelerate action with implementation of LMSMA. Stakeholders attending the regional events were also asked to discuss new opportunities for physical activity. While to some extent, these opportunities were already predetermined (e.g. Commonwealth Games, increased priority to obesity and National Performance Framework), the review group assessed potential implications for LMSMA.

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3 Active Schools were not included as findings are available from a recent independent evaluation (Sportscotland, 2008a)
Analysis framework: LMSMA recommendations and WHO framework

Throughout the review, data collection and analysis was carried out against key recommendations included in LMSMA. The World Health Organization 'framework for monitoring and evaluating national diet and physical activity strategies' (WHO, 2006) is a key benchmark and sets out an approach to measure the implementation of such national strategies. The indicators relevant to physical activity and to the Scottish context were used to guide data collection and analysis of progress made.

1.7. Limitations of the review

Retrospective review of progress. There was uncertainty about the level of change expected in first 5 years - key shorter/medium term outcomes (other than the national target) were not set at the beginning of the strategy with monitoring and evaluation plans.

Cause and effect. It was difficult to retrospectively assess the actual influence of the strategy on organisations, which are often driven a range of factors and influences.

Survey data. The move to annual SHeS has meant that the most recent findings on trends in physical activity are not available within the review's timescales. SHeS was agreed as the main tool to measure progress towards the targets set in LMSMA. It will not be available until late 2009.

1.8. Plan of the report

The rest of the report is structured under the following chapters:

• The following chapter (2) looks at the policy background for physical activity including the development of policy and publication of LMSMA.

• Chapter 3 summarises progress with implementation of the strategy against the recommendations made in LMSMA and Chapter 4 considers availability of outcome data and known changes in physical activity outcomes.

• Chapter 5 summaries perceived influence of the strategy at a national, local and international level.

• In chapter 6, the implication of new evidence and opportunities for physical activity are considered.

• In the final chapter, we set out our key conclusions and recommendations.
Policy background

This chapter gives an overview of the policy context for physical activity and sets out how the commitment to physical activity has changed and developed over the past decade. It summarises key developments resulting from changing administrations and describes how LMSMA has been implemented since 2003.

2.1 Development of health improvement policy

*Towards a healthier Scotland* (Scottish Executive, 1999) marked the first cross-Government commitment to health improvement. This paper first referred to the establishment of a Task Force to develop a national physical activity strategy for Scotland. While recognizing that a number of agencies and interest groups were currently working to encourage active living and physical exercise, it was proposed that the impact of all this work could be enhanced through a more integrated approach to physical activity.

*Our national health: a plan for action, a plan for change* (Scottish Executive, 2001) set out a statement of national priorities for health and for the NHS following devolution. It was intended as a plan for action and reiterated the commitment to establish a Task Force early in 2001. This Task Force would take forward work across Scotland to promote and encourage action on physical activity.

*Health improvement: the challenge* (Scottish Executive, 2003a) set out a framework for action and included physical activity levels as one of the key risk factors that would be tackled in the framework’s first phase.

More recent policy documents, e.g. *Better Health Better Care* (2007) and *Healthy Eating Active Living* (2008) are described later in the chapter.

2.2 Publication of Let’s Make Scotland More Active

Scottish ministers set up the Physical Activity Task Force in June 2001 and Scotland’s national strategy for physical activity was published in February 2003. This detailed the then Scottish Executive’s approach to increase the nation’s physical activity. It sets out a vision that “people in Scotland will enjoy the benefits of having a physically active life” (Scottish Executive, 2003b).

2.2.1 Targets and goals

The goal was set to increase and maintain the proportion of physically active people in Scotland and set targets to achieve 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022.

2.2.2 Focus of implementation of LMSMA

The strategy set out a broad framework of objectives and priorities for the development of physical activity in Scotland. Four strategic objectives were set and strategic priorities agreed to support children and young people, working age adults and adults in later life.
Box 1.0 LMSMA Strategic Objectives and Values

- To develop and maintain long-lasting, high-quality physical environments to support inactive people to become active.
- To provide accurate and evidence-based advice to staff who are involved in Government policy and service delivery and who work in the voluntary and private sectors.
- To raise awareness and develop knowledge and understanding about the benefits of physical activity and provide access to information.
- To carry out research, monitoring and evaluation.

The strategy was underpinned by five core values

- Long-lasting structures and programmes of work.
- Equal opportunities and access, regardless of age, sex, race, religion, social class, ability, disability, health status or geographic location.
- Working in partnership and sharing responsibilities.
- High-quality development influenced by evidence where it exists and experimentation and research where it does not.
- Gives equal value to social and emotional outcomes as well as the physical health benefits.

Source: Scottish Executive, 2003b

2.2.3. Physical activity funded programmes

A number of physical activity programmes are funded via LMSMA to enhance awareness of the benefits of physical activity and further develop opportunities for specific target groups. It is acknowledged however, that these programmes were not intended as the sole driver to achieving long term change in population levels of physical activity. A key focus of the strategy is to ensure that the physical activity agenda becomes a priority within mainstream services and sectors.

Seven of the main programmes are included in a review of progress achieved (Blamey et al, 2008; Blamey and Gordon, 2008). These are Play at Home, Fit for Girls, Workplace, Y dance, Girls on the Move, Jog Scotland and Paths for Health.

Active Schools

Active Schools is understood as a key element of the Scottish Government’s drive to get Scotland more active. Active Schools was commissioned in 2004 and built on the original School Sport Co-ordinator and Active Primary School Co-ordinator Programmes introduced in 1999. Active Schools continues to be funded through the Sports Policy Unit in the Government (2008-11).
2.2.4. National coordination of LMSMA

The coordination function for physical activity has been led from within the Scottish Government. Policy development on physical activity currently sits within the Health Improvement Strategy Division of the Public Health & Health Improvement Directorate. This Directorate was formed after the change of Government in May 2007. The national physical activity policy coordinator post has been in place to lead delivery since 2002.

Role of national organisations

A number of national organisations contribute significantly to leadership and delivery of LMSMA. This ranges from organisations who receive funding to support implementation of particular initiatives or who contribute via the routine nature of their work. The remits of these organisations vary across sectors and settings and include public sector organisations, campaigning groups or voluntary organisations. Some organisations have also employed specific posts to work on physical activity, e.g. health, forestry and education.

2.2.5. National physical activity alliances and groups

To support the national physical activity infrastructure, key groups and alliances were established via LMSMA. This included:

Physical Activity and Health Alliance (PAHA)

The Physical Activity and Health Alliance (www.paha.org.uk) is a joint collaboration facilitated by NHS Health Scotland on behalf of the Scottish Government in order to support the implementation of LMSMA. PAHA was launched in 2006 and is led by an Alliance coordinator. It takes the form of a virtual e-network providing practitioners with an interactive vehicle for communication through which existing evidence, policy and practice is disseminated.

SPARColl

SPARColl is funded directly by LMSMA. The focus of the SPARColl work plan is walking. Phase 1 produced a mapping of current walking initiatives in Scotland and a systematic review of the effectiveness of walking interventions. Within Phase 2, primary research is being undertaken to investigate the effectiveness of a community walking intervention ‘Walking for Wellbeing in the West’ (see Fitzsimons et al, 2008).

2.2.6. LMSMA key events

A timeline of key events (compiled by key national physical activity leads and members of the former Task Force) is provided in table 2.1 below. This details ‘key events’ leading up to and throughout the strategy’s first five years.
<table>
<thead>
<tr>
<th>DATE</th>
<th>KEY EVENT</th>
</tr>
</thead>
</table>
| **Pre 2003** | - Physical Activity Task Force recommended by Sport 21 (1998)  
- Towards a Healthier Scotland (1999)  
- School Sport Coordinator and Active Primary School Co-ordinator Programmes introduced (1999)  
- Scottish Ministers set up Physical Activity Task Force (2001)  
- Appointment of Scotland’s national physical activity coordinator (2002)  
- Task Force publish their draft report and recommendations |
| 2003 | - Health Improvement Strategy Division established  
- Launch of *Healthy Living* Social Marketing Campaign  
- Land Reform (Scotland) Act 2003 passed  
- Active Schools Programme started  
- **Publication of Scotland’s national strategy for physical activity ‘Let’s Make Scotland More Active’**  
- *Health Improvement Challenge* published  
- NHS Health Scotland established  
- Updated *Sport 21* strategy published |
| 2004 | - Review of Physical Education reports |
| 2005 | - Formation of the Physical Activity and Health Council  
- Physical Activity Workforce Development plan published  
- SPARColl established |
| 2006 | - Physical Activity and Health Alliance launched  
- *National Transport Strategy* published |
| 2007 | - Final meeting of National Physical Activity Council  
- *All Our Futures: Planning for a Scotland with an Ageing Population*  
- *Reaching Higher*, revised National Sport Strategy  
- Schools (Health Promotion and Nutrition) Scotland Act 2007  
- New Government elected  
- *Better Health Better Care* published  
- Scottish Planning Policy 11 *Physical Activity and Open Spaces*  
- Announcement that Commonwealth Games bid successful  
- Publication of National Performance Framework as part of spending review |
| 2008 | - *Equally well* reports  
- *Healthy Eating, Active Living*  
- *Curriculum for Excellence*  
- Launch of *Take Life On One Step at a Time* – Social Marketing Campaign  
- Launch of *Early Years and Early Intervention Framework*  
- *Equally Well* implementation plan published  
- Commonwealth Games – Draft interim legacy report published |
2.3. Key developments since 2003

Key developments to note in this phase (and explored in chapter 6) include the changing administration and systems since May 2007, the successful bid for the Commonwealth Games, publication of Healthy Eating Active Living (2008) and increased priority to obesity as part of health policy.

2.3.1. Change of administration

The current administration was formed after elections in May 2007 and set out its purpose – ‘to create a more successful country where all of Scotland can flourish through increasing sustainable economic growth’. The Scottish Government is aligned around five strategic objectives that underpin this purpose - Wealthier and Fairer, Smarter, Healthier, Safer and Stronger and Greener (Scottish Government, 2007b).

Changing systems

In November 2007, the Scottish Government set out a National Performance Framework (NPF) to guide public reporting on progress towards achieving the five cross-government strategic objectives. The national outcomes and indicators form the basis of the Concordat between central and local Government in Scotland. The development of outcome-focused accountability systems for public sector performance is reflected in the development of Single Outcome Agreements (SOAs) with local authorities and their community planning partners and the review of the Health Efficiency Access and Treatment (HEAT) performance measures for the NHS.

The NPF set 15 national outcomes that describe what the Government wants to achieve and 45 indicators to track progress. Those most directly relevant to physical activity are:

National outcomes

• We live longer, healthier lives

National indicators

• Increase the proportion of journeys made by public or active transport
• Increase the proportion of adults making one or more visits to the outdoors per week
• Reduce the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018

It is also noted that links can be made between physical activity and other national indicators, e.g. CHD and mental health and wellbeing.

HEAT target

The national target for healthy weight is underpinned by a new NHS HEAT target for the provision of unhealthy weight treatment programmes which address the full range of complex diet, inactivity, social and psychological factors contributing to overweight and obesity in children. This sets a target for health boards to achieve agreed numbers of overweight and obese children between 5 and 15 years completing Scottish Government approved healthy weight intervention programmes by 2011.

2.3.2. Recent health policy

The change of administration led to creation of Scotland’s first ever Minister for Public Health and expansion of the health and wellbeing portfolio to include key determinants of health ‘such as sport and physical activity, housing, homelessness, poverty, social and financial inclusion and regeneration’. (Scottish Government, 2007a)

Better Health Better Care (2007)

Physical activity has continued as a priority in national health policy in Scotland since 2003. The health document highlights that LMSMA remains the ‘primary driver’ for physical activity policy in the Scottish Government and its delivery partners. It is the first time that links between diet, physical activity and healthy weight are set out in policy in Scotland.
Healthy Eating, Active Living (2008) outlines an action plan to improve diet, increase physical activity and tackle obesity (2008-11). Importantly, this marked the first time that a Government in Scotland had set out development of a longer-term strategy for obesity. This reiterated the commitment to support LMSMA and described a doubling of expenditure on promoting physical activity to £12 million between 2008 and 2011.

Health Inequalities

A report by a Ministerial Task Force on health inequalities draws attention to the importance of physical activity both within early childhood experiences (e.g. play and national curriculum), active living, green space and environment, transport and planning policies. A plan for implementation of Equally Well was also published in December 2008 (Scottish Government, 2008a&b).

2.4. Supporting non-health policy

It is recognised that many other policy areas outwith health contributes to delivery of LMSMA. WHO (2006) suggests that physical activity should be supported by relevant policy areas (for example, sport, education and transport/environment). Research undertaken by Harris et al (2008) for the review found that many relevant policies / sectors in Scotland were supportive of physical activity. However, the influence of LMSMA in developing these areas of policy was harder to discern at a national level given the range of influences and factors that feed into policy development (see chapter 5).

2.5. International context for physical activity

Scotland is not unusual in having a national strategy for physical activity. However, Scotland is one of the first countries to review their strategy for physical activity.

A historical review of physical activity policy development in Australia (1996-2006) provides an international comparison with seven other countries (including Scotland) thought to have well established national physical activity policies and strategies. This shows that other countries appear to face similar challenges in implementing their strategies. This includes the need for political support, long term investment, commitment to evaluation, and media and political advocacy to draw attention to these issues (Bellow et al, 2008).
Assessment of progress with LMSMA recommendations

In this section, key findings are summarized to provide an overall assessment of change against the recommended actions of the strategy.

A summary of collective findings from national, local and programme level research, documentary sources and feedback from the regional events is provided. It is not feasible in the scope of this report to list all developments that have occurred since 2003. However, further detail is available from the individual strands of commissioned research and referenced reports. The focus here is to understand whether plausible actions have been progressed to support promotion of physical activity in line with the original LMSMA recommendations.

Findings from individual strands of the research and regional events are available on NHS Health Scotland’s website (www.healthscotland.com) via the evaluation pages.

3.1 National infrastructures

<table>
<thead>
<tr>
<th>Recommendation area</th>
<th>Evaluation of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a national infrastructure</td>
<td>The findings in this section are based predominantly on plans and documents relating to LMSMA implementation.</td>
</tr>
</tbody>
</table>
| **Good Progress**                    | • national infrastructure for physical activity has helped facilitate cross sector / partnership working  
• policy commitment remained high since LMSMA and there has been increased national funding allocated for physical activity  
• national policy coordinator post in Scottish Government sustained since 2002  
• dedicated capacity in place to support LMSMA across a range of national organisations  
• national Physical Activity and Health Alliance established and membership data from PAHA show large and diverse membership (over 2500 members across sectors)                                                                                                                                                                                                 |
| **Limited Progress**                  | • role of Physical Activity and Health Council to offer leadership to physical activity policy and strategies but key challenges in Council effectively achieving its aims  
• research with funded programmes (Blamey and Gordon, 2008) highlights the need to strengthen arrangements for commissioning & support and provide reporting/ accountability arrangements for funded projects, which are managed by a range of agencies                                                                                                                                                                                      |

1 The Review Group was also aware that Audit Scotland (2008) had recently conducted a performance overview of sport in Scotland (e.g. infrastructure, funding and facilities). Therefore this report does not duplicate these findings.

6 Final Minutes of the 5th Meeting of the SPAHC (24 January 2007). www.scotland.gov.uk/Topics/Health/health/introduction/minutes240107 (accessed 18/01/09)
3.2 Local physical activity infrastructures

<table>
<thead>
<tr>
<th>Recommendation area</th>
<th>Evaluation of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community planning partnerships</td>
<td>Findings based predominantly on a review of local physical activity strategies undertaken by Blake Stevenson Ltd (2008)</td>
</tr>
<tr>
<td></td>
<td><strong>Good Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• most areas (24 local authorities) known to now have a strategy for physical activity and vast majority developed since LMSMA published</td>
</tr>
<tr>
<td></td>
<td>• general thrust of the strategies on the focus of LMSMA (e.g. vision and priorities) and have been developed in partnership</td>
</tr>
<tr>
<td></td>
<td><strong>Limited Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• it is often unclear who will take forward action and who is accountable for strategies</td>
</tr>
<tr>
<td></td>
<td>• capacity and support is required for outcome-focused planning, monitoring and evaluation</td>
</tr>
<tr>
<td></td>
<td>• feedback from national level research (Harris <em>et al.</em>, 2008) and regional events highlighted difficulty in moving physical activity up the agenda within local areas</td>
</tr>
<tr>
<td></td>
<td>• majority do not identify outcomes or establish baselines</td>
</tr>
<tr>
<td></td>
<td>• timescales for implementation/review less clear</td>
</tr>
<tr>
<td></td>
<td>• lack of prioritisation in targeting insofar as key target groups tend to encompass everyone</td>
</tr>
</tbody>
</table>
### 3.3 Strategic objectives of LMSMA

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Evaluation of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing workforce</td>
<td>Findings in this section are based predominantly on an internal review of the physical activity workforce development plan (NHS Health Scotland, 2005)</td>
</tr>
<tr>
<td></td>
<td><strong>Good Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• benchmarking exercise positions workforce plan as leader in field</td>
</tr>
<tr>
<td></td>
<td>• training needs analyses and extensive course and resource development</td>
</tr>
<tr>
<td></td>
<td><strong>Limited Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• individual strands evaluated, but difficult to measure impact collectively</td>
</tr>
<tr>
<td></td>
<td>• need to work with educational institutions to influence content of educational courses for new physical activity workforce</td>
</tr>
<tr>
<td></td>
<td>• unknown influence on those who do not have ‘core’ physical activity role.</td>
</tr>
<tr>
<td>Raising awareness</td>
<td>Findings based on research undertaken to inform development of a Social Marketing Strategy for Health Improvement in Scotland (University of Stirling, 2007), update from Health Education Population Survey (HEPS) (Bassett <em>et al</em>, 2008) and information provided about the <em>Take Life On</em> campaign.</td>
</tr>
<tr>
<td></td>
<td><strong>Good Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• <em>Healthy Living</em> campaign key vehicle for public awareness since 2003 – 2007</td>
</tr>
<tr>
<td></td>
<td>• learning from review of Health Improvement strategies led to new integrated social marketing campaign <em>Take Life On</em> – 2008 – ongoing programme of communication and public education to help increase the level of physical activity as part of the overall health improvement agenda</td>
</tr>
<tr>
<td></td>
<td>• feedback from early tracking data of new campaign shows the outcome of ‘feel really good about yourself’ understood to have been highly resonant with public</td>
</tr>
<tr>
<td></td>
<td>• development of Active Scotland website at launch stage</td>
</tr>
<tr>
<td></td>
<td><strong>Limited Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• levels of public awareness appears relatively unchanged since 2003 (based on HEPS data&lt;sup&gt;7&lt;/sup&gt;)</td>
</tr>
<tr>
<td></td>
<td>• perceived by former Task Force that good media interest at early stage of strategy but uncertainty how well sustained in relation to promotion of physical activity</td>
</tr>
</tbody>
</table>

<sup>7</sup> To measure awareness of the duration component of the active living message (at least 30 minutes of moderate physical activity), respondents were asked to state how many minutes per day of moderate physical activity, such as brisk walking or heavy gardening, they thought were needed to stay healthy. The proportion of respondents giving an answer of 26-30 minutes has fluctuated over time but shown no sustained change, remaining at around three in ten (Bassett *et al*, 2008)
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Evaluation of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research, monitoring and evaluation</td>
<td>Findings based on national level research (Harris et al, 2008), local review of physical activity strategies (Blake Stevenson Ltd, 2008) and research with funded physical activity programmes (Blamey and Gordon, 2008).</td>
</tr>
<tr>
<td></td>
<td><strong>Good Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• SPARColl developing major programme of research</td>
</tr>
<tr>
<td></td>
<td>• budget allocated for research and evaluation and improvements underway (e.g. development of monitoring and evaluation framework and annual reporting of SHeS)</td>
</tr>
<tr>
<td></td>
<td><strong>Limited Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• lack of coherent research, monitoring and evaluation strategy across national organisations, local areas or funded physical activity programmes</td>
</tr>
<tr>
<td></td>
<td>• local physical activity leads and funded programme would benefit from more proactive support for planning, monitoring and evaluation</td>
</tr>
<tr>
<td>Supportive environments – built/natural and active travel</td>
<td><strong>Good Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• well covered by national policies and strategies (e.g. Transport Strategy, SPP11, Forestry Commission, Scottish Natural Heritage and Cycling Action Plan)</td>
</tr>
<tr>
<td></td>
<td>• Cycling Scotland (2008) shows almost every aspect of local authority cycling policy advanced since 2005 in national assessment</td>
</tr>
<tr>
<td></td>
<td>• Land Reform (Scotland) Act 2003 places a duty on local authorities to develop core path plan in local areas.</td>
</tr>
<tr>
<td></td>
<td><strong>Limited Progress</strong></td>
</tr>
<tr>
<td></td>
<td>• national level research highlights gaps in the development of environments encouraging adults in later life to become more active (Harris et al, 2008)</td>
</tr>
<tr>
<td></td>
<td>• Scottish Household Survey (Scottish Government, 2008e) shows little change in trends for active travel since 2003.</td>
</tr>
</tbody>
</table>
### Communities and funded physical activity programmes

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Evaluation of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communities</strong></td>
<td>This section is primarily based on research with key funded physical activity programmes (Blamey and Gordon, 2008)</td>
</tr>
</tbody>
</table>

**Good Progress**
- physical activity projects apparently reaching large numbers, increasing opportunities and awareness for physical activity
- in those projects that have undertaken good quality independent evaluations, some evidence that they have achieved short-term increases in physical activity among participants

**Limited Progress**
- currently not possible to gauge the true impact of projects due to lack of monitoring and evaluation data. This means that the contribution that these projects make to the strategy with regard to changing knowledge about, and attitudes towards, physical activity is relatively unknown
- little evidence found that inactive populations or inclusion issues consistently addressed (national or local level)
- In addition, Audit Scotland (2008) reported significant long term funding necessary to bring sport facilities to an acceptable standard across Scotland
3.5 LMSMA priority groups / settings

Findings for the remainder of this section are based on findings from the national level research (Harris et al, 2008), research with key physical activity programmes (Blamey and Gordon, 2008) and referenced documentary sources.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Evaluation of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early years and parents</td>
<td>Good Progress</td>
</tr>
<tr>
<td></td>
<td>• Play@home is in the process of national rollout so that families of all newborns receive their materials</td>
</tr>
<tr>
<td></td>
<td>Limited Progress</td>
</tr>
<tr>
<td></td>
<td>• no substantial evidence of changes in mainstream services apparent</td>
</tr>
<tr>
<td>Children and young people</td>
<td>Good Progress</td>
</tr>
<tr>
<td></td>
<td>• strategy is perceived in national research (Harris et al, 2008) to have had major influence for PE policy in schools setting and in development of curriculum for Health and Wellbeing</td>
</tr>
<tr>
<td></td>
<td>• independent evaluation (Sportscotland, 2008a) highlights positive uptake of Active Schools by local authorities in Scotland and impact across primary schools very positive</td>
</tr>
<tr>
<td></td>
<td>• increased number of PE teachers trained and postgraduate one year training re-introduced</td>
</tr>
<tr>
<td></td>
<td>Limited Progress</td>
</tr>
<tr>
<td></td>
<td>• low % of schools actually providing recommended levels of 2 hours of PE in curriculum quoted in Audit Scotland review (2008), but based on 2005 figures</td>
</tr>
<tr>
<td></td>
<td>• evaluation of Active Schools highlights challenges in secondary school implementation, linking to communities and in reaching inactive. This has informed new focus for next phase 2008-11 (Sportscotland, 2008a)</td>
</tr>
<tr>
<td>Adults in later life</td>
<td>Good Progress</td>
</tr>
<tr>
<td></td>
<td>• recommendations on physical activity included in Strategy for Ageing (2007) e.g. support to develop the workforce by providing guidance to all staff and specific skills for physical activity professionals working with older people</td>
</tr>
<tr>
<td></td>
<td>Limited Progress</td>
</tr>
<tr>
<td></td>
<td>• national level research shows little influence or impact on policies developed for older people across sectors</td>
</tr>
<tr>
<td></td>
<td>• plausible that opportunities for physical activity in care homes is not consistent when assessed against more general audits of care homes (Care Commission, 2007).</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Evaluation of progress</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Employers and workplace | **Good Progress**  
  • physical activity is included in the Healthy Working Lives award  
    (replacement for SHAW)                                                                 |
|                         | **Limited Progress**  
  • workplace initiatives are at an earlier stage of development                                          |
| Primary care            | **Good Progress**  
  • *Energising Lives* (NHS Health Scotland, 2008a) workforce development guidance and health checks offered for some groups  
    (e.g. anticipatory care)                                                                 |
|                         | **Limited Progress**  
  • limited progress made due to level of developmental work required currently, e.g. lack of primary care intervention and measurement of physical activity  
  • physical activity promotion is not part of GMS contract                                             |
4 Changes in physical activity outcomes

The review looked at what data were available to assess change in short-term outcomes (e.g. awareness, knowledge and motivation in priority groups) and intermediate outcomes (e.g. physical activity levels [including sports participation] in the population and priority groups); and sought to understand how these outcomes had changed since 2003.

At this stage of reporting, the review group does not make conclusions based on changes in patterns of physical activity since 2003 because the most recent data from the SHeS will not be available until late 2009.

4.1. Assessing progress towards national physical activity targets and outcomes

4.1.1. Scottish Health Survey (SHeS)

The Scottish Health Survey was agreed in 2003 as the main tool to measure progress towards the targets set in LMSMA. The continuous SHeS began in January 2008 with three previous surveys in 1995, 1998 and 2003.

Other major national surveys include the former HEPs, Scottish Household Survey and Scottish Opinion Survey.

4.1.2. Health Education Population Survey (HEPs)

This survey asked relevant questions around knowledge, attitudes and motivation. This survey has been discontinued and questions around knowledge, attitudes and motivation are now asked in SHeS.

4.1.3. Scottish Household Survey (SHoS)

Within this, questions are asked about ‘active travel’ (adults and children) and since 2007 the SHoS routinely collect data on sports participation in the population. Questions about active travel are relevant to the national indicator ‘increase the proportion of journeys made by public or active transport’. (see 2.3.1.)

Review of national surveys

New research will also be shortly available examining trends over time in compliance with the recommendations for regular physical activity among adults (aged 16–64) in Scotland, using data from the SHeS and HEPS and adjusting for the effects of age, gender and deprivation. A further stage of this work is to model trends in sedentary populations. The findings from this research are not reported within this report but will be available in spring 2009 (Catto and Gibbs, 2009 forthcoming) and will also inform any further statement made by the review group in late 2009.

4.1.4. Physical Activity in Scottish Schoolchildren Survey (PASS)

PASS is a longitudinal research study, which aims to track levels of physical activity across the primary-secondary transition and investigate key predictors of physical activity behaviour. The study utilises a broad theoretical framework which encompasses psychological, social and environmental influences. Fieldwork commenced in 2002 among P7 pupils and five waves of data collection have now been completed. Qualitative interviews were also undertaken with a subgroup of pupils in P7 and S2 (Inchley et al, 2008).

4.1.5. Growing Up in Scotland Study (GUS)

GUS is a new annual survey that follows the lives of a national sample of Scotland’s children from infancy through to their teens. This is one of the largest longitudinal studies ever done in Scotland and will provide information that will help develop policies affecting children and their families in Scotland.
4.1.6. Scottish Recreation Survey

The Scottish Recreation Survey is a 10-year programme of monitoring participation in, and attitudes to, outdoor recreation among the Scottish adult population. The project began in 2003 and is scheduled to end in 2013 (TNS, 2008).

4.1.7. Comparison with WHO outcome indicators

Current available national data on physical activity outcomes was considered against the WHO framework (2006). This found that at a national level, Scotland is broadly collecting data to inform progress with physical activity outcomes that is in line with recommendations made by WHO.

4.2. Other useful data sources

The review discerned that many national organisations collect information on physical activity outcomes and trends. In addition to national surveys, these data sources are helpful in tracking physical activity outcomes and indicators within particular sectors and settings, e.g. transport, environment and sport. As example and in addition to the data described above:

- data on sports participation via the Scottish Opinion Survey commissioned by Sportscotland (2008b)
- development of core paths across Scotland\(^8\)
- Sustrans are working in partnership with School Travel Coordinators to gather a comprehensive survey of school travel behaviour across Scotland\(^9\) and Cycling Scotland (2008) undertake local authority assessments of cycling infrastructures
- Greenspace gather information on perceptions, attitudes and use of green space in Scotland (Greenspace, 2007)

4.3. Availability of local level data

There are practical challenges in measuring physical activity outcomes at a local level although tools developed to support the SOA process are available (see 6.2.3).

Results for the SHeS will be made available at a NHS Board level but not until 2012. Yet physical activity strategies and SOAs are planned at a local authority level. There is a lack of information currently available in relation to proxy indicators for physical activity locally.

4.4. Monitoring and evaluation of funded physical activity programmes

Research undertaken for the review by Blamey and Gordon (2008) found common challenges and a lack of evidence for changes in key indicators (knowledge, attitudes, adoption, behaviour change). While work is already underway to address some of these issues (e.g. development of a framework for monitoring and evaluating funded programmes), further short term actions to improve the future commissioning, implementation, monitoring and evaluation of current and any future initiatives are advised by the authors.

4.5. International data

Health Behaviour in School-aged Children (HBSC) World Health Organization collaborative cross-national study presents the comprehensive findings on patterns of health among young people in 41 countries and regions across Europe and North America (HBSC Scotland National Report, 2008).

The Scottish Public Health Observatory advises that there are currently no comparative data available on the percentage of adults achieving the recommended level of physical activity per week across European countries.\(^10\)

\(^8\) www.scotland.gov.uk/Topics/Environment/Countryside/16328/5612/core-paths (accessed 16/02/09)
\(^9\) www.sustrans.org.uk/ (accessed 16/02/09)
\(^10\) www.scotpho.org.uk/home/Behaviour/Physicalactivity/pa_data/txt_pa_adulteuro.asp (accessed 16/02/09)
4.6. Learning and improvement

The review process noted a range of data available that is collected across national organisations (through surveys and by funded programmes) but a coordinated approach was currently lacking. As described earlier in section 4.2 many organisations collected information that helped assess progress within key sectors or services (e.g. paths and cycling infrastructure, green space, school travel). There was no obvious route where this range of national survey data and information from supporting sectors could be ‘fed’ into an improvement cycle for LMSMA.

4.7. Current trends in Scottish physical activity outcomes

This section provides a summary of current Scottish trends in physical activity outcomes based on data from published surveys. The review group will make a further statement on trends in physical activity outcomes when new SHeS data is published (see chapter 7).

4.7.1. Current levels of physical activity

The Scottish Health Survey (2003) showed that most people in Scotland are not active enough, although this information does predate the strategy:

- 67% of women and 56% of men are not active enough for health
- 26% of boys and 37% of girls are not active enough to meet the guidelines
- the proportion of sedentary adults (doing 30 minutes or less of physical activity on one day a week or not at all) in the lowest socio-economic groups is double that among those from the highest socio-economic groups
- the lowest prevalence of adherence to physical activity guidelines is among men and women in the most deprived areas
- in addition, significant inequalities relating to disability and ethnicity are also known in a UK context although data is scarce in a Scottish context (NHS Health Scotland, 2007a)

4.7.2. Awareness of physical activity messages

- There has been no significant change in public awareness of the recommended frequency for moderate intensity. However, there has been a decline in the percentage of people under-reporting this duration of physical activity since 1996 (Bassett et al, 2008)

4.7.3. Active travel

- the percentage of those cycling to work has stayed around 2% with no major shift reported in the SHoS in 2007
- the percentage of adults driving to work has reportedly increased (54.7% in 1999 to 62.8% in 2007)
- Over half of school pupils walk to school and the percentage of people who usually walk to work was lower in 2007 (11.8%) than it has been in any year since 1999 (Scottish Government, 2008e)

4.7.4. Sports participation

- An Audit Scotland review reports targets for young people’s participation are not being met, while adult participation is declining (Audit Scotland, 2008).
- 71% adults reported that they had participated in sport within the past 4 weeks, but this dropped to 48% when recreational walking was excluded from the analysis (Scottish Government, 2008e)
- Sports participation declines with age and is higher in men than women

4.7.5. International comparisons

- When levels of activity for children and young people are compared with other countries, Scotland’s position internationally is fairly positive for children and young people. There are similar patterns of activity for children and young people with other countries (HSBC, 2008)

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11 The amount of physical activity recommended for a health benefit is at least 30 minutes of accumulated (i.e. can consist of 3x10min bouts) moderate intensity activity most days of the week for adults; 60mins each day for children.
Perceived influence of LMSMA

The review considered the extent that the strategy had provided an influence for physical activity at a national, local and international level.

5.1 National level Influence

Given a key aspect of the strategy was on encouraging change in cross sector working, it is positive that there are supportive policies or strategies in place within key sectors/services (e.g. education, sport, transport, environment). The strategy had provided a ‘useful tool to validate and ‘add value’ and had been ‘influential in accelerating change and encouraging cross-sector working and supporting new partnerships and networks’ (Harris et al, 2008).

LMSMA appeared to have been particularly successful in aiding development of the health and wellbeing strand in curriculum in the school setting and in developing the physical activity and health work of some national organisations, for example, the Forestry Commission strategy Woods for Health\textsuperscript{12} and Paths for All. The main gaps appeared to be in the development of supportive policies for older people and in addressing issues of inclusion.

There were significant challenges in trying to attribute cause and effect as LMSMA is not implemented in isolation.

5.2 Local influence

The strategy was described as acting as a catalyst for change, particularly in the development of local physical activity strategies. Only one local strategy was in place before 2003 and the general thrust of the strategies was on the vision and priorities set out in LMSMA (Blake Stevenson Ltd, 2008).

Feedback from local coordinators who contributed to the research felt that the strategy had helped to improve leadership locally of physical activity.

5.3 International influence

Delegates attending an international conference\textsuperscript{13} in September 2008 were asked for their views about Scotland’s physical activity work. While the strategy had not had a strong influence to date, many delegates suggested enthusiasm and interest in using the strategy in future.

\textsuperscript{12} www.forestry.gov.uk/woodsforhealth (accessed 16/02/09)
\textsuperscript{13} www.sparcoll.org.uk/CONFERENCE.aspx (accessed 16/02/09)
6 New evidence and new opportunities

This chapter considers implications arising from new evidence published since 2003 and any developments deemed to be significant for physical activity in Scotland.

6.1. New evidence since 2003

6.1.1. Recommendations on amount and type of physical activity needed for health gain

Key sources reviewed included the US Physical Activity Guidelines Advisory Committee (2008) and draft guidelines from an EU working group on ‘health and sport’ (2008). Broadly, the current message for adults or children has not changed when assessed against new guidelines. The main difference for adults noted is the translation of the current message, in the US guidelines, to a volume based message (a minimum of 150 minutes per week of moderate activity) in order to convey health benefits for adults in the US guidelines.

6.1.2. Guidance on implementing a national strategy

WHO (2006) and more recently the EU working group (2008) agreed frameworks to guide the implementation of national physical activity strategies. It appears that LMSMA broadly follows the guidelines provided by these frameworks, though the review has noted areas where LMSMA could be strengthened.

6.1.3. The role of the environment in physical activity

The relationship between the physical environment and physical activity levels (and obesity) is inconsistent, but certain specific attributes such as destination proximity, land use mix and walking and cycling facilities have repeatedly been shown to be important for an active lifestyle (SPARColl, 2008). NICE offers the first national, evidence-based recommendations on how to improve the physical environment to encourage physical activity (NHS Health Scotland, 2008b). While LMSMA recognises the importance of environments, the increased evidence now available means that a strengthened focus on environments is important. The attention to climate change and sustainable transport also provides an opportunity to link with other organisations with similar aspirations.

6.1.4. Equal value to social and emotional outcomes

In 2008, Foresight published the final report of its Project on Mental Capital and Wellbeing (2008). The importance of promoting positive mental health for the general population was a consistent message throughout the work of this Project and work was commissioned to identify the wellbeing equivalent of “five fruit and vegetables a day”. Based on an extensive review of the evidence, ‘being active’ was recommended as one of five top ways to wellbeing.

An underpinning value of LMSMA is the equal value given to social and emotional outcomes as well as its physical health benefits.
6.2. **New opportunities to accelerate action**

An objective of the review was to identify new opportunities to enhance/accelerate existing action for physical activity. To some extent these opportunities were already ‘identified’ but needed consideration of potential implications for LMSMA. The key opportunities identified by the review group and confirmed by feedback at regional events were the increased priority to obesity, Commonwealth Games 2014 and NPF.

### 6.2.1. Relationship between physical activity and obesity

Obesity is a major public health problem in Scotland and levels of obesity have risen steadily over the last 10 years (Grant et al., 2007). *Healthy Eating Active Living* (Scottish Government, 2008) made a commitment to reversing the incidence of obesity and developing a longer-term strategy. It is well known that health benefits of diet and physical activity interact particularly in relation to obesity. While acknowledging the gravity of the obesity problem, evidence also underlines that benefits of physical activity go much further and is a ‘fundamental means of improving physical and mental health of individuals’ (WHO, 2004).

Linked to this, the Foresight report (2007) on tackling obesity highlights a need for cross-cutting, comprehensive, long-term strategy on obesity and there is a commitment in Scottish policy to develop a longer term strategy to tackle obesity in Scotland (Scottish Government, 2008d). Foresight draws attention to the need to address changes within the environment but also acknowledges that ‘solutions to address the obesogenic environment such as changes in transport infrastructure and urban design ... can be more difficult and costly than targeting intervention at the group, family or individual’ (Foresight, 2007). It is fundamentally important that LMSMA is linked with any future strategy in this area given the strong relevance of physical activity to healthy weight/public health. The review group would not recommend however, that LMSMA and its associated targets should be replaced in a future healthy weight strategy, given the much wider health and wellbeing benefits associated with physical activity in its own right.

The main implication for LMSMA is to ensure that communication of future messaging around physical activity and obesity is carefully thought out so that messages do not detract from broader health and wellbeing benefits. There should be consistency in how recommended levels of physical activity for weight loss are included within a future obesity strategy or supporting guidance. It should be noted that current recommendations for the amount of physical activity required for weight loss or weight maintenance after weight loss suggest that more than 30 minutes of physical activity is needed (SPARColl, 2008).

### 6.2.2. NPF/SOAs

It will be necessary that LMSMA is well aligned to the national outcomes and accountability processes. Currently the types of physical activity indicators included within the NPF are arguably contributors (e.g. active travel, visits to the outdoors) to the overall physical activity target/outcome but alone, will not provide adequate levers to achieve population level change.

### 6.2.3. Health Improvement Performance Management Review

NHS Health Scotland is working with the Scottish Government to develop an outcome-focused performance framework for health improvement and reducing health inequalities. This should align with the NPF and the evolving SOA processes (NHS Health Scotland, 2008c). This work is commonly known as the Health Improvement Performance Management Review (HIPM). A key part of HIPM in 2008 was the development of ‘tools’ to help community planning partners in developing their SOAs and the outcome-focused plans and performance information necessary to underpin them. There are tools available for physical activity (as well as other priority health
to support community planning partners identify and performance manage their respective contributions to health improvement outcomes (Avril Blamey and Associates, 2008). These tools can be found via the health improvement pages of the Improvement Service website and they are cited in the latest SOA Guidance.

6.2.4 Commonwealth Games 2014

In December 2008 the Scottish Government produced an interim Games legacy plan (Scottish Government, 2008c) as a forerunner to a full legacy plan to be published in summer 2009. The plan was shaped by an extensive consultation exercise and one of the key messages coming back in relation to the benefits and opportunities that need to be developed or prioritised was the need to increase physical activity levels across all ages and the need to generally promote healthy behaviour. Given this, health is now one of the key strands of the interim legacy plan. The plan proposes to take this forward through the “CommonHEALTH programme” - a programme designed to engage and galvanise people in Scotland, from all age groups, areas and social groupings, to develop long term goals aimed at challenging themselves to achieve something new. This would be in activities linked to healthier lifestyles, especially physical activity, sport, learning new skills and volunteering. The development of opportunities for sport is also one of the key strands of the legacy plan and success for this area of work would include an increase in the number of sports and physical activity clubs/groups across Scotland. The Commonwealth Games legacy plan therefore offers potential for physical activity. The key challenges for those implementing LMSMA will be ensuring this potential is harnessed and maximised throughout Scotland and making sure the planned legacy activity is in addition to and not instead of existing/planned activity.

6.2.5 Children and young people, Physical Education and schools

One of the key recommendations originally set out in LMSMA was that all young people and children should take part in at least two hours of physical education per week. The review group fully endorses this recommendation, and sees progress towards this aim as fundamental to ensuring Scottish children are active enough to gain all the associated benefits, and notes the commitment to this recommendation in the new curriculum. The recent publication and recommendations made by NICE are also noted. A key recommendation is development of a national campaign to promote physical activity among children and young people which should be integrated with, and support, other national health campaigns and strategies to increase participation in play and sport and reduce obesity (NICE, 2009).

The group also recognizes that Curriculum for Excellence offers a great opportunity for children and young people to participate in a wide range of purposeful and enjoyable physical pursuits at break times, lunchtimes, within and beyond the place of learning. For schools to deliver the 2 hour PE target and to truly take a “whole school approach” to physical activity requires the input and support from a range of national and local organizations (e.g. Scottish Government, Local Government, Learning Teaching Scotland, NHS Health Scotland, Sportscotland, local sports and leisure clubs and the local community). Critically, it also requires the input and commitment from individuals (e.g. Head Teachers, PE Teachers, Local Government Education Officers). It is also recognized that work with universities providing initial teacher education courses and CPD programmes is required for those who will ultimately teach physical education in schools to revise the content and the way in which the subject is taught in order to ensure that Scottish children are physically educated to lead an active life.

15 www.improvementservice.org.uk/health-improvement/health/tools-for-soa-processes (accessed 16/02/09)
Conclusions and recommendations

This final chapter sets out the review group’s main conclusions in terms of achievements to date and remaining challenges. It provides the review group’s key recommendations for future action.

7.1. What has been achieved so far?

7.1.1. Progress with implementation

There is good evidence of positive action underway to address all the recommendations proposed in LMSMA. Importantly, LMSMA remains broadly consistent with recent physical activity guidance issued by WHO and the EU and this is a good basis to suggest that Scotland remains ‘on track’. This is a credit to the direction set by the original Task Force.

7.1.2. Supporting policy

Across relevant national organisations and sectors, policies and strategies are currently going in the right direction with a clear expression of a commitment to physical activity from health, education, sport, environment and transport.

7.1.3. Development of local physical activity strategies

At a local level, there has been substantial development of local physical activity strategies and the vast majority have been developed since 2003. It is also positive that the strategies follow the general thrust and vision set by LMSMA. This has helped to create new partnerships that perhaps had not occurred previously and awareness of physical activity reported to have been generated has also been positive.

7.1.4. Increasing opportunities for physical activity

There was some evidence that the programmes directly funded by LMSMA have increased opportunities for physical activity.

7.1.5. National infrastructure to support implementation

Since commencing LMSMA there has been a strong commitment to establishing a core national infrastructure and the role of the national physical activity coordinator within Scottish Government has been central to this. However, in the next phase, the focus needs to now shift to supporting development of infrastructure at a local level. The Scottish Government and NHS Health Scotland needs to work closely with local authorities, COSLA and health boards as well as the Third Sector to identify ways forward. This is necessary to support work already ongoing in local communities and to maximise the opportunity for people to be physically active.

7.2. Remaining challenges

7.2.1. Local implementation

Moving from local action plans into programme implementation at the local level remains a challenge and it is perhaps less clear the extent to which there have been tangible changes to local delivery systems and services. On-going challenges are reported specifically in the areas
of local leadership, accountability, planning, programme monitoring/evaluating, and the priority of physical activity within local agendas.

7.2.2. Monitoring and evaluation

Assessment of the long term impact of LMSMA is difficult given limitations in the current monitoring and evaluation systems though work is underway to improve this situation. Physical activity projects that have benefited from good quality independent evaluations show that they have achieved short-term increases in physical activity among their direct participants. However, across many nationally funded physical activity programmes, it is currently hard to say whether those engaged were previously inactive, the level of change in physical activity or whether inequalities are likely to be increased or reduced as a result. The contribution that these projects make to the strategy with regard to changing knowledge about and attitudes towards physical activity is relatively unknown.

7.2.3. Mobilisation of efforts/interests across sectors

Physical activity has relevance to a large number of agendas and policies (e.g. health, transport, sport, education, planning and environment). Although this has its advantages (e.g. it can link to and deliver a wide variety of agendas) the corollary is that there is a potential for fragmentation of efforts and the lack of a single group or organisation to provide leadership and coordination to capitalise on the commitment of a wide and disparate range of stakeholders, some of whom will not necessarily see physical activity as their priority.

7.2.4. Profile of physical activity

It was the perception of the review group and some of those interviewed in the review process that the national profile of physical activity has fallen since the launch of LMSMA in 2003.

7.2.5. Accountability systems

Linked to the above, the review group was disappointed that despite its public health importance, physical activity is not specifically addressed in either the NPF or HEAT targets.

7.3. Key recommendations

7.3.1. Continuation of LMSMA

LMSMA remains an essential strategy to influence Scotland’s inactive population.

The review found no evidence to suggest that the strategy should be substantially revised. In addition, Scotland remains in line with physical activity guidelines issued by WHO and the EU. The review process highlighted a number of key areas where action can be strengthened to maximise the drive to get more of Scotland’s population more active.

7.3.2. Role of Environment

The review group believes the creation and adaption of environments that encourage and support physical activity offers the greatest potential to get the nation active.

Interventions that enhance the built environment can impact on large sections of the population. There is good recent evidence linking environments to physical activity (e.g. Foresight Report on obesity). The National Institute for Clinical Excellence (NICE, 2008) has recently reviewed all of the international evidence available and has made a number of recommendations. The guidelines address issues such as prioritising physical activity in land use planning decisions, providing and maintaining good quality open spaces and providing good access to these, ensuring all forms of active transport are prioritised when making decisions about developing streets or roads and providing a quality network of accessible routes for walking and cycling. They also made a number of recommendations about the design of public buildings, schools and workplaces.

16 www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp (accessed 16/02/09)
Creating, maintaining and protecting environments will also bring a whole range of other benefits to the country. For example, there is emerging evidence of the importance of environments in improving mental health and reducing general health inequalities and the creation of good quality environments will contribute significantly to macro issues such as global warming and sustainability.

7.3.3. Performance Management and Accountability

Given the importance of physical activity across public health concerns (e.g. cardiovascular health, mental health, obesity) the review group believes that explicit physical activity targets/outcomes should be included within the NPF and/or NHS HEAT targets.

Performance targets are intended as drivers to stretch improvement in the system in areas of high priority and to shift the investment of public resources. The absence of physical activity in either the NPF or the HEAT targets is of concern to the review group. In the NPF, national indicators such as active travel and visits to the outdoors are arguably contributors to the current LMSMA target of increased physical activity levels. However, these indicators alone are inadequate levers for population level change in physical activity levels. In addition, while health benefits of diet and physical activity closely interact in relation to obesity (addressed in the national indicator and HEAT 3), this could move resources away from broader physical activity related benefits.

In the absence of these targets, local areas need national support (e.g. from NHS Health Scotland and other relevant national organisations) to develop their physical activity strategies and ensure these are aligned with SOAs and national indicators and outcomes. The review group also realise that a lack of local indicators and data makes it hard to ‘measure’ physical activity at a local authority level and this would benefit from on-going development. In this respect, the review group recognizes and supports the work that is already underway in this area.

7.3.4. Local coordination and leadership

Local authorities should be recognized as the most important local delivery agency for physical activity and should lead local coordination and delivery. Local authorities have responsibility for the key services that directly impact on physical activity (e.g. planning/environment, transport, education, sports/recreation/leisure) and are the lead authority in community planning.

To do this effectively however, they need to be fully supported by national Government and its agencies. For example, the Scottish Government and its agencies need to work closely with COSLA at a national level and local authorities and their community planning partners (including health boards and the Third Sector) at a local level. This should help ensure local physical activity strategies fully align and are integral to SOAs and will support the achievement of current national indicators and outcomes.

There is no definitive blueprint that sets out what each sector or service should be doing to support physical activity locally. As an example, the HIPM tools (see section 6.2.3) give some examples of local actions that are relevant to physical activity across different partner agencies, e.g.

- recreation and sport facilities, physical activity programmes and classes
- increased focus on quality PE in the curriculum
- support for initiatives promoting active travel to work and school
- accessible and safe greenspaces, paths, parks, and allotments
- development of jogging and walking networks
- provision of assessment/advice on physical activity in primary care

7.3.5 National coordination

The commitment to physical activity across a range of policies has been positive in the first five years of LMSMA. The Government needs to ensure physical activity continues to be a vital component of its public health work (e.g. healthy weight) and also continues to be integrated into all relevant and related policy (e.g. education, environment, sports, transport).

In addition, a coalition of organisations independent of the Scottish Government who could mobilise, motivate and advocate for physical activity would assist in ensuring the profile of physical activity remained high and would facilitate better delivery coordination.

7.3.6 Performance, monitoring and evaluation

LMSMA should be underpinned by a research, monitoring and evaluation plan. This will help to strengthen our understanding of whether physical activity programmes are engaging with people who are inactive, and to identify more effective approaches that increase physical activity.

There is also an opportunity to review the current monitoring and evaluation systems in place to track progress. There are risks associated with a reliance on one data source that is monitored at a population level. Setting out and tracking the contribution of a range of sectors and services to physical activity would also improve understanding of how physical activity is progressing across these diverse sectors.

Linked to this, the review process itself has been broadly welcomed and generated support for more regular feedback on progress across the workforce.

As Scottish Health Survey population level data will be available annually from 2009 onwards, an annual "stock take" of progress should be conducted shortly after the publication of the survey data to reflect and identify any immediate priorities for either policy or delivery. This could form one of the key functions of the Physical Activity and Health Alliance.

7.3.7 Supporting physical activity projects and initiatives

The Scottish Government, NHS Health Scotland and a variety of other national and local agencies fund a wide variety of programmes designed to promote and support physical activity. However, the commissioning process, performance management arrangements and support offered have not been consistent across these programmes. There are also a number of changes planned to current arrangements nationally.

For this reason, the Scottish Government has commissioned SPARColl to develop separate frameworks to guide the planning/commissioning of physical activity programmes and the monitoring/evaluation of funded programmes. They were also asked to identify the level of support required by the programme deliverers to effectively plan, monitor and evaluate their work.

It is recommended therefore that the SPARColl frameworks form an integral part of the research, monitoring and evaluation plan (referred to above) and organisations who commission physical activity projects and programmes take full account of the SPARColl frameworks and recommendations.
7.3.8. Communications

Having a coherent and effective communication and marketing strategy in place will ensure physical activity remains prominent in all relevant settings and sectors (both local and national).

In public health terms, physical activity is one of the best ‘products’ available to improve the nation’s health. It is the conclusion of the review group that collectively we have not marketed our product as well as we could have. This in turn should help facilitate all of the actions that are set out in this review and those presented in LMSMA.

It is recommended that the communication strategy should target three key areas:

(a) Building public awareness. In order to get the population more active we have to convince them that it is something they need to buy into. There is already much work underway in this area e.g. The Take Life On National Campaign. It is the recommendation of the Review Group that this work continues as planned and that the Government continues to lead on this area.

(b) Coordination of interests, maximizing impact. It appears to the Review Group that there is an opportunity for the plethora of organisations that exist in Scotland to promote physical activity to consider working more closely together to support their shared aims and to present a more coherent and coordinated proposition both locally and nationally. There would also be opportunities to look for partnerships with organisations and mobilization of resources around shared interests and outcomes of physical activity.

(c) Engaging the existing and wider physical activity workforce. Alongside the existing workforce who have already identified their role in promoting physical activity there is a wider workforce that impacts significantly but they may not always immediately recognize their role (e.g. planners, teachers, GPs etc). There is a need to engage these groups to support them to understand their role in promoting physical activity and minimizing inactivity. The Review Group recommends that NHS Health Scotland take the lead in developing a communication and marketing strategy aimed at the whole physical activity workforce.

7.4. Current gaps in implementation

The key recommendations made by the review group are presented above. However, the review group highlights some further areas where work should be strengthened in the next phase. Recommendations are also made about physical activity messages in light of new evidence.

7.4.1. Inequalities in physical activity

Inequalities in physical activity are also somewhat complex because people from the lowest socio-economic groups can also be among the most active. New SHS data will provide better understanding of actual change and trends in different groups of the population including the sedentary groups. However, in looking at findings from the review so far, it is evident that inequalities are not currently being clearly targeted in implementation of the strategy.

7.4.2. Further and Higher Education

The shift from secondary to tertiary education is an important transition, during which adult health-related behaviour patterns become established for life. Unfortunately, time limitations meant the influence of LMSMA in this sector could not be explored as part of the review process. However, this is not to say that good work has not occurred within this sector since 2003. It is acknowledged that stronger links to FE and HE should be made in the next phase of the strategy’s implementation.

7.4.3. Primary Care

The strategy states that “adults who come into contact with primary care should be offered an assessment of the health risks associated with their level of inactivity and then be referred to
appropriate counselling and community activities that are tailored to their specific interests”. While current developments around anticipatory care are recognised, it will be important to ensure that the primary care workforce are supported to contribute fully to its role in promoting physical activity.

7.5 New evidence and public health messages

The review group recommends that the message ‘All adults aged over 16 should accumulate at least 30 minutes of moderate activity on most days of the week’ should remain in place’. It was reviewed at length (see 6.1.1) as a result of changing physical activity guidelines internationally that the LMSMA should consider altering the recommendations to:

All healthy adults aged 18–65 years should aim to take part in at least 150 minutes per week of moderate-intensity aerobic activity, or at least 75 minutes per week of vigorous-intensity aerobic activity, or equivalent combinations of moderate- and vigorous-intensity aerobic activities.

On balance it was decided:

Altering the recommendation would make effective evaluation of the strategy implementation between 2003 and 2005 extremely difficult.

The benefits of changing the guidance at this stage of the strategy would be considerably outweighed by the challenge of conveying the change in guidance to the general public and physical activity staff.

The change itself would serve to undermine the original messages, confuse most audiences, particularly the key audience, and potentially harm the trust in all physical activity messages.

While it is not intended to change the messages at this stage, Scotland will continue to collaborate on this agenda and share efforts on recommendations on physical activity across the UK.

7.6 Next steps

Finally, the strength and potential focus of some recommendations (particularly where the recommendations and conclusions relate to key groups within the population) may be refined and readjusted in light of new survey data.

A review of whether or not we are on track to reach the target of 50% of adults and 80% of children achieving minimum recommended levels of physical activity by 2022 will be undertaken when new Scottish Health Survey data are available in late 2009. An assessment of whether existing action is sufficient to achieve the target will also be undertaken.

As part of this process, the review group will engage with local authority interests, health, community and Third sector representatives at a national level. A short statement will then be issued by the review group that sets out a response to these new data and any further recommendations as a result.

Finally it is suggested that the strategy should be reviewed again following a further five years of implementation. To aid a future review, agreement would be reached about anticipated changes within these timescales following the SHeS results.

Avril Blamey and Associates (2008) Developing outcome models to support the refinement of local authority/community planning partnership single outcome agreements as part of the HiPM process. Based on previous work completed in conjunction with Brodies LLP for the Health Improvement Strategy Group in West Dunbartonshire CPP (September 2008). www.improvementservice.org.uk/health-improvement/health/tools-for-soa-processes/


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Five year review of
‘Let’s Make Scotland More
Active’
A strategy for physical activity