Stockton on Tees
Physical Activity Framework
2019-2029

Stockton on Tees Health and Wellbeing Board

May 2019

Physical Activity Framework

1. Our Vision

More People, More Active, More Often

Around one in five (27%) of the adult population in Stockton-on-Tees do less than 30 minutes of physical activity a week, so are classed as 'inactive'. This is significantly worse that the England average of 22%. The Chief Medical Officer (CMO) classes this as a 'high risk' health category with those not achieving the CMO guidelines (150 minutes of physical activity a week) at a much greater risk of chronic diseases including heart disease, type-2 diabetes and high blood pressure. Persuading inactive people to become more active can prevent strokes, reduce the risk of vascular dementia, improve mental health, reduce the risk of breast cancer and improve the lives of those living with cancer.

Disease and disability create cost, not only for the NHS. These long term conditions lead to a greater dependency on home, residential and nursing care.

Being inactive is an issue at every age. Generally, the more we do, the greater the benefit, but any shift helps. By increasing engagement and participation in physical activity we can improve health and reduce onset and intensity of illness associated with health and social care needs in later life as well as increasing participation in the local economy.

2. Our Ambition

By 2029 we aim to have increased levels of physical activity across the population with biggest improvements among those who are least active – our priority groups.

3. Meeting the Challenge

Physical Activity Improves:

- strength and endurance
- weight control
- anxiety and stress levels
- self-esteem
- concentration and attention
- blood pressure and cholesterol levels
- academic performance
- muscles and bone density
- opportunities for socialising
- opportunities for being outside

Physical Inactivity Increases risk of:

- High blood pressure, heart disease and stroke
- Obesity
- Reduced mobility
- Reduced flexibility & balance
- Reduced muscle tone and bone strength
- Long term conditions including diabetes, osteoporosis, vascular dementia and cancers
- Depression, anxiety and loneliness

It is important to recognise there are inequalities in levels of physical activity across our communities. We need to make physical activity accessible and attractive to all.

4. Priority Groups

Our priority groups are those who we know experience the greatest barriers to being active:

- Women – men are more active than women in virtually all age groups
- Carers and parents– being able to leave dependants has been identified as a local issue
- People with long term mental and/or physical health conditions
- BME communities
- People with learning disabilities
- People living in our deprived communities
- Secondary school-aged girls
- People over the age of 75 years

Time and access to facilities and equipment have been identified as specific barriers to being physically active (Stockton-on Tees residents, NEMS, 2016).

5. Good Practice

A peer review acknowledged that there is already a lot of very good work going on across Stockton-on-Tees:

- Sporting Chance
- Sustrans/Active Travel Hub
- Early Intervention and Prevention Team (Adults)
- Funky Feet
- Sisters R Doing It
- Family Participation

'There are many examples of good practice to build on [which is led and carried out by] *inspiring and motivated people, demonstrating a pride in place'. (Peer Review, 2018)*

6. Meeting the Challenge

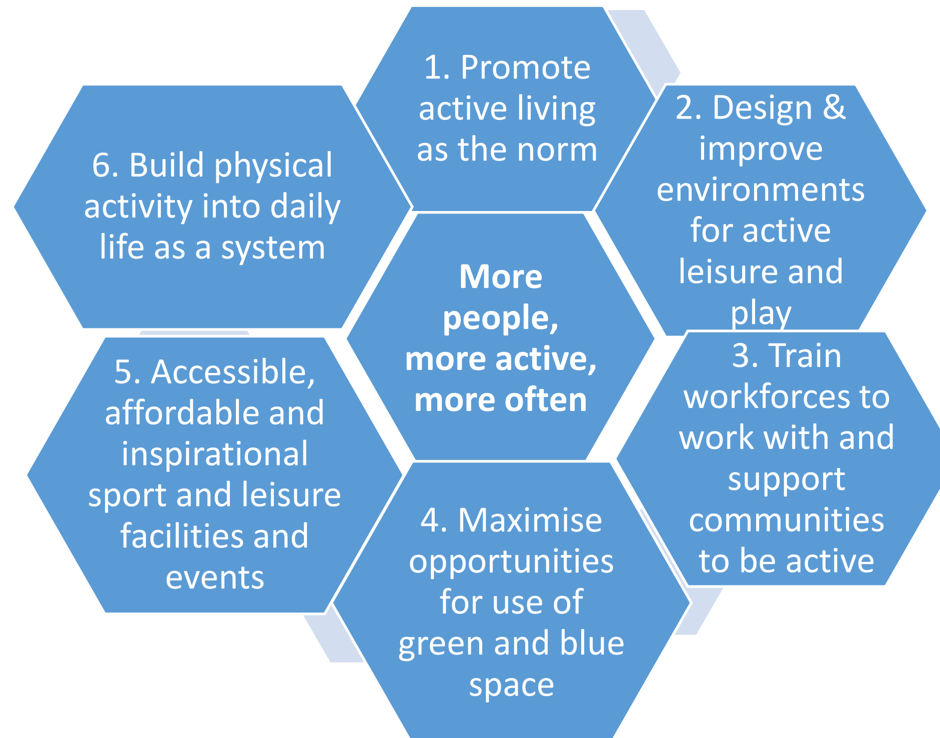
To meet the challenge we will

- strengthen work across the system
- take a more targeted approach
- continue to strengthen community-based approaches
- make physical activity accessible and attractive to our priority groups

7. Action

Physical activity needs to be accessible and attractive to our priority groups in order for us to realise our ambition for ***more people to be more active, more often.*** Six areas of action have been identified to support the delivery of this across key components of the system:

Health care: primary, secondary and tertiary care	Social care: carers, home care, reablement, care homes	Green Infrastructure, urban design, spatial planning & transport	Sports & Leisure; Tees Active	VCSE social prescribing	Employers	Schools



8. Key principles

- Work with priority groups to find shared solutions to overcoming barriers to physical activity
- Start small, think big. Small tests of change using an iterative cycle of plan, do, study, act. Seek to scale up.
- Focus resource on priority groups
- Identify settings and environments appropriate to priority groups
- Work collaboratively across the system
- The more active we are the greater the benefit

Settings and Environments

- At home
- School
- Hospital
- Care home
- Workplace
- Place of worship
- Parks, trails & walkways
- Back alleys
- Neighbourhoods
- Town Centres

9. Where we want to be

- Our neighbourhoods are walkable and promote opportunities for connections to be made with green space and neighbours: improved walkability (2)
- Activities are community-led and make use of local assets: accessibility for our priority groups has improved (5)
- Daily activity is anticipated, promoted and normalised in the provision of our services e.g. home care, care homes, hospitals, primary care, housing developments, town centre planning (1,6)
- Access to parks and green spaces has increased (4)
- Carers and parents are able to identify opportunities to participate in physical activities: accessibility is increased (2,6)
- Health and social care frontline staff are confident in their promotion of guidance, signposting and/or referral to physical activities (3)