

Physical Activity Strategy

2018-21



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Summary

This strategy provides a framework for all organisations involved in the development and co-ordination of physical activity and sport across Hampshire. It has been developed collaboratively with partners, including Energise Me, the County Sports Partnership for Hampshire & the Isle of Wight, and is an iteration of the previous Sport Hampshire & Isle of Wight (SHIOW) strategy.

Currently 21% of adults in Hampshire are inactive. National data for children tells us that only 32% of boys and 24% of girls aged 5-15 children are physically active and this drops to 9% for 2-4year olds. Physical activity is a risk factor for over 20 physical and mental health conditions as well as helping to maintain healthy weights and prevent falls in older populations.

Those in areas of deprivation, at risk of inequalities and at risk from inactivity are where the greatest health gains can be achieved through increasing physical activity levels.

Our vision, therefore, is to beat inactivity across Hampshire by:

- Accelerating the reduction of inactivity amongst adults
- Reversing the rising trend of inactivity amongst females
- Narrowing the gap in levels of inactivity between those adults with (or at risk of) a long-term health condition and those without
- Improving levels of physical activity among children and young people

To deliver this we will focus on four strategic objectives:

- To encourage and support positive lifestyle and behaviour changes that enable people to increase their levels of physical activity by:
 - Changing behaviour of target populations
 - Moving professionals, providers and workforces
 - Evidence and Evaluation of what works
 - Utilising national and local physical activity campaigns
- To use insight, evidence and identification of need to invest and innovate to increase physical activity by:
 - Taking an insight driven approach
 - Using Behaviour Insights Theory (Easy, Attractive, Social and Timely)
 - Identification of need
 - Innovating and investing to develop evidence base
- To reduce inequalities in physical activity by focussing on people and populations most at risk by:
 - Targeting inactive populations most at risk

- Working with partners and organisations best placed to support those at risk of inequalities
 - Using community engagement approaches to reach those most at risk of inequalities who are inactive
 - Supporting development of interventions to engage those experiencing inequalities to become more active
- To support an environment that enables people to make physical activity the easy choice.
 - Creating the right spaces and land use to support physical activity
 - Building physical activity into daily routines
 - Taking a whole system approaches within settings

This strategy will be led by Public Health, Hampshire County Council and will be overseen by the Public Health Strategy Oversight Group. Practical implementation will require development of an action plan in collaboration with Energise Me, other partners and teams.

Purpose, Vision, Strategic Aims and Objectives

Purpose

This strategy provides a framework for all organisations involved in the development and co-ordination of physical activity and sport across Hampshire. It has been developed collaboratively with partners working in the area led by Energise Me, the County Sports Partnership for Hampshire & the Isle of Wight, and is an iteration of the previous Sport Hampshire & Isle of Wight (SHIOW) strategy.

Physical inactivity is the fourth leading attributable risk factor for mortality and disability in the Lancet study on the UK burden of disease.¹ In Hampshire 21%² of the adult population are estimated to be inactive. National data also indicates that only 32% of boys and 24% of girls aged 5-15 are reaching the Chief Medical Officers' recommendations for physical activity.³ This figure falls to just 9% of children aged 2-4 years meeting the Chief Medical Officers' physical activity guidelines for their age group.⁴ The greatest health gains are to be made from the inactive population becoming active.

A glossary of terms can be found at Appendix 1.

Our vision is to beat inactivity

This means everyone is able to be active on their own terms, knowing they will be supported as individuals, considering their own physical and mental wellbeing needs. This will be achieved by:

- Accelerating the reduction of inactivity amongst adults
- Reversing the rising trend of inactivity amongst females
- Narrowing the gap in levels of inactivity between those adults with (or at risk of) a long-term health condition and those without
- Improving levels of physical activity among children and young people.

Strategic objectives for the whole system

¹ Murray CJL, Richards MA, Newton JN, et al. UK health performance: findings of the Global Burden of Disease Study 2010. Lancet 2013;381:99-1020. DOI: [http://dx.doi.org/10.1016/S0140-6736\(13\)60355-4](http://dx.doi.org/10.1016/S0140-6736(13)60355-4)

² [Public Health Outcomes Framework](#) – Hampshire data

2.13i – % of physically active and inactive adults – active adults - 58.3% slightly better than England average

2.13ii - % of physically active and inactive adults – inactive adults - 25.9% slightly better than England average – over last 3 years there has been little change in this figure.

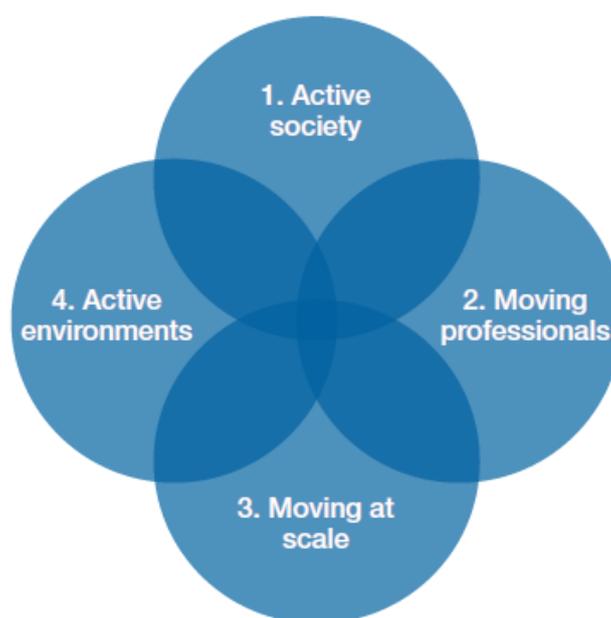
³ Department of Health (2014) [Start active; stay active](#)

⁴ British Heart Foundation National Centre – [The Best Start in Life](#)

To enable 'Everybody active, every day, embedding physical activity into daily life'⁵ within Hampshire, our strategic objectives are:

- To encourage and support positive lifestyle and behaviour changes that enable people to increase their levels of physical activity
- To use insight, evidence and identification of need to invest and innovate to increase physical activity
- To reduce inequalities in physical activity by focussing on people and populations most at risk
- To support an environment that enables people to make physical activity the easy choice.

These link to the four areas of action in 'Everybody active, every day, embedding physical activity into daily life' as below.



Measuring success

Currently 21% of adults in Hampshire are inactive. The target is to reduce this to 18% by the end of this strategy in 2021. This means 23,000 adults (19+) moving away from an inactive lifestyle

Regarding children and young people, without accurate physical activity data for these populations, it is not possible to set a target at this stage. Once the new data regarding activity levels for children and young people, commissioned by Sport

⁵ PHE, (2014) [Everybody active, every day: a framework to embed physical activity into daily life](#)

England, is available this will be reviewed. In meantime we will use physical activity levels and other funding arrangements such as Primary Sports Premium.

The Context:

Physical Activity Guidelines

The UK Chief Medical Officers have set out how much physical activity people should do on a weekly basis, for it to benefit their health.⁶ In summary these are:

Population	No of minutes of moderate intensity activity	Muscle and bone strengthening activities/improve balance	Other guidance
Birth to 5 years	360 minutes per day	Being active develops bone and muscles	Reduce time spent sitting
5 to 19 years	60 minutes per day	3 times per week	Reduce lounging time
Adults and older adults	150 minutes per week (or 75 minutes of vigorous intensity)	2 days per week	Reduce time spent sitting
Pregnant women	150 minutes of moderate intensity activity per week	2 times per week	Listen to your body and adapt. Don't bump the bump

As well as being physically active, individuals are advised to minimise the time spent being sedentary for extended periods of time. Many adults spend in excess of 7 hours per day sedentary which typically increases with age.⁷

Using these guidelines, behaviours can be categorised into Active, Fairly Active and Inactive.⁸

Declining levels of physical activity

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030.⁹ Physical activity has been designed out of our lives with reduction in manual jobs, increase in technology both at home and work and increase in car use over other forms of travel, especially for short journeys. For example in Hampshire 1 in 6 commuting trips are less than 1.25 miles in length. Of these 51% are made by car and 39% are made by walking.¹⁰

Emerging evidence also shows an association between sedentary behaviour and overweight and obesity, with some research suggesting that sedentary behaviour is

⁶ Dept of Health (2014) [Start active, stay active](#)

⁷ PHE (2016) [Health matters: getting every adult active every day](#),

⁸ Dept of Health (2014) [Start active, stay active](#)

⁹ PHE (2016) [Health matters: getting every adult active every day](#)

¹⁰ HCC 2016 Hampshire County Council Walking Strategy

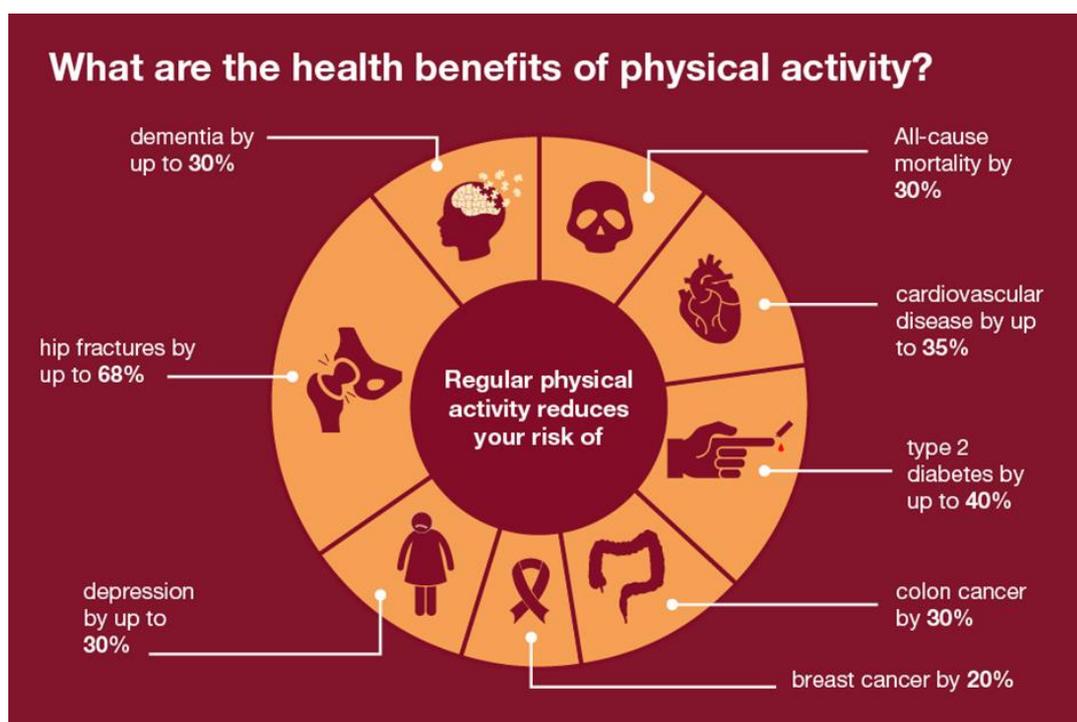
independently associated with all-cause mortality, type 2 diabetes, some types of cancer and metabolic dysfunction.¹¹

Evidence of effectiveness

Regular physical activity can help to prevent and manage over 20 chronic conditions and diseases. Many of these are on the rise and affect people at an earlier age; 1 in 3 of the working age population have at least 1 long term condition and 1 in 7 have more than one.¹² In the Census (2011), 6.7% of the Hampshire population (almost 88,000 people) reported having a long term illness or disability that limited their day to day activities a lot.¹³

Physical activity plays an important role in promoting mental health and wellbeing by preventing mental health problems as well as improving the quality of life for those experiencing mental ill-health.¹⁴

Infographic showing health benefits of physical activity.



The strength of the relationship between physical activity and health outcomes continues throughout people's lives, highlighting the potential health gains that could be achieved if more people become more active at any stage of their life. Focusing on those most at risk of inactivity where the greatest health benefits can be realised

¹¹ Dept of Health (2014) [Start active, stay active](#)

¹² PHE (2016) [Health matters: getting every adult active every day](#)

¹³ Hampshire County Council, [JSNA 2017](#)

¹⁴ Department of Health (2014) [Start active; stay active](#)

as been recognised nationally with the new national sports strategy 'Sporting Future - A New Strategy for an Active Nation'.¹⁵

Cost of physical inactivity

A recent study¹⁶ looked at the five conditions for which population attributable fractions (PAFs) are available for physical inactivity: ischaemic heart disease, ischaemic stroke, breast cancer, colon/rectum cancer and diabetes mellitus. By applying PAFs for physical inactivity an estimate of costs from these diseases, which can be attributed directly to physical inactivity can be quantified for the five Clinical Commissioning Groups in Hampshire. This figure is in excess of £10 million which equates to £7.37 per individual.

As this study only considered five conditions from the twenty conditions for which physical inactivity is a risk factor, the potential healthcare costs associated with physical inactivity are likely to be considerably higher.

There are a number of other costs from physical inactivity: cost of falls in older people, absenteeism costs to employers and costs to health and social care for all conditions for which physical activity is a risk factor.

Children and Young People Physical Activity

The Health Survey for England (2015) focused on physical activity in children. Excluding school-based activities, only 22% of children aged between 5 and 15 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (23% of boys, 20% of girls). These proportions have increased since 2012 but the majority of children are too physically inactive. Worryingly this figure falls to only 9% of children aged 2-4 years meeting the Chief Medical Officer's physical activity guidelines for their age group of three hours per day.

There is a reverse relationship between income deprivation and physical activity. The proportion of both boys and girls aged 5 to 15 years meeting the current recommendations was lower in the higher quintiles than the lower quintiles of equivalised household income.

The latest data for 2014/15, only available at County level, shows that only 14.8% of 15 year olds in Hampshire were physically active for at least one hour a day, seven days a week. 68.6% of 15 year olds in Hampshire reported a mean daily sedentary time in the last week of over seven hours per day.¹⁷

¹⁵ Sport England (2015) [Sporting Future a new strategy for an active nation](#)

¹⁶ PHE (2016) [Physical inactivity: economic costs to NHS clinical commissioning groups](#)

¹⁷ HCC (2017) [JSNA – Starting Well](#)

Obesity in Hampshire – children and adults

Children

Data from the Hampshire National Child Measurement Programme indicate that 22.6% of 4-5 year olds and 15.0% of 10-11 year olds are obese or overweight. There has been a doubling of the obesity levels between Reception year and Year 6 children.¹⁸

Adults

In terms of obesity, almost a quarter of adults (24%) in Hampshire are obese compared to an England rate of (24.4%).¹⁹

The expert report on obesity²⁰ presented an obesity system map showing over 100 variables, including physical activity levels, working as a “complex web” to influence either directly or indirectly the energy balance of an individual. Evidence shows the role physical activity plays in preventing obesity and overweight and maintaining a healthy weight.²¹

Where should we focus - populations most at risk

Physical Activity Data

The national Active People Survey²² has measured sports participation over the last ten years and physical activity behaviour for the last four years. It provides data that can help us to identify trends in the activity levels of our communities. Analysis of this data has been used to identify our key target groups in relation to inactivity.

In 2015, Sport England introduced Active Lives²³ as the replacement to the Active People Survey. This allows for much deeper analysis of behaviour amongst groups. Active Lives will be used as the data set to monitor the success of this strategy.

The areas with the highest percentages of inactive adults in Hampshire are Test Valley, Rushmoor, Eastleigh and Havant as below²⁴.

¹⁸ HCC (2017) [JSNA – Starting Well](#)

¹⁹ HCC (2017) [JSNA – Living Well](#)

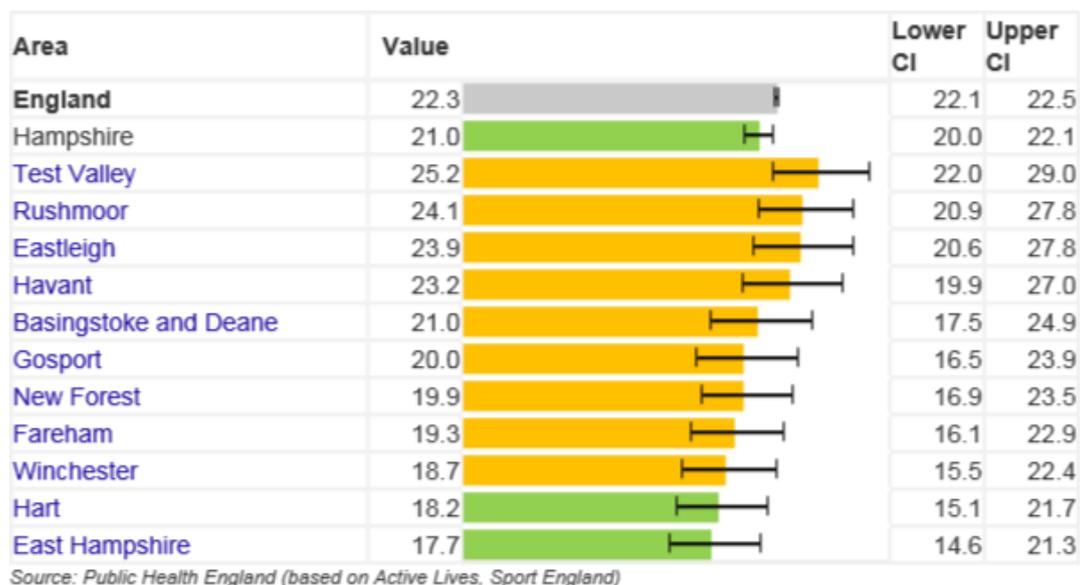
²⁰ GOfor Science/Dept of Health (2007) [Tackling Obesity - future choices](#)

²¹ Dept of Health (2014) [Start active, stay active](#)

²² Sport England [Active People Survey](#)

²³ Sport England [Active Lives Survey](#)

²⁴ PHE – Physical Activity Fingertips Tool – confidence intervals are wide, which means we can be less precise about where the true value lies. However, in terms of inactivity levels, even at the lower end, this still equates to a significant number of population.



Inactive populations break down into three types of behaviour:

- Those doing nothing
- Those not doing enough but doing something
- Those doing enough but not at the intensity level required

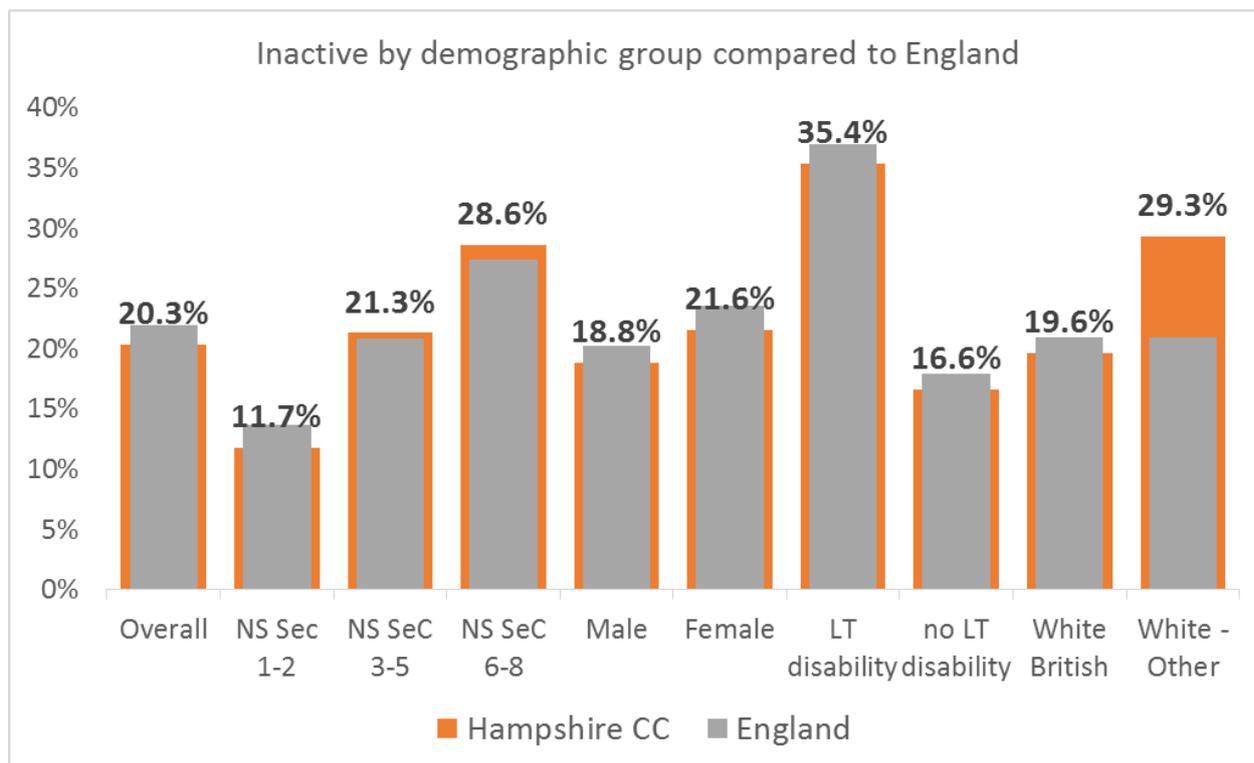
National data tells us that approximately two thirds of the inactive adult population are in the group where they are not achieving the intensity required to achieve health benefits.²⁵ (See Appendix 4 for more detailed breakdown)

Our Focus

This strategy is clear in its ambition to focus resources on beating inactivity. This is not to put aside the ongoing need to support those people who are already active and playing sport to maintain a resilient habit, it is simply that the greatest health gains are to be found in addressing the people who are least active.

In terms of health inequalities, it is possible to see which groups are inactive in the Hampshire compared to England data as below.

²⁵ Sport England (2016) [Tackling inactivity the design principles](#)



Proportions of inactive people within different demographic groups compared to England. Source: Active Lives Survey Nov 15 - Nov 16 (including gardening). NS SeC: National Statistics, Socio-economic classification

Looking at both the Active Lives data and the four-year trends from the Active People Survey it is possible to understand the trends in activity levels for these populations.

Demographic group	National inactive trend	Energise Me inactive trend
Whole population (16+)	↓	↓
Female	↓	↑
Male	↓	↓
Higher socio-economic groups (NS Sec 1-4)	↓	↑
Lower socio-economic groups (NS Sec 5-8)	↑	↓
No disability	↓	↓
Long term limiting disability	↑	↑
White British	↓	↓
Black and Minority Ethnic	↓	↓

Figure 1: Inactive trends for demographic groups, Energise Me compared to England. Source: Active People Survey Jan 12 - Jan 16 (including gardening)

The following trends from the data have been noted:

- Those who have a long term limiting illness and/or disability are also those who are most likely to be inactive¹; the trend of inactivity is rising in this group
- The trend of inactivity is rising among females compared to males
- Compared to national averages, those in middle and lower socio-economic groups have larger proportions of inactive people.

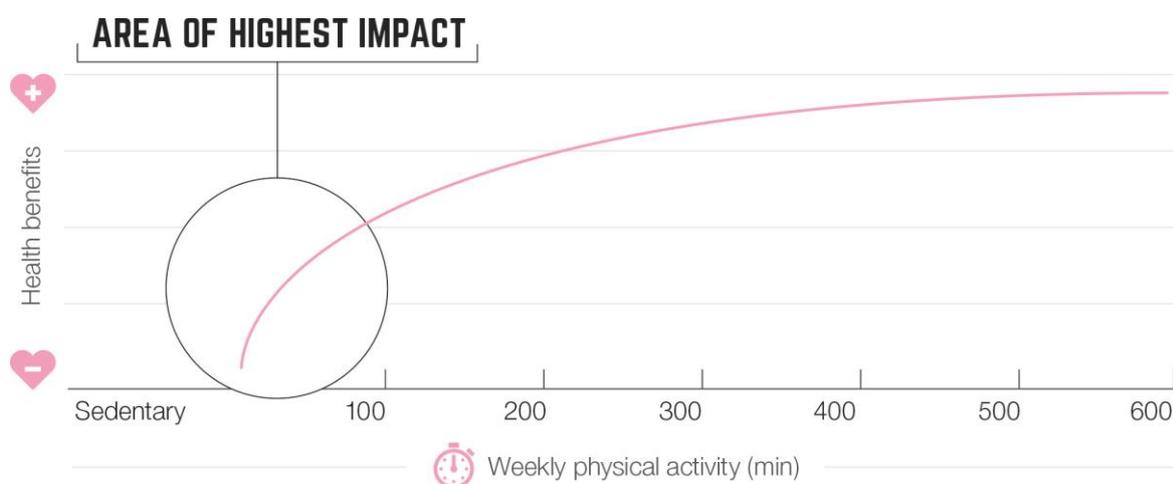
While it is also noted that there is a rising trend of inactivity among those in the higher socio-economic groups, it is recognised that, as a whole, this group is less likely to be experiencing poorer health outcomes and our focus will continue to be on those inactive populations in areas of deprivation where the greatest health benefits from increasing activity levels can be achieved.

Considering the data sets from Active People and Active Lives, evidence around inactivity, those most at risk of developing long-term conditions and the gender gap in sport and exercise, a number of groups are considered at highest risk from physical inactivity across Hampshire. These are:

- inactive females
- adults with (or at risk of) a long-term health condition and/or disabilities
- children and young people.

Older people at risk of falls are considered within a separate strategy.

As shown below, the greatest health gains and best value for public investment can be achieved by addressing the people who are least active.



The value of getting people active from different starting points. HM Government, A New Strategy for an Active Nation

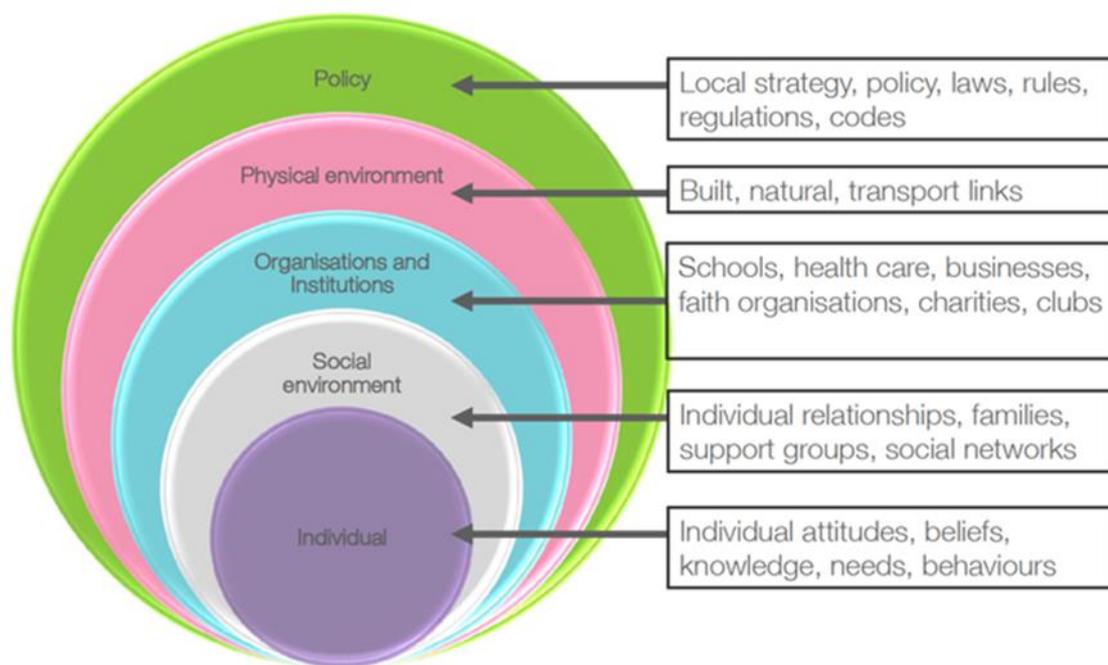
How we will achieve our overall aim and strategic objectives

Whole systems approach

To achieve the scale of change needed for this strategy means we must think and work differently. Organisations and services, across Hampshire will need to collaborate and learn how to change inactive behaviour and be led by the evidence of what works and what doesn't, recognising failure as an important part of learning.

We need to take a whole systems approach as highlighted in the model below in order to explore and understand how these layers of influence intersect to shape a person's physical activity choices and how the different parts of the system need to interact to make the change needed.

We will 'make every contact count' across sectors, supporting the needs of the broader workforce by helping them to understand their role and challenging them to use their influence and the tools available to them to beat inactivity.



Sport England: Towards an Active Nation 2016-21
Source: Socio-Ecological Model

Socio-Ecological Model

Strategic Objective 1: To encourage and support positive lifestyle and behaviour changes that enable people to increase their levels of physical activity.	
Priorities	Action
Changing behaviour of populations	Use models of behaviour change to implement interventions which increase physical activity levels, where greatest health gains can be achieved.
	Working with communities to enable co-design of physical activity, challenging perceptions of where activity can take place.
Moving professionals, providers and workforces	Activate professionals in planning, landscaping, sport and leisure, health and social care, transport, education and business to increase physical activity levels in local populations.
	Work with commissioners of leisure contractors to ensure engagement of inactive populations is included in contracts.
	Encourage employers to provide opportunities for employees to be more active.
Evidence and Evaluation	Support evidence based interventions and evaluation to ensure we learn what works and what does not to increase physical activity levels.
	Develop capacity for evaluation amongst sport, leisure and physical activity workforces.
National and Local Physical Activity Campaigns	Utilise, align and exploit national physical activity campaigns to increase awareness of benefits of physical activity locally. This could include Active 10, One You, Change4Life, This Girl Can.

Strategic Objective 2: To use insight, evidence and identification of need to invest and innovate to increase physical activity	
Priorities	Action
Insight driven approach	Commission, utilise and share local insight in order to design physical activity interventions which will engage target populations.
	Encourage and support partners and providers to use an insight driven approach to developing interventions which will maximise behaviour change amongst target populations.
Use Behaviour Insights Theory ²⁶ (Easy, Attractive, Social and Timely)	Maximise opportunities to utilise behaviour insights theory to ensure interventions are easy, attractive, social and timely for the target populations
Identification of need	Ensure that local needs are understood for inactive populations so that effective targeted work can be undertaken, including supporting with public health intelligence and relevant data sets.
Innovate and invest to develop evidence base	Support innovation and investment to develop local-led interventions which expand understanding of what works or does not work with inactive populations.
	Explore utilisation of digital solutions which help people to be more active.
	Ensure sharing of best practice via appropriate physical activity networks.

²⁶ Behavioural Insights Team (2014) – [EAST Four simple ways to apply behavioural insights](#)

Strategic Objective 3: To reduce inequalities in physical activity by focussing on people and populations most at risk	
Priorities	Action
Target inactive populations most at risk	Ensure focus for actions and interventions are those target populations most at risk where greatest health benefits can be achieved through increased physical activity.
Work with partners and organisations best placed to support those at risk of inequalities	Develop links with organisations best able to support behaviour change with target populations. This is likely to include voluntary sector, community groups, housing, local authorities, leisure and primary care.
Use community engagement approaches to reach those most at risk of inequalities who are inactive	Develop insight and understanding of what works or does not work with most at risk populations, utilising co-design and participation principles.
Support development of interventions to engage those experiencing inequalities to become more active	Consideration to be made of interventions such as: families being active together, single sex activities, physical activity as part of care packages for people with long term conditions or those at risk of developing the disease, impairment group activities, carers' activities to engage target populations.

Strategic Objective 4: To support an environment that enables people to make physical activity the easy choice.	
Priorities	Action
Creating the right spaces and land use to support physical activity	Work with planners to ensure physical activity is built into existing environments and new developments – the quality of public parks and space are key to encouraging activity.
	Increase ease of access to open space especially for those populations most at risk of inequality and inactivity.
Build physical activity into daily routines	Work with Active Travel, Travel Planners and Transport teams to develop and implement policies, systems and interventions which increase daily active travel (walking, cycling).
	Support businesses and employers to increase physical activity amongst their workforce.
Whole system approaches within settings	Focus on settings to develop whole system approaches to increasing activity levels. This to include: early years and school settings, colleges, workplaces
	Especially support interventions which reduce sedentary behaviour and make it easier to form active habits.
	Ensure interventions designed to increase physical activity link family and community, work and play to avoid reliance on one setting to achieve change.

Oversight, partnership working, roles and responsibilities

This strategy will be led by Public Health, Hampshire County Council and will be overseen by the Public Health Strategy Oversight Group. Practical implementation will require development of an action plan in collaboration with other partners and teams. These include Energise Me, who lead on sport and physical activity across Hampshire, other Hampshire County Council teams, district councils, NHS partners, private sector and voluntary groups

Working with partners we will:

- Provide strategic leadership, including utilising public health and physical activity intelligence and evidence to maximise outcomes
- Advocate for physical activity through effective strategic engagement, networking, lobbying and brokering
- Work with local partners to develop action plans which reflect local priorities to deliver against the ambitions of this strategy
- Commission, distil and share insight, best practice and information on effective evidence-based programmes that reach target populations
- Facilitate collaboration and innovation across the system (planning, housing, education, health, community and transport) to drive implementation of this strategy
- Bring and direct investment into the area to support the delivery of this strategy
- Support partners to grow and develop the diverse workforce needed to meet the new challenges in this strategy
- Co-ordinate targeted marketing and communications to inspire behaviour change.
- Lead development and implementation of specific, targeted interventions and lead behaviour change learning and practices
- Support evaluation including the development of local capacity to effectively

Links to other strategies

This strategy is linked to the following Hampshire County Council strategies, policies and statements:

- Towards a healthier Hampshire – Public Health Strategy 2016-2021
- Hampshire Healthy Weights Strategy 2015-2019

- Hampshire Walking Strategy - 2016
- Hampshire Cycling Strategy - 2016
- Hampshire Planning and Public Health Position Statement
- Hampshire's Joint Health & Wellbeing Strategy – 2013-18
- Children & Young People's Plan 2015-18
- Hampshire's Joint Strategic Needs Assessment 2017

Hampshire County Council also acknowledges the ongoing successful sports development initiatives of Borough and District Councils as well as its own support for the Hampshire Talented Athletes programme.

Appendices

Appendix 1 - Glossary of terms

Energise Me	The county sports partnership covering the geographical area of Hampshire, the Isle of Wight, Portsmouth and Southampton. It is part of a national network of 43 county sports partnerships across England committed to tackling inactivity.
Whole systems approach	A strategic and integrated approach to planning and delivering services at a local level. This encompasses any service that can impact on levels of physical activity, directly or indirectly.
Inactive	Percentage of people doing less than 30 minutes of physical activity per week in bouts of at least 10 minutes of moderate intensity.
Active	Percentage of people doing at least 150 minutes of physical activity per week in bouts of at least 10 minutes of moderate intensity.
Moderate intensity activity	A moderate intensity physical activity requires an amount of effort, noticeably accelerates the heart rate, body gets warmer and breathing becomes harder, e.g. brisk walking, housework and domestic chores.
Vigorous intensity activity	An activity that requires a large amount of effort, causes rapid breathing and a substantial increase in heart rate, e.g. running and climbing briskly up a hill.
Sedentary behaviour	Activities that do not increase energy expenditure much above resting levels. There is a difference between sedentary and light physical activities. Activities considered sedentary include sitting, lying down and sleeping because they do not require any muscle recruitment. Associated activities, such as watching TV and reading, are also in the sedentary category.
Muscle strengthening activity	Physical activity that increases skeletal muscle strength, power, endurance and mass.
Bone strengthening activity	Physical activity primarily designed to increase the strength of the skeletal system. Bone strengthening activities produce an impact or tension force on the bones, promoting bone growth and strength. Running, jumping rope and lifting weights are examples of bone strengthening activities.

Appendix 2 - Chief Medical Officers' Recommendations

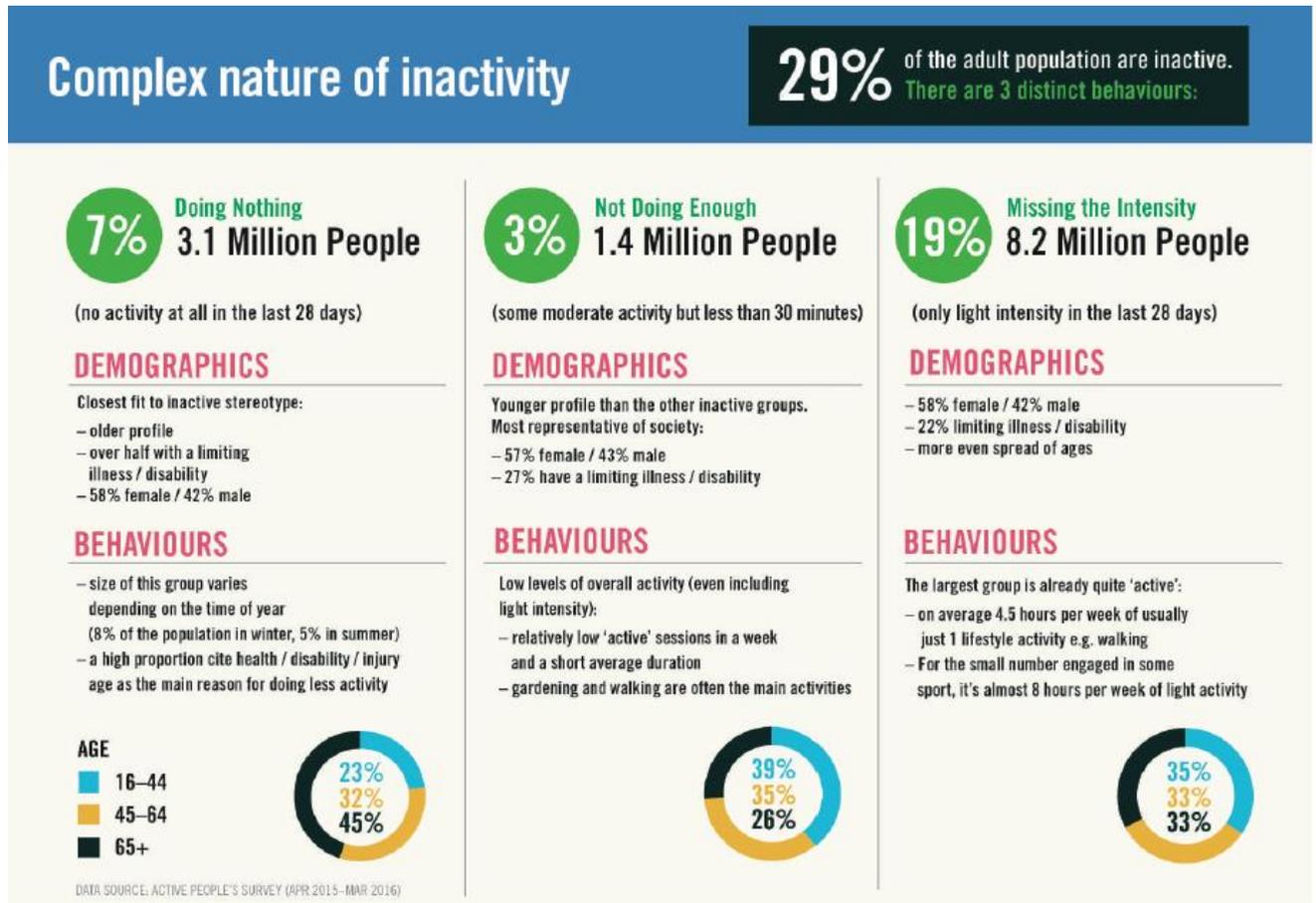
[Infographics](#) are available to explain the physical activity required to achieve general health benefits for different age groups and populations. These relate to the [Start active, stay active: report on physical activity in the UK](#).

Appendix 3 - Public Health Outcomes Framework

Physical activity data for Hampshire can be sourced from [Public Health Outcomes Framework](#). This includes benchmarking against CIPFA neighbours. There is also a [Public Health Fingertips - Physical Activity](#).

Appendix 4 – Complex nature of inactivity

Infographic explaining the complex nature of inactivity



SOURCES: SPORT ENGLAND "TACKLING INACTIVITY - THE DESIGN PRINCIPLES"



Please update the communication log every time you share this paper with an internal or external partner.

¹ Sport England's Active Lives Nov 2015 - Nov 2016 (including gardening)

PH Communications Log

Lead	Name of Organisation	Communication Type (presentation, letter, email)	Date shared	Purpose	Outcome