

## Foreword

We are delighted to introduce you to the Strategy for Physical Activity in Solihull.

Solihull Metropolitan Borough Council and Solihull Primary Care Trust share a vision of health and well being for all the citizens of the Borough.



***'Towards a Healthier Horizon'***

***'A place where well-being, pride and quality of life is enjoyed by all.'***

Leading a physically active life brings many benefits to health and well-being and thus is an important step along the way to achieve this shared vision.

In a world of finite resources it makes sense that we take a strategic approach to promoting physical activity, which encourages partnership and which is based on an analysis of need, evidence of what works and which has ownership by a wide range of stakeholders.

This strategy is the first produced for Solihull, and is the result of extensive consultation with all of the numerous providers of, and enablers for, physical activity in the Borough. This strategy will provide the "joined-up" strategic direction for development of services and facilities for all of those providers and enablers.

A handwritten signature in black ink that reads 'Jeanette McGarry'.

Jeanette McGarry  
Director of Community Services

A handwritten signature in black ink that reads 'Dennis Wilkes'.

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## 1. RATIONALE FOR A STRATEGY

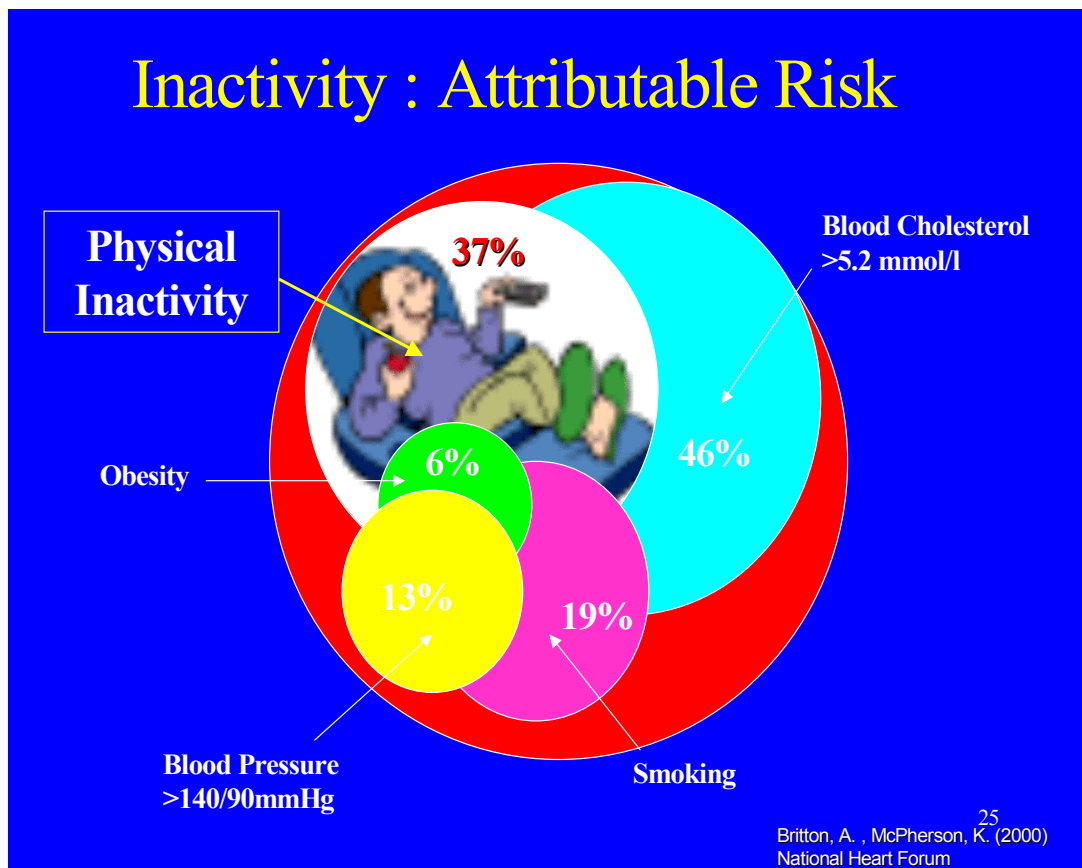
### 1.1 The importance of physical activity to health and well-being

The health and social benefits of physical activity are manifold and the evidence and research base for this is growing at an ever-increasing rate.

The **physical health** benefits of physical activity include:

- *The prevention and management of obesity.* Regular physical activity can help with both weight control and maintenance by increasing levels of total daily energy expenditure, promoting body fat metabolism while preserving lean mass and increasing the metabolic rate.
- *Reduction of the risk of Coronary Heart Disease (CHD).* Physical activity is now considered a primary independent risk factor for CHD<sup>1</sup>. Studies have shown that inactive people have nearly twice the risk of developing CHD than active people<sup>2</sup> and regular physical activity at an appropriate intensity has been associated with approximately a 20% reduction in mortality following a heart attack<sup>3</sup>.
- *Reduced risk of stroke and hypertension (raised blood pressure).* Physical activity plays an important role in reducing the risk of stroke through its beneficial effect on hypertension and blood clotting<sup>4</sup>. Regular physical activity can reduce and control high blood pressure. Regular endurance exercise can lower both systolic and diastolic blood pressure by about 10mmHg in men and women with mild hypertension<sup>3</sup>.
- *The prevention and management of diabetes.* Physical activity can prevent non-insulin dependent (Type 2) diabetes by increasing insulin sensitivity and improving tolerance of insulin. This is particularly beneficial to people who are obese or at risk of developing diabetes<sup>5</sup>. For those who have developed Type 1 diabetes increased physical activity appears to be protective against heart disease.
- *Improved coping with the demands of pregnancy.* An active pregnancy can aid both mother and baby, and influence the attitude to influencing the health of infants
- *An improved lipid profile.* Moderate activity can improve HDL-cholesterol (the 'good' cholesterol) levels and a single episode of physical activity can result in an improved blood lipid profile which lasts for several days<sup>5</sup>.
- *Prevention of cancer.* Several large studies have noted the lower rates of cancer (particularly cancer of the colon) among active people<sup>4</sup>. It has been suggested that sedentary people may have between 1.2 and 3.6 times the colon cancer risk of the most active<sup>6</sup>.

- *Osteoporosis.* Many women, especially after the menopause suffer from brittle bones (osteoporosis) Regular weight bearing activity such as walking can help either prevent this or lessen its occurrence<sup>4</sup>.
- *Reductions in falls among older adults.* It is estimated that up to 50% of hip fractures could be avoided with regular physical activity<sup>7</sup>. It is not clear yet whether this is due to a direct effect of exercise on bone density, or to the beneficial effects of exercise on muscular strength, balance and coordination, helping to prevent falls occurring in the first place<sup>3</sup>.
- *Arthritis and Muscle Flexibility.* Physical activity can play a particularly important role for older people to help them offset some of the effects of ageing. Joint mobility and muscle strength can be maintained by keeping active. Older disabled persons with osteoarthritis of the knee have shown modest improvements in measurements of disability, physical performance and pain from participating in an exercise programme. This suggests that exercise should become a part of the treatment for knee osteo-arthritis<sup>8</sup>.



The **mental health** benefits can be illustrated best by looking at the implications of the benefits of health on mental well-being including levels of self esteem, emotion and mood and cognitive functioning particularly in older adults. A number of national consensus statements and good practice relating to physical activity and mental health have been developed<sup>9</sup>.

Regular physical activity can have important effects in reducing stress and anxiety, increasing self-esteem and promoting a feeling of well-being by improving sleeping habits, maintaining independence, feeling more energetic and feeling good about oneself<sup>5</sup>.

Physical activity also brings benefits to **social well-being**. Physical activity can play a key role in increasing social capital and addressing social exclusion such as through initiatives focussing on reducing levels of crime, increasing family play, building a sense of community, improving the physical environment and creating respite opportunities<sup>10</sup>.



*“Walking makes you fitter and it’s enjoyable”*

*“It helps you meet friends and have a good talk”*

*“The walks are a regular commitment that encourages me to get out of the house”*

Comments from Striders and Strollers participants.

**Other benefits** of physical activity include crime reduction, improved educational achievement, improved social cohesion, reduced absenteeism, and economic benefits.

## 1.2 Prevalence of inactivity

There is growing concern in the UK (and internationally) over the decrease in levels of physical activity in recent years. Physical inactivity is a key factor in the ‘time-bomb’ of increasing levels of obesity, especially in children and is also linked with CHD, diabetes and other chronic diseases.

A number of countries have implemented surveys in an effort to establish activity levels amongst their populations including Australia, Canada, England, Finland Ireland New Zealand and the US. All these surveys have shown that there is a rapid decline in participation in physical activity with increasing age and levels of physical activity are higher in men than in women.

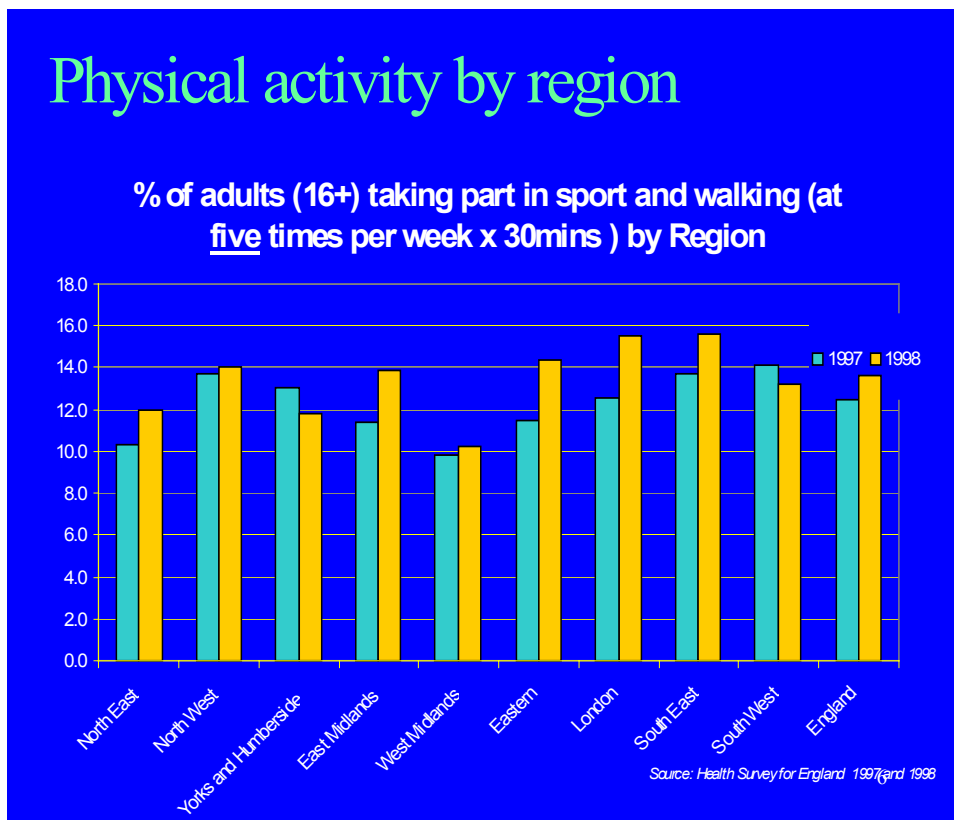
The Allied Dunbar Survey of 1992 was the first extensive survey in England that focused on levels on physical activity<sup>11</sup>. Findings from this survey suggested that:

- Over 70% of men and 80% women fell below their age-appropriate activity physical activity level needed to achieve a health benefit.
- However, 75% of respondents expressed a strong belief in the value exercise to health and fitness.

- Most people over-estimated the amount of physical activity they took and under-estimate the amount needed to benefit their health.

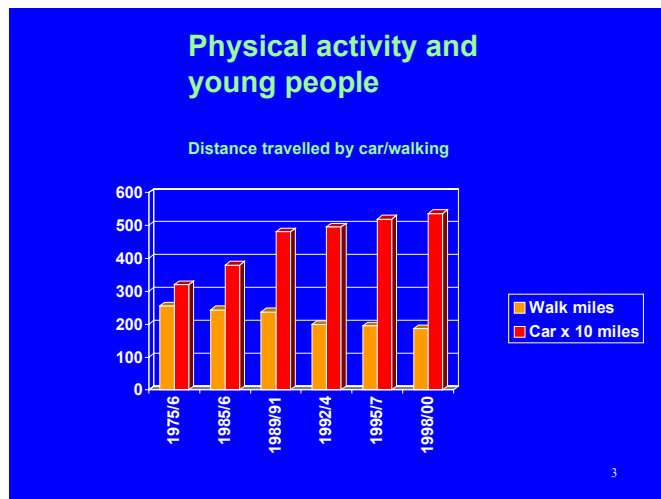
This may be explained by the fact that the physical demands of everyday living in this present time do not generally reflect the levels of fitness needed by our bodies. The increasing use of cars particularly for short journeys, the use of televisions, computers and labour-saving equipment in the home all serve to give a false impression of true fitness levels. Hardman and Stensel (2003)<sup>12</sup> suggest that *'The average decline in daily energy expenditure in westernised countries since the early part of the twentieth century may be the equivalent of walking as much as 16km (10 miles) less.'* A number of barriers to increasing physical activity were identified, by the Allied Dunbar Survey, these included:

- Lack of knowledge and information
- Lack of time
- Lack of an exercise partner or social support
- Not the 'sporty type'; lack of perceived required skills
- Financial restraints
- Lack of available or 'welcoming' facilities
- Lack of motivation and willpower
- Fear of injury, fear of embarrassment (elderly groups)
- Don't enjoy it
- Fear of overdoing it



Other research suggests that the number of children between 7-11 years who walk to school fell from 81% in 1971 to 63% in 1990<sup>4</sup>.

A more recent survey suggested that the prevalence of sedentary living has increased during the 1990s. Since 1994, although the proportion of people meeting current recommendations has appeared to remain stable for men and increased slightly for women the proportion classed as sedentary (<1 occasion of physical activity of 30 minutes duration per week) increased between 1994 and 1998<sup>13</sup>.



### 1.3 Policy drivers

Appendix 1 summarises government policy that relates to the promotion of physical activity. Three of the key national policy drivers are:

- **Saving Lives. Our Healthier Nation.** This is the public health white paper, which called for new directions and new and effective partnerships at local level to tackle the underlying determinants of health. It set the twin goals of improving health and reducing health inequalities and recognised the important contribution that physical activity can make to achieve these.
- **Game Plan.** This contains both sport and physical activity objectives, with the challenging target of 70% of the population being moderately physical active by 2020.
- **Tackling Health Inequalities. A Programme for Action.** This sets out plans to tackle health inequalities over the next three years. It lays the foundations required to achieve the national inequalities targets by 2010.

In all of this policy it is clear that preventing and managing health risks such as poor diet and physical activity, through effective local interventions, is essential to improving health and reducing health inequalities. A physical

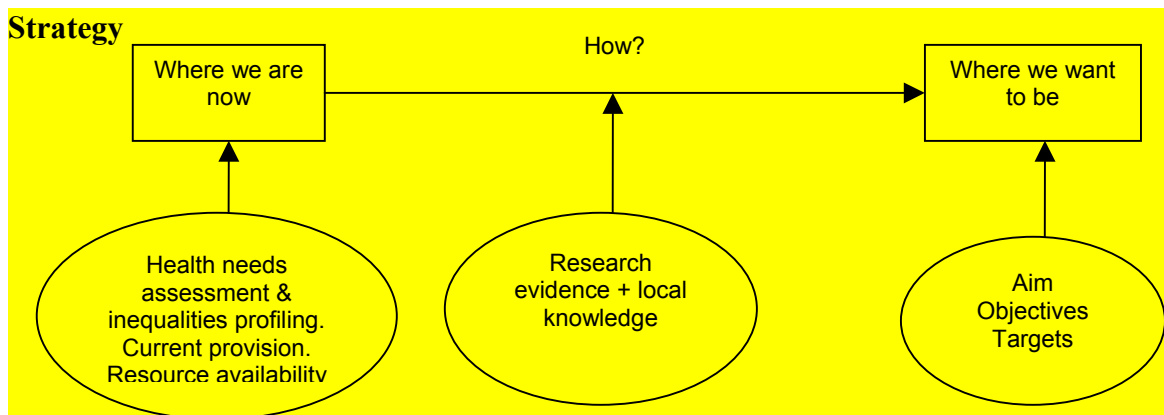
activity strategy for Solihull will be important for achieving central elements of government policy and targets, both for the NHS and local government.

The wider context also makes a strong case for physical activity and structured sport provision specifically, in terms of crime and antisocial behaviour reduction (Policy Action Team 10), educational achievement, and physical and social regeneration in areas of deprivation.

## 1.4 What is strategy?

Strategy is about how we move from where we are now to where we want to be (Figure 1). It is about action, but action that is determined by systematic examination of what the needs of the population are, and where inequalities exist, evidence of what works and what doesn't, and what encourages partnership and community involvement. It is about co-ordinated action towards shared outcomes and targets.

**Figure 1**



In the following sections each step in strategy formulation is explored in turn, moving from 'where we are now' to 'where we want to be'. Then considering, using research evidence, local knowledge and stakeholder experience, 'how' we might achieve our shared goals.

## 2. WHERE ARE WE NOW?

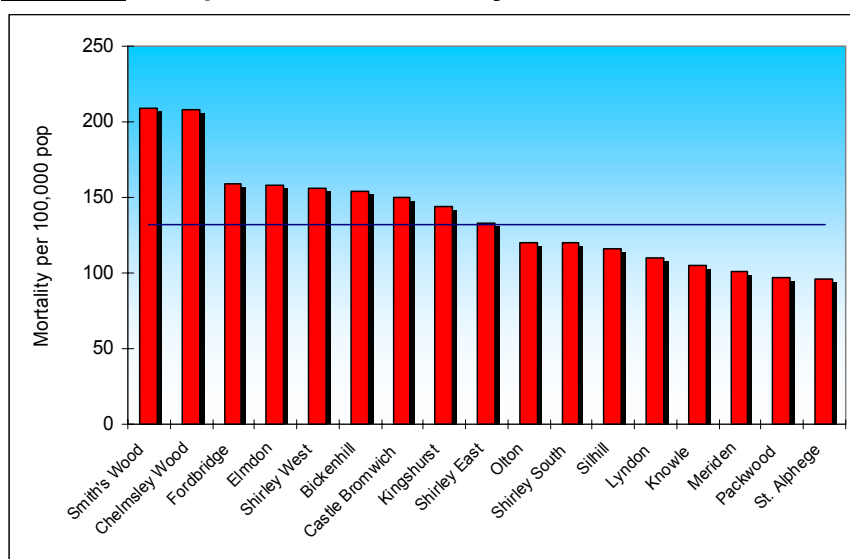
One of the key initial steps towards developing a strategy is to describe where we are currently, in terms of:

- Inequalities in health in the population
- Levels of physical activity in the population
- Services, interventions, facilities, opportunities and resources for physical activity

## 2.1 Inequalities in health

Findings from research<sup>14</sup> indicate that people who live in more deprived circumstances are less likely to take physical activity of the level and type to benefit health. In terms of deprivation, Solihull as a Borough is one of the most polarised in England, and this is borne out through the huge differences in health indicators. Residents of Chelmsley Wood or Smith's Wood wards are more than twice as likely to die from cancer or coronary heart disease than residents of St Alphege or Knowle wards, (figure 2)

**Figure 2: Inequalities in Coronary Heart Disease death rates**



Inequalities are not just about where people live. Other sectors of the community are also more likely to suffer from physical inactivity related ill health, including people with learning disabilities, children, older people, young women and people from certain black and ethnic minority (BME) groups.

Inequalities in relation to physical activity therefore exist in Solihull and there will be certain sectors of the local community where the need for promotion of physical activity and the potential for benefit, is greater. Generally, the highest levels of multiple deprivation exist in the north of the borough where the highest levels of some of the associated ill health outcomes can be found. However, on an area basis pockets of deprivation also occur elsewhere in the borough and other types of communities with higher need are also spread across the borough.

## 2.2 Levels of physical activity

Accurate data on current levels of physical activity in the population of Solihull are not available. The West Midlands Lifestyle Survey conducted in 1995 suggested that locally, people living in the borough mirrored the national

picture. There is no reason to believe that this will be any different today, thus it can be assumed that the majority of our local population do not reach the governments recommendation of at least 30 minutes of moderate activity on at least five days a week.

### **2.3 Services, interventions, facilities, opportunities and resources**

In order to explore how equitably existing services, interventions, facilities, opportunities and resources are distributed across the borough, a mapping exercise was undertaken with stakeholders and some research was commissioned. Findings from the mapping exercise and research have been used in formulation of the strategy to prioritise action and to ensure resource allocation relates to need. If resources are not allocated equitably the result will be increasing health inequality and a widening gap, particularly in relation to the north of the Borough. In addition, the information will be used to develop a web-based database of all physical activity groups, services and related facilities (as identified as a 'gap' by stakeholders – see section 4).

A summary of the findings of the mapping exercise can be found in Appendix 2. A full report on the research will be available shortly. Key findings include:

#### Older People

There are a large number of groups and clubs offering a wide range of activities across the Borough for those aged 50+ and for those with physical and learning difficulties. There is a correlation between affluence, venues and opportunity in that there appears to be less opportunity in the north of the Borough in terms of venues, costs and lack of transport. This also appears to be the case for older people living on limited means with no transport in the south of the Borough.

#### People with Disabilities

Twenty-two borough-wide organisations meeting in a range of local venues have been identified for people with disabilities. However, with the exception of facilities at one secondary school in the South of the Borough there are no purpose-built facilities for those with disability and although welcome at mainstream venues, staff are often unqualified and lack specific needs awareness of disabled groups. Other than activities organised by Solihull Mind, further specific opportunities were not identified for people with mental health problems.

#### Black and Ethnic Groups

Solihull has an ethnic population of less than 5%. This small percentage figure is reflected in the number of ethnicity based organisations, just two have been identified, one for Muslim and one for Gaelic footballers.

#### Children and Young People

This part of the research focused on the north of the borough. Opportunities for activity were found but, with the exception of North Solihull Sports Centre, almost all venues need substantial investment. However, cost was identified as a problem in relation to North Solihull Sports Centre. Many clubs were

identified with only 10 out of 155 being located in the north of the borough. There were found to be even fewer opportunities for disabled girls, generally, and those who do not like football, in the North of the Borough.

There is a need for greater co-ordination amongst providers, and more accessible publicity about what is on in the area for young people.

Although every attempt has been made to ensure the mapping work and research is as complete as possible there are undoubtedly gaps and errors.

## **2.4 Key challenges for Solihull**

This assessment of our current position suggests that there are a number of key issues which the strategy will need to address:

- Inequalities in health in relation to physical activity exist in Solihull – much of the inequality is clustered within the north of the borough but pockets occur elsewhere within different sectors of the community
- The majority of people in Solihull are unlikely to be achieving the governments' recommendations for physical activity
- There is a lack of data on current physical activity levels, against which progress in increasing physical activity can be assessed
- There is a lack of co-ordination of provision of facilities and opportunities for physical activity and this is likely to be contributing to inconsistency in advice and information given to local people by health and other professionals
- Provision of facilities and opportunities for physical activity appears to be inequitable
- The local culture and environment needs to better promote and enable local people to lead more active lives

## **3. WHERE DO WE WANT TO GET TO?**

Our ambitions for Solihull need to reflect the national agenda as well as local needs and desires. This section considers both.

### **3.1 Recommendations for physical activity levels**

In April 1994, following the disturbing findings from surveys, a national symposium was held by the Health Education Authority and Physical Activity Task Force to examine the scientific evidence associated with the promotion of physical activity. Evidence was found to indicate that the greatest relative gains on health occurred when sedentary people become a little more active. The '**More People, More Active, More Often**' Green Paper was consequently published by the Department of Health<sup>4</sup> promoting regular moderate intensity physical activity and included recommendations regarding the level and types of physical activity needed to benefit health for adults based on the scientific evidence and expert opinion gathered at the time.

These recommendations focussed on the need to build physical activity into everyday life and counteract the 'car culture' and other modern conveniences and leisure pursuits that have become an integral part of our society and formed the basis for the three year '**Active for Life**' campaign launched in 1996. These recommendations are still relevant and form the basis for physical activity health promotion at this time. The **recommendations for adults** are as follows:

1. To encourage those people currently taking no physical activity to aim for one period of at least 30 minutes of moderate\* activity a week
2. To encourage more people to take 30 minutes of moderate activity on a daily basis (at least five days a week)
3. To encourage those people already taking some vigorous activity, to take on average, three periods of vigorous activity of 20 minutes duration, a week

Recommendations were later developed for **children and young people** and were presented in two stages:

#### Stage 1 (Primary recommendations)

- All young people should participate in physical activity of at least moderate intensity activity for one hour per day.
- Young people who currently do little activity should participate in physical activity of at least moderate intensity for at least half an hour per day.

#### Stage 2 (Secondary recommendations)

- At least twice a week, some of these activities should help to enhance and maintain muscular strength and flexibility, and bone health.
- Half an hour of physical activity per day is viewed as a minimum level, with one hour of physical activity each day representing a more favourable level being particularly appropriate for children of primary school age.
- 'Moderate activity ' equates to a brisk walk, cycling, swimming, dancing etc. To be of benefit, the activity should make you feel warm and breathe more heavily than usual.

The **Game Plan for Sport** (see Appendix 1), published by the Government in 2002 has a headline target for physical activity of 70% of the population becoming reasonably physically active by 2020. The current assessment was that only 32% take part in moderate physical activity for five, 30 minute sessions per week. Game Plan also recommended the establishment of the Active Community Team (ACT), consisting of membership from nine government departments and four national agencies. ACT launched the

Physical Activity and Sport Delivery Plan in 2004, which covers six strands: sport and active recreation, education, workplace, travel, healthcare, environment. This has recently been reinforced by a report from the Chief Medical Officer<sup>15</sup> that recommends, that for general health, people should take a total of at least 30 minutes a day of at least moderate intensity physical activity on five or more days of the week.

### **3.2 Addressing health inequalities**

The key aims of the Government White Paper 'Saving Lives: Our Healthier Nation' were to improve the health of everyone and the health of the worst off in particular. The 'Health Inequalities Programme for Action' published in 2003, set a challenging target to tackle health inequalities by reducing the gap in infant mortality across social groups, and raising life expectancy in the most disadvantaged areas faster than elsewhere. Reducing health inequalities relating to physical activity has to be a key aim both nationally and locally, and a Health Inequalities strategic framework has been developed (available at [www.solihull.gov.uk](http://www.solihull.gov.uk) ).

### **3.3 Engaging people in health**

Two reports recently produced for the Treasury by Derek Wanless<sup>16,17</sup> make a series of recommendations about the need for a move from a "national sickness service" to a health service that prevents disease. More than 20 recommendations are made in the second report on how to "fully engage" people in the UK in activities to improve their health. These focus on prevention and the wider determinants of health. These include the need for:

- Realistic short and medium term targets
- Shared local objectives based on national objectives and local need
- Evidence based interventions
- Data for monitoring the health of the population, and for evaluating the effects of interventions

### **3.4 Activity to Reduce Crime & Antisocial Behaviour**

A range of studies now demonstrate the valuable contribution of physical activity and sport to the reduction of crime and antisocial behaviour, including the Summer Splash report of 2001<sup>18</sup>, and the Positive Futures report of 2002<sup>19</sup>. There is increasingly further local evidence that this is the case, through midnight football, youth programmes, local Positive Futures programmes and On Track initiatives.

This strategy will further the monitoring and evaluation of the effectiveness and value of such interventions, developing good practise on a local and national level.

### 3.5 Activity to Improve Educational Achievement

Joint Ofsted and Youth Sport Trust research<sup>20</sup> demonstrates the link between physical activity and sport and educational achievement, and this strategy will jointly with the facility strategy for physical activity settings in put into the delivery of targets for young people, and target groups. The work relating to physical activity will also impact on the delivery of the Government's Skills Strategy, which focuses on getting 3 million adults to a level 2 qualification by 2010.

In particular for Solihull this will influence delivery in the North and rural areas of the Borough where access is poor.

### 3.6 Activity to Aid Regeneration & Social Cohesion

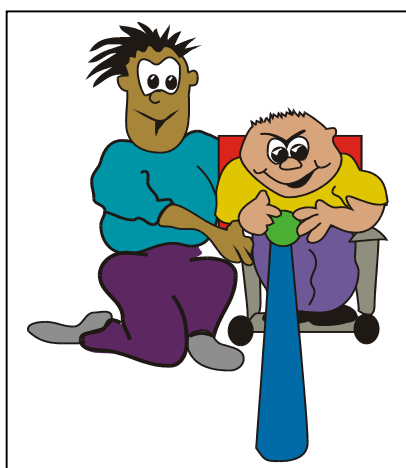
The provision for physical activity facilities aids both the economic and social regeneration of an area. Culture and sport engage local communities, bringing jobs to communities and being a vehicle for engaging the "hard to reach" and activities and so providing pathways to employment.

This will be of particular importance in the regeneration of North Solihull locally.

### 3.7 A shared vision for Solihull

It is important to remember that a range of agencies and groups have a role to play in physical activity. An initial workshop was held for key stakeholders in October 2003, at which a shared vision for physical activity was agreed for Solihull:

***'A place where everyone has equal opportunity, and is supported and encouraged, to live an active lifestyle, within their range of ability.'***



***"I had high blood pressure and my GP referred me to the Doc Spot at North Solihull Sports Centre. I've followed the programme for 12 weeks, lost 14lbs in weight, and will carry on the activities with people I've met there."***

A GP referral client, Solihull

### Aim, proposed targets and strategic objectives

The following aim was agreed to underpin the vision:

***"To significantly increase levels of physical activity, through sport, recreation, leisure and everyday life, particularly among disadvantaged groups"***

Linked with this aim, three targets are proposed:

- To work towards the delivery of 75% of children spending at least two hours per week on PE and physical activity by 2006.<sup>1</sup>
- To work towards the delivery of 75% of children spending at least 1 hour per day on physical activity<sup>2</sup>
- To work towards the Government's target of 70% of the adult population moderately physically active five days a week by 2020<sup>3</sup>

In order to assess progress against these targets it was agreed that it will be essential to establish a baseline measure of physical activity levels in children, young people and adults.

A set of strategic objectives were then developed with reference to relevant international and national strategies and agreed as part of a second workshop:

### **Strategic Objectives**

1. To develop a reliable database on physical activity patterns across the population of Solihull
2. To raise public and professional awareness and understanding of the health messages of physical activity, guidelines\*, advice and opportunities available, by ensuring that information is provided in a variety of media and tailored to meet the needs of different population groups and particularly targeting those most in need.  
  
\*In particular, the current guideline is to achieve 30 minutes of moderate intensity physical activity (such as brisk walking, heavy gardening and heavy housework on at least five days of the week.
3. To ensure that appropriate and consistent advice for the encouragement of physical activity is available across the Borough, tailored to meet the needs of different population groups, and particularly targeting those most in need.
4. To ensure that a full range of acceptable and accessible opportunities for physical activity is available across the Borough, particularly for those most in need.
5. To work towards ensuring that the physical environment and local culture promotes and enables an active lifestyle at home, at work and for recreation and transport.

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<sup>1</sup> Dept for Education & Skills target for 2007

<sup>2</sup> Game Plan 2002

<sup>3</sup> Game Plan 2002

6 Establish pathways for specific activities providing a continuum of opportunities from the most basic level to the highest, (recognising the role of all providers, including “sign posting” for those delivering outside the Borough).

It was also agreed that the above objectives would be achieved through:

- Maintaining and developing partnership working with the aim of combining energy, resources and expertise to achieve maximum impact, and by
- Linking with other Borough strategies as appropriate
- Encouraging appropriate evaluation and monitoring across programmes of activity, including the long-term adherence and maintenance of increased levels of physical activity.

Although there is a need to promote physical activity across all the population, in order to rationalise resources it can be seen that prioritisation is necessary. The following **target groups** have been identified on the basis of where the need is seen to be greatest and where the potential for the most benefit to be gained. The target groups identified and agreed by stakeholders during the workshops are:

<b>Target Group</b>	<b>Rationale for selection</b>
Older People (50+)	Solihull’s population of older people is projected to increase over the next 10 years. They are at high risk of physical inactivity related diseases, & conditions
Children and Young People (0 – 25 with special reference to women)	Increasing obesity levels associated with increased risk of diabetes and heart disease. Trends show marked declines in physical activity for girls and young women.
People with Disabilities (including those with mental health problems)	Compliance with the Disability Discrimination Act plus this group experience significant health inequalities.
Black and Ethnic Minority groups	National trends show overall lower participation in physical activity, in some ethnic minority groups. These groups also experience higher rates of diabetes, heart disease and stroke.

#### **4. HOW DO WE GET TO WHERE WE WANT TO BE?**

In the second workshop stakeholders considered all of the research material, which had been presented at the workshops (on local health needs and inequalities, facilities, opportunities and resources for physical activity), and assessed our current position in relation to each of the strategic objectives. They identified where current action was inadequate or in need of re-orientating, or where objectives were unlikely to be achieved because there was no relevant action. Then, using information on the effectiveness of interventions (see Appendix 3), stakeholders considered 'how' we were to move from our current position to where we want to be. In other words, what **strategic level actions** were required to fill the gaps identified.

Four criteria were taken into account when deciding on **strategic action**:

- a) Is there a clear rationale for why we think the actions will lead to the objectives?
- b) Do the actions cover the priority groups?
- c) Are the actions likely to decrease inequalities? (They should certainly not have the potential to increase them - providing the same level of service regardless of need might do this.)
- d) Are the actions justified by good quality research evidence of effectiveness? (considering that there might be evidence of its ineffectiveness or that there might be no evidence.)

The resulting proposed strategic actions for 2004-2007 are:

- 1. Establishing appropriate monitoring and evaluation against jointly agreed targets and interim measures of success.**
- 2. Developing and implementing evidence based interventions to improve access to opportunities for physical activity with particular emphasis on those most in need.**
- 3. Providing frontline staff and the public with accurate, up-to-date information on opportunities and facilities for physical activity, backed up by consistent and appropriate intervention advice.**
- 4. Work towards a cultural and environmental change by raising awareness, improving staff training and ensuring that strategic processes contribute to creating a local environment which is conducive to an active lifestyle.**
- 5. Developing and maintaining partnership working, greater co-ordination of activity between agencies, organisations and professional groups.**

## **5. STRATEGY CONSULTATION, IMPLEMENTATION, MONITORING, EVALUATION AND REVIEW**

This draft strategy was made available for consultation with stakeholders and the general public during the summer of 2004. Amendments suggested were worked into the strategy in September 2004. Executive summaries were distributed to stakeholders in October 2004.

Over 21 presentations were made to key groups and organisations in the Borough; over 1,000 individuals were reached through the consultative process. An overwhelming 95% of responses were positive and supportive for the work. The list of consultees is located in appendix 4.

The complete strategy and executive summary are displayed at: [www.solihull.gov.uk/leisure](http://www.solihull.gov.uk/leisure)

The final strategy will then be formally agreed with the Local Strategic Partnership through the Improving Health and Reducing Inequalities Thematic Group, who will also be invited to sign up to the terms of reference and action plans (including a plan for monitoring and evaluation) to be developed for strategy implementation.

A strategic steering group for physical activity is responsible for overseeing strategy implementation. The members of this group are listed at appendix 4. The strategy and action plans will be reviewed at six monthly intervals to update the strategy document, and to monitor and evaluate local action, and impact. Findings from the 6 monthly reviews will be reported to the LSP Health Improvement and Reducing Inequalities Thematic Group, and published on the web at [www.solihull.gov.uk/leisure](http://www.solihull.gov.uk/leisure)

## **6. ACKNOWLEDGMENTS**

A wide range of individuals representing different local agencies and groups have contributed to the formulation of this strategy, either through provision of information and perspectives, or through participation in the two workshops. Every contribution has been invaluable in developing the shared vision, aims, targets and objectives of the strategy and of how we are going to reach these goals.

## 7. REFERENCES

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## APPENDIX 1: Policy and strategy relevant to physical activity.

<p><b>At Least Five a Week</b> Report from the Chief Medical Officer Department of Health, 2004</p>	<p>In his report the CMO underlines the importance of regular moderate physical activity.</p>
<p><b>Saving Lives: Our Healthier National</b> (White Paper) Department of Health/National Health Service Executive, 1999</p>	<p>This document emphasises the importance of working in partnership with other agencies at all levels, with a focus on inequalities in health and access to services that impact on health. It sets targets for cancers, heart disease/stroke, accidents, and mental health, and states that physical activity is one of the key determinants of good health.</p>
<p><b>The Health Act 1999</b></p>	<p>The Health Act 1999 made provision for primary care trusts. It created a new duty of co-operation within NHS bodies and between NHS bodies and local authorities in England and Wales. It provided for local strategies to be developed for improving health and health care. It also gave new operational flexibilities, including pooled budgets, to allow NHS bodies and local authorities to enter into joint arrangements for the purchase of health and health-related services.</p>
<p><b>National Service Framework for Older People</b> Department of Health/National Health Service Executive, 2001</p>	<p>Sets standards and milestones for the care of older people across health and social services, and provide a framework for promoting older people's health and independence. Key result areas include strokes, osteoporosis, falls and mental ill health. Physical activity ('an active life') is highlighted as important in all these concerns. Links should be made with the CHD and Mental Health National Service Frameworks, Health Improvement Programmes and local strategic partnerships developing plans for community well being.</p>
<p><b>Exercise Referral Systems: A National Quality Assurance Framework</b> Department of Health, 2001</p>	<p>This framework offers guidance and recommended quality standards for exercise referral schemes, and suggests a number of performance indicators. It is also a useful practical handbook for those involved in setting up and running exercise referral schemes, with a comprehensive section on the professional competencies required. See <a href="http://www.doh.gov.uk/exercisereferrals">www.doh.gov.uk/exercisereferrals</a></p>
<p><b>Planning Policy Guidance Note 13: Transport (Update)</b> Department for Transport, Local Government and the Regions, 2001</p>	<p>A range of policies to reduce the need to travel, including mixed-use development, urban housing, increased densities, housing/employment balance and provision of public transport. Promotion of sustainable transport, to include social inclusion in urban and rural areas, form key elements of this PPG note.</p>

**A New Commitment to Neighbourhood Renewal: National Strategy Action Plan**

Cabinet Office Social Exclusion Unit, 2001

Focusing on deprived areas, this strategy integrates plans and initiatives on housing, transport and environment with a wide range of other policy areas including schools, primary healthcare, policing, and employment. It outlines proposals for empowering residents and getting public, private and voluntary organisations to work together in effective partnerships.

**Encouraging Walking: Advice to Local Authorities**

Department for the Environment, Transport and the Regions, 2000

This documents sets out a clear policy framework for encouraging walking and creating safer walking environments.

**Coronary Heart Disease National Service Framework (CHD NSF)**

Department of Health/National Health Service Executive 2000

This comprehensive document outlines priorities, approaches, effective interventions, targets and milestones for the prevention and management of CHD. It includes the promotion of active leisure and transport as a means of reducing heart disease in the community, and also the role of exercise in cardiac rehabilitation and secondary prevention of heart disease.

**Coronary Heart Disease: Guidance for Implementing the Preventive Aspects of the National Service Framework**

Health Development Agency, 2000

This document provides evidence-based examples of effective interventions for dealing with the primary risk factors for coronary heart disease – smoking, physical inactivity, overweight and obesity. It gives guidance on implementation at local level.

**Local Government Act 2000**

UK Parliament, 2000

Sets out a new legal framework with new powers to promote economic, social and environmental well-being of communities. It includes a duty to prepare a community strategy and local action plan in consultation with local strategic partnerships.

**The NHS Plan**

Department of Health/National Health Service Executive, 2000

This implementation plan for the NHS endorses CHD as a priority, and the National Service Framework as the framework for tackling it. Brief reference is made to physical activity in the section on improving health and reducing inequalities.

**Preparing Community Strategies**

Department for the Environment, Transport and the Regions, 2000

Guidance and best practice advice on developing and delivering the requirements of the Local Government Act 2000, which aims to more closely coordinate planning around environment, housing, transport, schools, leisure, etc. Includes the elements of a community strategy, developing Local Strategic Partnerships and formulating local action plans.

**Our Towns and Cities: The Future – Delivering an Urban Setting Renaissance**  
(Urban White Paper)  
Department for the Environment, Transport and the Regions, November 2000

Aims to increase quality of services to deprived areas, and encourage community-based projects.

**Healthy Workplace Initiative**  
Department of Health/National Health Service Executive, 1999

A national initiative to support workplaces by: identifying and promoting examples of good practice for key workplace health issues; making available appropriate and up-to-date information; encouraging better access to services and helping to provide a bridge between prevention, treatment and rehabilitation; and helping to promote compliance with relevant workplace legislation.

**Healthy Schools Initiative – Excellence in Schools**  
(White Paper)  
Department of Health/Department for Education and Employment/Health Development Agency, 1998

Recognises schools as a key setting for improving health and redressing inequalities. Developing a National Health Schools Scheme. Supporting projects on specific topics such as promoting safe travel to school. The National Healthy School Standard provides a framework for education and health agencies to work in partnership to support healthy schools work locally.

**Sustainable Local Communities for the 21<sup>st</sup> Century: Why and How to Prepare an Effective Local Agenda 21 Strategy**  
Department for the Environment, Transport and the Regions, 1998

Based on the Rio Conference on Sustainable Development in 1992, this policy document sets out the rationale and process for implementing Agenda 21 locally, and includes a Local Health Action Plan. Now superseded by the local Community Plan (see above, Preparing Community Strategies).

**Sure Start Programme**  
(Comprehensive Spending Review: Cross Departmental Review of Provision for Young Children) Treasury/ Department of Health/ Department for the Environment, Transport and the Regions/Department for Education and Employment, 1998

A programme to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged. A key target is that all children in Sure Start areas should have access to good quality play and learning opportunities, to help progress towards early learning goals when they get to school.

**A New Deal for Transport: Better for Everyone**  
(White Paper)  
Department for the

This document sets out policy for a sustainable, integrated transport strategy for England and acknowledges the impact of different modes of transport on people's health. It outlines ways of providing safe, accessible networks for walking and

Environment, Transport and the Regions, 1998

cycling, and for reducing reliance on cars, particularly in urban areas.

**New Deal for Communities**  
Department for the Environment, Transport and the Regions, 1998

A 10-year programme focusing resources on small deprived areas, and four key themes: tackling worklessness; improving health; tackling crime; and raising educational achievement. Delivered through partnerships formed between local people, community and voluntary organisations, public agencies, local authorities and business. Now subsumed within the Neighbourhood Renewal Scheme (see page 9).

**National Cycling Strategy**  
Department for the Environment, Transport and the Regions, 1996

Aims to increase the number of trips made by cycle by 2002, and quadruple them (compared with 1996 figures) by 2004. Requires the development of Local transport Plans integrated with other local strategies, including the HimP.

Skills Strategy  
Department for Education & Skills 2004

Aims to increase the number of adults with a level 2 qualification to 3 million by 2010.

## APPENDIX 2: Mapping Exercise

**OBJECTIVE 1:** To develop a reliable database on physical activity patterns within the Solihull population.

<i>What is the activity/ programme, etc/</i>	<i>Who is it aimed at?</i>	<i>Who is doing it?</i>	<i>How is it funded?</i>	<i>Over which timescale?</i>
Census data	General population	National Office of Statistics	Government	Ongoing
Healthy Schools Data	Participating schools	Education & Health Partnership		No future funding identified
North Solihull Residents Survey	North Solihull Residents	Colebridge Trust	Colebridge Trust	'One off'
1995 West Midlands Lifestyle Survey	18-65 year olds	West Midlands Region	Regional	5 yearly with new model of survey planned for 2004
DocSpot (Solihull GP Exercise Referral Scheme)	16 years and over living or working in Solihull particularly those at risk of CHD	Solihull MBC/Solihull PCT	Solihull MBC/Solihull PCT	Annual
Health Walks Programme	Local people with an emphasis on those who are disadvantaged and/or sedentary	Solihull MBC/Solihull PCT/Volunteers	Solihull MBC/Solihull PCT/Walking the Way to Health Initiative	To July 2005

Monitoring of cycle use along identified routes	Cyclists	Joint Data Team (SMBC)	Local Transport Plan Funding	Annual
Participation Data for Public Leisure Centres, and SMBC Sports Development or Outreach	Whole community	SMBC Community Services	SMBC Budgets	Ongoing
Participation Data for School Sports Co-ordinator Partnerships	By September 2004 80% of all schools in Borough Special Schools)	DCMS/DfES	DCMS/DfES	3 year initially expends to 5 years and then ongoing

**OBJECTIVE 2: To raise public and professional awareness and understanding of the health messages of physical activity, guidelines, advice and opportunities available, by ensuring that information is provided in a variety of media and tailored to meet the needs of different population groups and particularly targeting those most in need.**

<b><i>What is the activity/ programme, etc/</i></b>	<b><i>Who is it aimed at?</i></b>	<b><i>Who is doing it?</i></b>	<b><i>How is it funded?</i></b>	<b><i>Over which timescale?</i></b>
SMBC Website	General Public	SMBC	Government	Ongoing
Distribution of leaflets Including specific leaflets identifying local opportunities for walking, cycling and swimming	General Public/Health Professionals	Solihull PCT	Mainstream	Ongoing
Solihull Cycling Map and Guide (June 2004)	Cyclists	Road Safety Group (SMBC)	Local Transport Plan funding	One off
Opportunistic media coverage	General Public/Health Professionals	Solihull PCT	Mainstream	Ongoing
Quarterly newspaper and website	General Public (North Solihull)	Colebridge Trust	Government funding	
Diabetic training	Primary Care staff	Solihull PCT	Mainstream	Ongoing

Informing and linking the community to the opportunities	General public (North Solihull)	SMBC-Physical and Economic Regeneration		
Coordination of Patient's and (General) Public Health Forums	Heartlands and Solihull's PCT's patients and general public	Solihull Council for Voluntary Services		
Quarterly Newsletter	Registered Voluntary Services and other agencies/organisations	Solihull Council for Voluntary Services		
Co-ordinating Curricular and extra curricular PE/Sport in primary, Special and Secondary Schools. Give opportunities for older pupils to carry on involvement in sport through leadership programmes	All Solihull through two partnerships by September 2005	Smith's Wood School Sport Co-ordinator Partnership and Lode Heath	Youth Sport Trust	Ongoing
Providing opportunities for children with additional needs to participate in a variety of physical activities through specific groups	Mainly 5-24 year olds with additional needs e.g. ASD, MLD, ADHD who are able to access mainstream facilities unsupported. Holiday provision Some out of school leisure e.g. football skills club.	Solihull Snap	Fundraising & external grants	Ongoing
Information Database				

Trained staff to support children in accessing physical activities	Students and general public	Solihull Sixth Form College	Government	Ongoing
Provision of information	Pupils and wider school community	Lode Heath School & Sports College Smith's Wood School (Applying for Sports College status soon)	Youth Sport Trust	Ongoing
Promoting physical activity amongst our school population and wider community				
National Healthy Schools Standard	Target for phase 2- schools with 20% +FSME to be at level 3. This does not specify physical activity, but schools may choose to develop this scheme and aspects within it	Solihull PCT/Solihull MBC	Government	Ongoing
Information, infrastructure and support to support delivery of the Youth Work Curriculum and positive outcomes for young people	Focus on 13-19 year olds in context of 11-21 year olds particularly those 'at risk'/in need	Solihull Youth and Community Service	Government	Ongoing
Information to patients – how to maintain and improve mobility for	Patients referred from GP's-target group	Physiotherapy Department Solihull PCT	Solihull PCT	Ongoing

health whilst treating specific questions. Promote opportunities available when possible and refer on where appropriate (DocSpot Health Walks)				
Exercise groups related to triage for hip/knee replacement	Patients referred from GP's-target group	Physiotherapy Department Solihull PCT	Government	Ongoing
Health Promotion advice specifically – diet/exercise/lifestyle	Community	Solihull PCT (Health Visitors and other Primary Care Staff including Learning Disabilities Team)	Government	Ongoing
Foster Carer's Scheme	'Looked After' Children	SMBC (Leisure and Social Skills)	Social Services	Ongoing
Positive Futures and other programmes	Young people 'at risk'	SMBC/Home Office	Joint Steering Groups	
Newsletter/meetings	Ex- Coronary Heart Rehabilitation patients & their families	Solihull Heart Support Group		Ongoing
Newsletter		SOLO		

Newsletter (Boots and Hoofs)	General public	Road Safety Group		Ongoing
Newsletter	General Public (particularly North Solihull)	Project Kingfisher		
Newsletter	General public	BCTV		
Newsletter	Families in North Solihull	SureStart		
Various newsletters	General public	Rambling Groups		
Children's Information and Access Service website	Children, young people/parents/carers/professionals and their families	Children's Information and Access Service	Children's Fund at present but looking for SMBC funding for sustainability	Not known at present

**OBJECTIVE 3: To ensure that appropriate and consistent advice for the encouragement of physical activity is available across the Borough, tailored to meet the needs of different population groups and particularly targeting those most in need.**

<b><i>What is the activity/ programme, etc/</i></b>	<b><i>Who is it aimed at?</i></b>	<b><i>Who is doing it?</i></b>	<b><i>How is it funded?</i></b>	<b><i>Over which timescale?</i></b>
DocSpot Guidelines	SPCT/SMBC staff	Health Promotion Specialist – Physical Activity	Health Promotion Service	Annual
Physical Activity Information leaflets	Various and for all age groups	Specialist Health Promotion Service SPCT	Mainly free/donation from British Heart Foundation, Department of Health, Project Kingfisher/BCTV/WWT	Ongoing
<u>National campaigns</u> National Heart Week Diabetes Obesity National Stroke Week National Bike Week	Various and all age groups	National bodies	Often local funding and other resources required to purchase materials and implement campaign.	Annual events
North Solihull Diabetes Service	Diabetics in North Solihull	0.8 WTE Diabetes Dietician 0.5 Health Promotion 0.2 General	SPCT/BHST	Ongoing

Community Dietetic Service	Diabetics in North Solihull General population		Commissioned by SPCT	Ongoing
Coronary Rehabilitation sessions	People receiving secondary prevention interventions	Cardiac Rehabilitation Service	PCTs	Ongoing
Leisure Centres and Outreach Marketing	General Public	SMBC	SMBC	Ongoing
Information to patients – how to maintain and improve mobility for health whilst treating specific questions.	Patients referred from GP's-target group	Physiotherapy Department, Solihull PCT	Government	Ongoing
Exercise groups related to triage for hip/knee replacement	Patients referred from GP's-target group			
Health Promotion advice specifically – diet/exercise/lifestyle	Community (particularly 0-4's and young mums)	Solihull PCT (Health Visitors and other primary care staff)	Solihull PCT	Ongoing
Pain Management Group	Hospital Referrals		Solihull PCT	

Weight Management Sessions	People with Disabilities (children and adults)	Learning Disabilities Team	Solihull PCT	Ongoing
Weight Management Sessions	People with mental health problems (16-65)	Mental Health Team		
Signposting		Probation Service		
Supporting carers to continue to be fit to care for cared for	Carers	Solihull Carers Centre (Worker available to support)		
Provision of information to families with young children	Children under 4 and their families (North Solihull)	Sure Start Local Programme and Health Visitors	Sure Start external grant	
Provision of information to participants on Health Walks Programme	Participants on Health Walks Programme (targeted at disadvantaged and /or sedentary)	Solihull PCT/MBC/Volunteers	Solihull PCT/Solihull MBC external grant	Ongoing
Co-ordinating Curricular and extra curricular PE/Sport in primary, Special and Secondary Schools. Give opportunities for older pupils to carry on	All Solihull through two partnerships by 2005	Smith's Wood School Sport Co-ordinator Partnership and Lode Heath	Youth Sport Trust	Ongoing

involvement in sport through leadership programmes				
National Healthy Schools Standard	Target for phase 2- schools with 20% +FSME to be at level 3. This does not specify physical activity, but schools may choose to develop this scheme and aspects within it	Solihull PCT/Solihull MBC	Government	Ongoing
Advice, help and support such as finding leisure opportunities and health	13-19 year olds	Connexions	Government	Ongoing
Information, infrastructure and support to support delivery of the Youth Work Curriculum and positive outcomes for young people.	Focus on 13-19 year olds in context of 11-21 year olds particularly those 'at risk'/in need	Solihull Youth and Community Service	SMBC	
Exercise Sessions (Moat House Hotel)/meetings	Ex-Coronary Heart Rehabilitation Patients & their families	Solihull Heart Support Group	Solihull PCT & Solihull Heart Support Group	

**OBJECTIVE 4: To ensure that a full range of acceptable and accessible opportunities for physical activity is available across the Borough, particularly for those most in need.**

<b>What is the activity/ programme, etc/</b>	<b>Who is it aimed at?</b>	<b>Who is doing it?</b>	<b>How is it funded?</b>	<b>Over which timescale?</b>
Physical Activity Mapping Exercise	Population of Solihull particularly those most in need.	Symonds Group	Solihull PCT	One off
DocSpot (Solihull GP Exercise Referral Scheme)	16 years and over living or working in Solihull particularly those at risk of CHD	Solihull MBC/Solihull PCT	Solihull MBC/Solihull PCT	Annual
Health Walks Programme (Solihull Striders and Strollers – 30 minute walks at own pace)	Local people with an emphasis on those who are disadvantaged and/or sedentary	Solihull MBC/Solihull PCT / Volunteers	Solihull MBC/Solihull PCT external grant	To July 2005
Discovery Walks		Warwickshire Wildlife Trust/SMBC/SPCT	SMBC	Ongoing
Cardiac Rehabilitation sessions	All people receiving secondary prevention interventions	Cardiac Rehabilitation Service	PCTs	Ongoing

Exercise Sessions (Moat House Hotel)/meetings	Ex-Coronary Rehabilitation Patients	Solihull Heart Support Group	Solihull PCT & Solihull Heart Support Group	Ongoing
Weight Management Clinics	Obese patients	Nutrition & Dietetic Service BHST	SPCT and Heartlands	Ongoing
Exercise groups related to triage for hip/knee replacement	Patients referred from GP's-target group	Physiotherapy Department' Solihull PCT	Government	Ongoing
'Backwatcher's' Project (planned)	Patients referred from GP's-target group	Physiotherapy Department' Solihull PCT	Government	Ongoing
Promotion of physical activity/exercise groups/badminton	Mental Health Service users	Mental Health Team	Small budget available Restricted staff resources Lack of facilities for leisure & sport	Ongoing
Leisure Centre Programmes	General Public (NB gaps include aqua natal provision)	SMBC	SMBC	Ongoing
Promotion of Rugby Union and its associated activities	Anyone aged 7-70 (North Solihull based)	B'ham Exiles Rugby Club and 'Old Salts' Club	Self supporting/Volunteers	

Provision of good quality tennis	Anyone who wants to play tennis	Hampton in Arden Tennis Club and Marston Green Tennis Club	Self supporting/Volunteers	
Youth Diversion Scheme including provision of police tag rugby coaches on a regular basis to all schools in the north of Solihull (boys & girls) Regular competitions held in association with 'Old Salts' Rugby Club. Midnight Soccer League at North Solihull Sports Centre Regular football coaching sessions	Young people in North Solihull	West Midlands Police 'B' Sector (Solihull North), 'Old Salts' Rugby Club, SSCo's, RFU	A 'very limited' human resource used as a pump primer with a clear exit strategy. Anti-social Behaviour Police Budget	
Provision of information & physical activities for young children. Looking to provide a group for parents but would require childcare	Children under 4 and their families	Sure Start Local Programme	Government	Ongoing

<p>Provide a group called Busy Bodies and physical play is incorporated into all our crèches and groups. A team member is undergoing Top Tots training</p>				<p>Children's Fund and 'On Track' Projects funded to March 2006. Emphasis will be on mainstreaming successful initiatives over next two years.</p>
<p>Co-ordinating Curricular and extra curricular PE/Sport in primary, Special and Secondary Schools. Give opportunities for older pupils to carry on involvement in sport through leadership programmes</p>	<p>All Solihull by 2005 through two partnerships.</p>	<p>Smith's Wood School Sport Co-ordinator Partnership and Lode Heath</p>	<p>Youth Sport Trust</p>	<p>Ongoing</p>
<p>Financial support given to North Solihull Sports Centre programmes: 'Active Communities', 'Positive Futures' and 'Off the Wood', which do more sport and recreation</p>	<p>Children and young people vulnerable to anti-social behaviour and offending</p>	<p>Solihull 'Children's Fund' and 'On Track'</p>	<p>Budget support Core team workers accompany some children to sessions and run " healthy lifestyles" works</p>	<p>Ongoing</p>

Introduction of young people to Physical Activity via basketball Promotion of voluntary sports sector @CCPR	Voluntary sports clubs Young people Interface with regional sports board/sport England	Solihull Sports Council Voluntary Sports Club	Voluntary support from coaches and individuals who are committed to sport for young people	Ongoing
Providing opportunities for children with additional needs to participate in a variety of physical activities through specific groups	Mainly 5-24 year olds with additional needs e.g. ASD, MLD, ADHD who are able to access mainstream facilities unsupported. Holiday provision Some out of school leisure e.g. football skills club.	Solihull SNAP	Fund raising & Grants	Ongoing
Trained staff to support children in accessing physical activities	Students and general public	Solihull Sixth Form College	Sixth Form College	Ongoing
Public use of facilities after 6pm weekdays and weekends	Population of Solihull but also provide reduced rates for unemployed etc.	Solihull College, Chelmsley Wood Campus	Solihull College	Ongoing
Netball Programme	Girls and young mothers in all five wards in North Solihull.	Community Services, SMBC	SMBC through external grants	

Information, infrastructure and support to support delivery of the Youth Work Curriculum and positive outcomes for young people.	Based in Hatchford School  Focus on 13-19 year olds in context of 11-21 year olds particularly those 'at risk'/in need	Solihull Youth and Community Service	SMBC	Every three years
Extended Schools	Community surrounding schools	Coleshill Heath School, Yorkswood School, Kingfisher School and Hatchford	Extended Schools Funding	Ongoing
Private Leisure Centres	Population of Solihull (South Solihull)	Various including 'David Lloyd', 'Virgin Active.' GWSP	Private	
'Club Mark' Accreditation	All people but especially juniors (makes clubs friendly and acceptable for juniors)	GWSP/SSCo's	Individual Clubs	
'Step into Sport' Project (Volunteering in Sport)	School pupils, volunteers 14+	Churches/Multi-faith groups ie Hampton Lane	YST/BST/SE	

Various activities	Local community	Warwickshire Wildlife Trusts	Local Grants	
Various activities and opportunities	Population of Solihull	Various Rambling and Cycling Groups/Clubs	Voluntary grants	
Rambles and Cycle rides	Population of Solihull (mainly adults)			

**OBJECTIVE 5: To work towards ensuring the physical environment and local culture promotes and enables an active lifestyle at home, at work and for recreation and transport**

<b><i>What is the activity/ programme, etc/</i></b>	<b><i>Who is it aimed at?</i></b>	<b><i>Who is doing it?</i></b>	<b><i>How is it funded?</i></b>	<b><i>Over which timescale?</i></b>
Website development	General public	Public Health Directorate	Local Government	Rolling Programme
Identification and establishment of cycle routes with particular emphasis on places of education, workplaces and leisure destinations Including the provision of safe and secure parking.	General public	Road Safety Team (SMBC)	SMBC	Ongoing
DDA assessments leading to Leisure PPP investment in Public Leisure Facilities	General public	SMBC Leisure	Public Private Partnership	By 2005
Implementation of Walking Strategy for Solihull (covers Rights of Way activity including urban and rural walking network) and promotion of walking	General Public	Road Safety Team (SMBC)	SMBC	Ongoing

Possible link with transport needs and addressing them	General public (North Solihull)	SMBC – Physical and Economic Regeneration		
Awareness of space needs within physical regeneration programmes	General public (North Solihull)	SMBC-Physical and Economic Regeneration	Council Budget for assisting housing associations with capital costs of new works. Money available for new build and repair to existing buildings	
Production of SMBC Housing Strategy	Population of Solihull	SMBC-Physical and Economic Regeneration		
Responsibility for housing development in Solihull				
Provision of leisure/sports facilities, information and infrastructure	Leisure Centre Programmes All sections of Community	Community Services, SMBC	SMBC	Government –ongoing Sport England
Youth Diversion Schemes (see Objective 4 Sheets) Supporting function pastoral guidance to character development , role modelling.	Young people in North Solihull	West Midlands Police 'B' Sector (Solihull North)	A 'very limited' human resource used as a pump primer with a clear exit strategy. Anti-social Behaviour Police Budget	Ongoing

Working towards parks and open space environments that are accessible, attractive, clean, safe, varied and welcoming	General public	Parks Department, Community Services' SMBC	SMBC	Ongoing
Creation of play areas that are welcoming, safe, attractive, accessible and meet the needs of children and young people in a balanced and fair way across the Borough	General Public	Parks Department Community Services SMBC	SMBC	
Encouragement of physical activity as part of a healthy lifestyle	Children under 4 and their families	Sure Start Local Programme	Government Sure Start	
To increase the provision of high quality school sport in and out of the curriculum	Pupils 4-18 from 23 schools in partnership increasing to 40 in Sept 2004	North Solihull School Sport Co-ordinator Programme	Youth Sport Trust	Ongoing
National Healthy Schools Standard (including Safe Routes to School)	Target for phase 2- schools with 20% +FSME to be at level 3. This does not specify physical activity, but	Solihull PCT/Solihull MBC	Government	Ongoing

<p>Extended Schools</p>	<p>schools may choose to develop this scheme and aspects within it</p> <p>Community surrounding schools</p>	<p>Coleshill Heath School, Yorkswood School, Kingfisher School and Hatchford</p>	<p>Extended Schools funding</p>	
<p>Promotion of the efficient running of extra curricular sport throughout the Borough. Serving as a co-ordinating body for school sport in relation to the Local Authority and other bodies. Controlling, fostering, co-ordinating and monitoring the finances of the constituent associations. Promote excellence in sport amongst pupils and encouraging competition to the highest level</p>	<p>School Community</p>	<p>Solihull Secondary School's Sports Federation</p>	<p>Schools/LEA</p>	<p>Ongoing</p>

**OBJECTIVE 6: Establish 'career pathways' for specific activities (such as walking and cycling) providing a continuum of opportunities from the most basic level such as obtaining, storing and learning to ride a bicycle, to the highest, such as participation in international sporting events**

<b><i>What is the activity/ programme, etc/</i></b>	<b><i>Who is it aimed at?</i></b>	<b><i>Who is doing it?</i></b>	<b><i>How is it funded?</i></b>	<b><i>Over which timescale?</i></b>
Distribution of leaflets Including specific leaflets identifying local opportunities for walking, cycling and swimming	Health Professionals and General Public	Solihull PCT	Solihull PCT	Ongoing
Cycling initiatives included within revised Draft Solihull Cycling Strategy	General Public	Cycling Steering Group	Volunteers/SMBC/ SPCT	Ongoing
Walking for Health Project (Includes Health Walks Programme and Discovery Walks– see Objective 4 Sheets)	General Public particularly those who are disadvantaged and /or sedentary	Walking for Health Steering Group	Solihull PCT/SMBC Supported by Walking the Way to Health Initiative until July 2005	Ongoing
Co-ordinating Curricular and extra curricular PE/Sport in primary, Special and Secondary Schools. Give	All schools through two partnerships by 2005	Smith's Wood School Sport Co-ordinator Partnership and Lode Heath	Sport England budget- changing to DFES funding-part of £459 million for school sport	Ongoing

<p>opportunities for older pupils to carry on involvement in sport through leadership programmes</p> <p>To increase the provision of high quality school sport in and out of the curriculum</p> <p>Promotion of the efficient running of extra curricular sport throughout the Borough. Serving as a co-ordinating body for school sport in relation to the Local Authority and other bodies. Controlling, fostering, co-ordinating and monitoring the finances of the constituent associations. Promote excellence in sport amongst pupils and encouraging competition to the highest level</p>	<p>Pupils 4-18 from 23 schools in partnership increasing to 40 in Sept 2004</p> <p>School Community</p>	<p>North Solihull School Sport Co-ordinator Programme</p> <p>Solihull Secondary School's Sports Federation</p>	<p>DFES/NOF</p> <p>Small grant SMBC</p>	<p>Ongoing</p> <p>Ongoing</p>
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### **APPENDIX 3: Evidence Base**

In order for us to decide what options are open to us we need to draw on research evidence of what works or does not work in promoting physical activity. Although further research is needed, and much is being undertaken at the present time, there is a significant amount of good quality research available. Key findings from this research in relation to individual and community approaches to promoting physical activity are outlined below:

<b>Summary 1 : Characteristics of Effective Interventions on an Individual Level</b>
<ul style="list-style-type: none"><li>• Individualised advice for behaviour change delivered verbally with written support</li><li>• Setting goals for behaviour change</li><li>• Self monitoring</li><li>• Exploring cognitive and behavioural factors associated with behaviour change, including beliefs about the costs and benefits of physical activity, reinforcement of changes in physical activity, confidence to engage in physical activity</li><li>• Ongoing verbal support</li><li>• Intervention follow-up</li><li>• Promotion of moderate intensity physical activity such as walking and cycling</li><li>• Interventions are not dependent on attendance at a facility</li><li>• Evaluation and monitoring</li></ul>

<b>Summary 2: Characteristics of Effective Interventions on an Community Level</b>
<ul style="list-style-type: none"><li>• A commitment has been made at a strategic level</li><li>• The programme is part of a longer term strategy and plan</li><li>• Take account of social, environmental and physiological perspectives</li><li>• The target group is involved in planning</li><li>• The targeted community understands and perceives the potential benefits of the intervention programmes</li><li>• Involve specialist advice where appropriate</li><li>• Promotion of moderate intensity activity, particularly walking and cycling</li><li>• Creation of enhanced access to places for physical activity together with informational outreach activities</li><li>• Include appropriate evaluation and monitoring mechanisms (Short and long term)</li></ul>

## Appendix 4: List of Consultees

AgeSafe Officer's Group	Olton & West Warwickshire Sports Club
Arden Tennis Club	Park Hall School
Berkswell & Balsall Common Tennis Club	Primary Care and Health Inequalities Sub Group - Professional Executive Committee (PEC) –SCPT
Berkswell & Balsall Rugby Club	Primary Heads Forum
Birmingham City Football Club	
Birmingham Exiles Rugby Club	Public Health Directorate
Camp Hill Rugby Club	Secondary Heads Forum
Catherine de Barnes Cricket Club	SMBC Chief Executive's Dept.
CHD LIT	SMBC Community Services
Child Health Group	SMBC Education & Children's Services
Colebridge Trust	SMBC Overview & Scrutiny Group - Local Services
Council for the Voluntary Service	SMBC Public Health
Cycling Steering Group	SMBC Resources
Diabetes LIT	SMBC Social Care & Performance
DIAL	SMBC Strategic Services
Dino's Gym & Fitness Centre	Solihull 6 <sup>th</sup> Form College
Directors Management Team	Solihull College
Disabled People's Network	Solihull Councillors
Fitness First	Solihull Heart Support Group
Hampton in Arden Tennis Club	Solihull Hospital
ILAM	Solihull Leisure Opportunities
Knowle Village Cricket Club	Solihull Libraries
Light Hall School	Solihull Parish Council
Lode Heath School	Solihull Primary Care Trust
Lowbrook Day Centre	Solihull Schools Sports Federation
LSP Children & Young People	Solihull SNAP
LSP Crime & Disorder	Solihull Sports Council
LSP Health & Inequalities	Sport England
LSP Learning & Inclusion	Sure Start
LSP Place to Live	The Blossomfield Club
Mental Health LIT	Virgin Active
Moseley Cricket Club	Walking for Health Group
O2 Health & Fitness Club	West Midlands Police
Old Saltleians Ladies Rugby Club	Woodbourne Sports Club
Old Yardleians Rugby Club	Youth Sport Trust

## Appendix 5: Physical Activity for Solihull Strategic Group Membership

(As this is a live document, the working group must be flexible to deal with the changing environment, and can therefore be amended at any point).

Title	First Name	Last Name	Role	Organisation				
Ms	Lorraine	Baldwin		Solihull SNAP	St Andrew's Centre	Pike Drive	Chelmsley Wood	B37 7US
Mr	Chris	Barnes		Hampton In Arden Tennis Club	Shadow Brook Lane	Hampton In Arden	Solihull	B92 ODQ
Mrs	Sue	Barnett	Manager	Sure Start	Chelmsley Circle	Chelmsley Wood	Solihull	B37 5UH
Mr	Andy	Bates		The Blossomfield Club	Widney Lane	Solihull		B91 3JY
Dr	M.J.	Bleby		Arden Medical Centre	Downing Close	Station Road	Solihull	B93 0QA
Mr	D	Carter			19 Southfields Rd		Solihull	B91 3PR
Mr	Russell	Cartwright	GP Exercise Referral Manager	Solihull Leisure Services	Solihull Central Library	Council House	Solihull	
Mr	Ray	Chapman	Secretary	Park Hall School	Water Orton Road	Castle Bromwich	Birmingham	B36 9HF
Dr.	Jai	Chitnis	Medical Advisor		Solihull PCT	Union Road		
Miss	Julie	Chrysostomou	Partnership Development Manager	Lode Heath School	Lode Lane	Solihull		B91 2HW
Mr	Richard	Court	Regeneration Team	Flat 1	Westfield House	Smiths Wood	Solihull	B36 0QQ
Ms	Jan	Cove		Community Nursing	Union Road	Solihull PCT	Solihull	
Ms	Pat	Cropper	Chairman	Solihull Sports Council	28 Widney Manor Road		Solihull	B91 3JQ
Mr	Wayne	Desmond	Facilities Manager	North Solihull Sports Centre	Conway Road	Chelmsley Wood	Solihull	B37 5LA

<b>Title</b>	<b>First Name</b>	<b>Last Name</b>	<b>Role</b>	<b>Organisation</b>				
Miss	Fiona	Dowson	School Travel Plan Adviser	Community Services	P.O. Box 19	Council House	Solihull	B91 3BR
Councillor	David	Bell		Solihull MBC		Council House	Solihull	
Mr	Harold	Fairhurst	School Improvement Adviser	Education & Children's	PO Box 20	Council House	Solihull	B91 3QY
Ms	Fiona	Fortune	Sport England	1 Hagley Rd	Five Ways	Birmingham		B16 8TT
Mrs	Angela	Gabb	Health Promotion Specialist	Solihull Primary Care Trust	2nd Floor, Mell House	46 Drury Lane	Solihull	B91 3BU
Mrs	Mary	Gibbs	Lifelong Learning Partnership Co-ordinator	Solihull Central Library	Homer Road		Solihull	B91 3RG
Ms	Kim	Harper		Colebridge Trust	14 Arran Way	Smiths Wood	Solihull	B36 0QG
Ms	Anne	Hastings	Chief Executive	Age Concern	The Priors	Church Hill Road	Solihull	B91 3LF
Dr	Colin	Harris	Chair	Walking for Health Group	18 Dunstan Croft	Shirley	Solihull	
Ms	Caroline	Harrison		Diabetes Team		Kingshurst Clinic	Solihull	
Ms	Kath	Hemmings	Road Safety Manager	Community Services	Council House		Solihull	
Ms	Linda	Hill	Senior Physiotherapist	Solihull Hospital			Solihull	
Ms	Ann	Hurst	Regeneration Team		Flat 1, Westfield House	Smiths Wood	Solihull	B36 0QQ
	Helen	Jackson	Children's Fund Manager		Woodlands Campus	Lundy View	Smiths Wood	B36 0LY
Mrs	Wendy	Jeffreys	Health Promotion Specialist, Healthy Schools	SPCT	2nd Floor, Mell House	46 Drury Lane	Solihull	B91 3BU
Dr	Helen	Jellicoe	Consultant Clinical Psychiatrist		Ward 10	Solihull Hospital	Solihull	

<b>Title</b>	<b>First Name</b>	<b>Last Name</b>	<b>Role</b>	<b>Organisation</b>				
Ms	Elaine	Jones		Oliver House	4 Ivy Lodge Close	Marston Green	Solihull	B37 7HL
Mrs	Teri	Knight	Consultant in Public Health	SPCT	6th Floor, Mell House	46 Drury Lane	Solihull	B91 3BU
Mr	Mike	Lines		Solihull Heart Support Group	Pear Tree Crescent	Solihull Lodge	Solihull	B90 0LD
Ms	Julie	Luscombe	Clinical Psychologist			Solihull PCT	Solihull	
Mr	David	Lusk	DIAL	Lowbrook Day Centre	Chichester Grove	Chelmsley Wood	Solihull	B37 5RZ
Ms	Gill	Magee		Environment Services	P.O. Box 19	Council House	Solihull	B91 3QT
Ms	Noreen	Mathers	Director	Solihull MIND	14-16 Faulkner Road		Solihull	B92 8SY
Mr	Richard	McCrainger		Schools Sports Federation	Alderbrook School	Blossomfield Road	Solihull	B91 1SN
Mr	Alan	Michell	Principal Youth & Community Worker		PO Box 20	Council House	Solihull	B91 3QU
Mr	Andy	Moore		Council for Voluntary Service	The Priory	Church Hill Road	Solihull	B91 3LF
Mr	Ken	Phillips	Service Development Manager	Inclusion & Sports Development	Solihull Leisure Service	Solihull MBC	Council House	Solihull
Mr	Doug	Poultney			14 Gilberry Close	Knowle	Solihull	B93 9JZ
Ms	Carolyn	Robertson	Head of Nursing & Clinical Services	Nursing & Clinical Services	Ground Floor	Union Road	Solihull PCT	
Mrs	Jenny	Robinson		Olton & West Warwickshire Club	Grange Road	Olton	Solihull	B91 1DA
Mrs	Teresa	Scragg	Early Years & Childcare Service Manager	Education & Children's	Sanda Croft	Chelmsley Wood	Solihull	B36 ONF

<b>Title</b>	<b>First Name</b>	<b>Last Name</b>	<b>Role</b>	<b>Organisation</b>				
Ms	Wendy	Seward	PDM SSCO Programme Manager		Smiths Wood School	Windward Way	Smiths Wood	B36 0QI
Mr	Paul	Snowsbury	Project Development Officer	Solihull Leisure Opportunities	St Andrews Centre	Pike Drive	Chelmsley Wood, Solihull	B37 7US
Inspector	Andy	Tolley		West Midlands Police	Chelmsley Wood Police Station		Solihull	
Mr	Nick	Tromans	Fordbridge Pathfinder Manager	Solihull MBC				
Mr	Dave	Turton	Deputy Manager, Inclusion & Sports Development	Leisure Services	Central Library	Homer Road	Solihull	B91 3RG
Mr	John	Utle		Berkswell & Balsall Common RFC	Honiley Road	Fenn End	Warwickshire	CV8 1NQ
Ms	Marie	Vaughan	Clinical Manager	Newington Centre	Hamar Way	Marston Green	Solihull	B37 7RW
Mr	Paul	Watson		Planning Dept	PO Box 19	Council House	Solihull	B91 3QT
Mrs	Astrid	Westall		Berkswell & Balsall Tennis Club	Meeting House Lane	Balsall Common		CV7 7GE
Mr	Mark	Wilson	Director of PE & Sport	Lode Heath School	Lode Lane		Solihull	B91 2HW
	Sheila	Wood	Clinical Leader	Physiotherapy	Union Road	Solihull PCT	Solihull	
Ms	Gill	Yardley	Solihull Carers Forum	Council for Voluntary Service	The Priory	Church Hill Road	Solihull	B91 3LF
Ms	Pam	Yates		Solihull Early years & Child Care Services	Woodlands centre	Sandra Croft	Smiths Wood	B36 0NF