

Corporate Policy and Strategy Committee

10am, Tuesday, 12 May 2015

Physical Activity for Health Pledge

Item number	7.8
Report number	
Executive/routine	
Wards	All

Executive summary

This report responds to a motion approved by the Committee on 24 March, seeking a report in one cycle assessing whether the Council and NHS Lothian could jointly sign and/or commit to the Scottish Academy of Medical Royal Colleges and Faculties Pledge: “We will work with a range of partners to fully integrate PHYSICAL ACTIVITY FOR HEALTH into Health and Social Care and increase physical activity in Scotland.”

The Council and NHS Lothian are already working closely together, and with other partners including Edinburgh Leisure, have already committed to make physical activity part of everyone’s daily life, through Edinburgh’s Physical Activity and Sport Strategy.

Some of the specific objectives of the Pledge will require detailed commitments from the Council and NHS Lothian, and support from other members of the Edinburgh Partnership. It is therefore proposed to present the Pledge to both of those groups for early discussion on the full extent of possible commitment by partners to the Pledge.

Links

Coalition pledges	P42, P43
Council outcomes	CO4, CO10, CO20, CO26
Single Outcome Agreement	SO2

Physical Activity for Health Pledge

Recommendations

- 1.1 Notes the ongoing extensive work to promote physical activity for health under the aegis of Edinburgh's Physical Activity and Sport Strategy;
- 1.2 Notes that the Pledge will be presented to the Health and Social Care Partnership for consideration once it is formally established;
- 1.3 Agrees that the Pledge should be presented to an early meeting of the Edinburgh Partnership to involve other key stakeholders; and
- 1.4 Notes that an update on progress will be presented to this Committee in May 2016.

Background

- 2.1 At its meeting on 24 March 2015, the Committee approved the following motion:
 - 2.1.1 "Committee notes:
 - 2.1.1.1 "The existing coordinated approach by the Council, and its partners (Edinburgh Leisure, NHS Lothian), to consistently work towards increasing physical activity levels for the citizens of Edinburgh;
 - 2.1.1.2 "The positive recognition that these local 'Physical Activity Plans' have already attracted;
 - 2.1.2 "Committee further notes:
 - 2.1.2.1 "At a national level, the recent [Scottish Government 'Implementation Plan for Physical Activity'](#), which further aims to build a legacy across Scotland, from the 2014 Commonwealth Games;
 - 2.1.2.1 "And at an international level, the growing consensus around the recently published: "[Investments that work for Physical Activity](#)" document, which calls for a deeper, cross-sectoral approach;
 - 2.1.3 "Committee finally notes
 - 2.1.3 "That the 'Scottish Academy of Medical Royal Colleges and Faculties' has very recently published a '[Physical Activity Pledge](#)' document, which calls on all key stakeholders to:

- a) Fully embed physical activity for health into primary care;
- b) Fully embed physical activity for health into secondary care;
- c) Prioritise physical activity for health in Health and Social Care integration and in social care;
- d) Integrate physical activity for health into health education;
- e) Increase physical activity in the health and social care workforce and workplace;
- f) Mobilise health and policy leaders to prioritise increasing physical activity;
- g) Ensure that our 'Pledge' is prioritised, reported upon and reviewed throughout 2015-2016

2.4 "Committee now requests that a report come back to Corporate, Policy and Strategy – within one cycle – from the Director of Health and Social Care; assessing whether the Council and NHS Lothian, could jointly sign/commit to this 'Physical Activity Pledge' document.

Main report

- 3.1 The Culture and Sport service within Corporate Governance provides corporate leadership in the subject area of physical activity and health. In partnership with colleagues in Health and Social Care, Children and Families, and Parks and Greenspaces, and with external partners such as NHS Lothian and Edinburgh Leisure, Culture and Sport prepared a new strategy in 2014 with a greater focus on physical activity, for implementation across the city. The Physical Activity and Sport Strategy was approved by the Culture and Sport Committee in March 2014 and has engendered ongoing partnership work to help and encourage residents to become more physically active.
- 3.2 The Scottish Academy which produced the Physical Activity for Health Pledge advocates a minimum of 150 minutes of physical activity per week for adults and 60 minutes per day for school age children. These are the same targets as set nationally by the Chief Medical Officer, and adopted by Edinburgh's Physical Activity and Sport Strategy. A question is included each year in the Edinburgh People's Survey to assess the level of physical activity amongst the population. The Scottish Government has set a national target of 50% of adults meeting the physical activity guidelines by 2022; this has been adopted by the Council and partners implementing the Edinburgh Strategy. The first annual update on Edinburgh's Physical Activity and Sport Strategy will be presented to the Culture and Sport Committee in November 2015.
- 3.3 In common with the Scottish Academy Pledge, Edinburgh's Physical Activity and Sport Strategy is based on the large body of research worldwide which provides strong evidence for physical activity's important role in maintaining and regaining good health. The Strategy takes into account the Scottish Government's

Implementation Plan for Physical Activity which is referenced in the motion, and focuses on four of the component parts of physical activity: active living, recreational activity, sport, and exercise. The Strategy envisages an Edinburgh where being active is a part of everybody's way of life. The Strategy aims to achieve this through:

- 3.2.1 better use of Edinburgh's natural outdoor spaces;
 - 3.2.2 improved use of quality sports facilities, including those of schools;
 - 3.2.3 sustained lifelong participation with a focus on tackling inequalities;
 - 3.2.4 better clubs and community-led initiatives; and
 - 3.2.5 greater profile of physical activity and sport in Edinburgh.
- 3.4 Specific actions designed to achieve these aims are under way, led by inter-agency working groups. This means that the Council and NHS Lothian are already cooperating to "integrate physical activity for health into health education", to "increase physical activity in the health and social care workforce and workplace" and to "mobilise health and policy leaders to prioritise increasing physical activity" ie bullet points d, e, and f of the Physical Activity for Health Pledge (the Pledge), and to report progress annually, which will meet bullet point 7 of the Pledge.
- 3.5 The first three bullet points of the Pledge, which require partners to fully embed physical activity for health into primary and secondary care, and to prioritise physical activity for health in Health and Social integration and in social care, will require an additional commitment by NHS Lothian and the Council. The full details of the Pledge and the Corporate Policy and Strategy Committee decision of 24 March 2015 will therefore be presented to the Health and Social Care Partnership for a full discussion once it is established. Since some of the proposed actions would require intervention by universities, this Pledge will also be presented to an early meeting of the Edinburgh Partnership.
- 3.6 Under each bullet point, the Pledge lists specific actions. These are shown in a table in the appendix, with notes about any relevant current work by the Council, or action which it could take in future. Discussions with key stakeholders in the Health and Social Care Partnership and the Edinburgh Partnership should result in a more comprehensive overview of the existing and possible actions in this field. It is proposed that an update on progress be presented to the Corporate Policy and Strategy Committee in May 2016.

Measures of success

- 4.1 Engagement with the Health and Social Care Partnership and Edinburgh Partnership and commitment to work towards full delivery of the Pledge.

- 4.2 The Physical Activity and Sport Strategy incorporates a list of proposed actions which will contribute to the Pledge agenda. Success will be measured through monitoring the delivery of these actions. An annual update on progress will be submitted to the Culture and Sport Committee from 2015 onwards.

Financial impact

- 5.1 The implementation of the Physical Activity and Sport Strategy is contained within the budgets of implementing service areas, supplemented where necessary by small grants from external bodies and in kind support from partners. Further investment may be required; this should become clear after the proposed discussions with the Health and Social Care Partnership and the Edinburgh Partnership. Any expenditure would be preventative, to avert a greater call on local resources from obesity, chronic diseases and accidents resulting from ill health and lack of fitness.

Risk, policy, compliance and governance impact

- 6.1 There are no direct risk, compliance or governance impacts arising from this report. The Pledge reinforces existing work to implement the Council's policy of promoting physical activity for health with partners.

Equalities impact

- 7.1 The work described in this report will contribute to the delivery of the Equality Act 2010 general duties of advancing equality and fostering good relations.

Sustainability impact

- 8.1 The impacts of this report in relation to the three elements of the Climate Change (Scotland) Act 2009 Public Sector Duties have been considered, and the outcomes are summarised below.
- 8.2 The cooperative work with NHS Lothian and other partners to implement the Physical Activity and Sport Strategy for Edinburgh and to work towards fully integrating physical activity for health into Health and Social Care will help to achieve a sustainable Edinburgh by promoting health and wellbeing, social cohesion and inclusion, and in so doing, help to lower public sector health and care costs.

Consultation and engagement

- 9.1 As noted above, the Council will work with key partners to take forward this Pledge.

Background reading/external references

Report to the [Culture and Sport Committee of 11 March 2014](#): Edinburgh's Physical Activity and Sport Strategy

Scottish Physical Activity and Health Alliance [website](#)

Edinburgh Leisure [website](#)

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Links

Coalition pledges	P43 Invest in healthy living and fitness advice for those most in need
	P42 Continue to support and invest in our sporting infrastructure
Council outcomes	CO4 Our children and young people are physically and emotionally healthy
	CO10 Improved health and reduced inequalities
	CO20 Culture, sport and major events – Edinburgh continues to be a leading cultural city where culture and sport play a central part in the lives and futures of citizens
	C26 The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives
Single Outcome Agreement	SO2 Edinburgh's citizens experience improved health and wellbeing with reduced inequalities in health
Appendices	1. Physical Activity for Health Pledge

Physical Activity for Health Pledge

A Fully embed physical activity for health into primary care

Ensure primary care staff (including general practitioners, practice nurses, health visitors, pharmacists and physiotherapists) are adequately educated to assess physical activity levels, provide education on the recommended minimum level of physical activity for health, offer brief advice and brief intervention, and signpost to community resources.

A	Objectives	Notes
A1	By end 2015, all primary care practitioners must have received information about the “physical activity primary care pathway”	
A2	By end 2016, 60% of primary care practitioners should know the UK Chief Medical Officer recommendations	<p>NHS Health Scotland unpublished data states 13% of primary care practitioners currently know the recommendations for physical activity (see paragraph 3.2)</p> <p>Raising awareness amongst the general public of these recommendations is a core element of the Council’s work on the Physical Activity and Sport Strategy, along with Edinburgh Leisure and NHS Lothian.</p>
A3	By end 2016, every primary care practice should have mechanisms to deliver brief advice and brief interventions for physical inactivity in the same manner and to as many patients as it does for smoking and alcohol	Some primary care practices in Edinburgh already refer patients to Edinburgh Leisure for personalised and group physical activity.
A4	By end 2018, there should be clear methodology in how to incentivise the achievement of physical activity goals (eg one method could be remuneration equal to harmful use of alcohol in primary care contracts)	The Culture and Sport service disburses small grants to a range of organisations delivering access to physical activity and sport. The criteria used in selecting the successful grant applicants include the likely impact on increasing levels of physical activity in Edinburgh.

B Fully embed physical activity for health into secondary care

Ensure secondary care staff are adequately educated and comfortable to assess physical activity levels, provide education on the recommended minimum level of physical activity for health, offer brief advice and brief intervention, and signpost to community resources fully supporting the aims of the Health Promoting Health Service.

B	Objectives	Notes
B1	By end 2015, every outpatient department will have been sent a copy of "23.5 hours", and encouraged to play it in waiting areas.	The animated short "23.5 hours" explains how easily people can walk for 30 minutes a day. The Council team working on the Physical Activity and Sport Strategy will seek permission from NHS Lothian to show this short film on Council screens in key venues open to the public (such as libraries, neighbourhood offices and care homes).
B2	By mid 2016, every clerking document should contain questions about physical activity level and diet, in addition to current questions relating to smoking and alcohol.	The Council team working on the Physical Activity and Sport Strategy will identify relevant forms and occasions when similar questions could be asked either of Council staff (eg in the Return to Work interview checklist for managers) or of the general public using Council services.
B3	By end 2016, every health board should be delivering the Scot-PASQ or equivalent to all patients in secondary care at some point during their inpatient stay (physical activity pathway for secondary care)	The Scottish Physical Activity Screening Question (Scot-PASQ) was developed and validated by NHS Health Scotland in partnership with The University of Edinburgh for use in an NHS Physical Activity Pilot in 2013.
B4	By end 2018, every patient leaving hospital should receive brief advice or brief intervention (when indicated as appropriate on the Scot-PASQ) on physical activity and signposting to supportive resources by a health professional.	

C Fully embed physical activity for health into social care

Ensure social care staff including care workers and home visitors are adequately educated and comfortable assessing physical activity levels, providing education on the recommended minimum levels of physical activity for health, offering brief advice and brief interventions, and signposting to community resources.

C	Objectives	Notes
C1	The Scottish Academy fully endorses the Active and Health Ageing: Action Plan for Scotland document and actions, and will support delivery of these actions where needed throughout 2015/16.	The Council's Get Up and Go programme , collated and managed by the Libraries and Information Services, promotes activities for older people, and recognises the achievements of individuals and groups who make a difference in the lives of older people.
C2	By end 2016, every person entering care will have an appropriate assessment of physical activity using Scot-PASQ or equivalent, and receive brief advice or brief intervention when indicated (unless inappropriate).	The Council team working on the Physical Activity and Sport Strategy will develop appropriate e-learning resources for all Council staff, and a tailored course for care staff, on physical activity for health.

D Integrate physical activity for health into health education

UK Chief Medical Officer recommendations, assessment of physical activity levels, techniques for encouraging health behaviour change, knowledge of both the benefits of physical activity and the dangers of physical inactivity in relation to life expectancy, physical and mental health outcomes should be integrated into undergraduate health care professional curricula, postgraduate training and examinations, as well as continued professional development.

D	Objectives	Notes
D1	By end 2015, UK CMO recommendations relating to physical activity and training in health behaviour change should be integrated into the medical undergraduate curriculum in all five Scottish medical schools.	As proposed above, the details of this Pledge will be presented to an early meeting of the Edinburgh Partnership, for discussion with higher education members.
D2	Physical activity should play a	

	significant part in each Member College and Faculty's educational events.	
D3	By end 2016, UK CMO recommendations relating to physical activity and training in health behaviour change should be integrated into every other health care undergraduate curriculum in Scotland.	

E Mobilise health leaders to prioritise increasing physical activity

Healthcare leaders in policy, the Medical Royal Colleges, medical education, health boards, hospitals and departments must renew their focus on tackling physical inactivity. Key partners should work collaboratively to embed physical activity for health into primary care, secondary care, and medical education; supporting innovation, measuring progress and driving improvement. Increasing knowledge of the required levels of physical activity amongst the general public is imperative. The exemplary leadership shown by the AHP Directors Group and the AHP Physical Activity Pledge is fully supported by the Scottish Academy.

E	Objectives	Notes
E1	By end 2016, the recommendations of any Chief Executive Letters relating to the HPHS, physical inactivity and health inequalities must be delivered, in addition to the recommendations in this paper.	
E2	By end of 2017, NHS Boards should demonstrate evidence of providing consultants with appropriate Supporting Professional Activities sessional time to advocate physical activity and enable them to shape and deliver services to increase physical activity, where relevant.	

F Increase physical activity in the health and social care workforce

Promote the values of the Healthy Working Lives initiative and the Health Promoting Health Service programmes and encourage healthcare workers to increase their physical activity levels by work-based lifestyle changes.

F	Objectives	Notes
F1	<p>By end 2015, (and reviewed annually thereafter), NHS Estates and Facilities should maximise the use of the NHS outdoor estate as a health promoting asset by encouraging and enabling staff, visitors and patients to engage in green exercise and active travel opportunities to, from and within NHS grounds.</p>	<p>The Council has adopted the Healthy Working Lives initiative.</p> <p>The Council’s own estate includes many outdoor greenspaces which are promoted to the general public by the Parks and Greenspaces Service, and through many sporting events delivered or secured by the Culture and Sport Service. Culture and Sport The Planning Service takes account of best practice in planning new developments and altering existing developments to encourage active living. The Council’s assets include roads, pavements and cycle ways, and 7% of the transport budget is dedicated to investment in cycling as a mode of active travel. Cycling as a physical activity for health as well as for sport is promoted by Culture and Sport.</p> <p>A review of all Council-owned sport services and facilities (including the school estate) is under way to ensure that they meet current and project demand, are managed and promoted in the most efficient and economic way, and are well-used by those most in need.</p>
F2	<p>By end 2015, every hospital in Scotland should establish, and clearly signpost, walking routes for staff, patients and relatives, and each health board should offer robust reports on the Health Promoting Health Service. Every hospital should have educational content and resources</p>	<p>The Culture and Sport Service, working with Libraries and Information Services, Scottish Ramblers and Paths for All, developed a series of walking routes from libraries across the city, with promotional print and online material. Walking is also promoted as a healthy activity through the Activity programme.</p>

	prominently displayed.	
F3	By end of 2015, all health boards should promote and provide resource and support staff physical activity challenges in the workplace.	<p>The Council's Winter Walking Challenge in January 2015 was created in partnership between Culture and Sport, Employee Relations, Communications Services and Healthy Working Lives.</p> <p>Over a four week period, 620 colleagues competed in teams of four for distance covered – all participants were provided with pedometers - while at the same time improving their overall fitness. Across the Council, 155 teams took part in total.</p> <p>Paths for All is a partnership of more than twenty national organisations committed to promoting walking for health and the development of multi-use path networks in Scotland. It launched the Step Count Challenge in 2011 and since then thousands of people have taken part in the challenge from workplaces across Scotland. This year, 52 teams from the Council signed up to take part in the eight week challenge which began on 16 March 2015.</p>