

Cardiff Physical Activity and Health Strategy, 2008 - 2011



CARDIFF
HEALTH ALLIANCE
CYNGHRAIR IECHYD
CAERDYDD





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Bwrdd Iechyd Lleol
Local Health Board
Caerdydd
Cardiff



CARDIFF
CAERDYDD



Cardiff
A Proud Capital



Cardiff
Caerdydd



CYNGOR IECHYD CYMUNED CAERDYDD
CARDIFF COMMUNITY HEALTH COUNCIL



voluntary action cardiff
gweithredu gwirfoddol caerdydd



NHS
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National Public Health
Service for Wales
Gwasanaeth Iechyd Cyhoeddus
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The criteria in Appendix A of the Council's Welsh Language Scheme (Guidance on which documents should be bilingual) have been applied to this document. It is classified as a strategy and assessed as not required to be bilingual.

Cafodd y meini prawf yn Atodiad A o Gynllun Iaith Gymraeg y Cyngor (Canllawiau ar y dogfennau a ddylai fod yn ddwyieithog) eu cymhwyso i'r ddogfen hon. Cafodd ei dosbarthu fel strategaeth a chafodd ei asesu fel nad yw rhaid iddi fod yn ddwyieithog.

FOREWORD

Cardiff Health Alliance recognises the ever increasing importance of the role of physical activity on the health of the population. Rates of obesity are increasing particularly amongst children (Government Office for Statistics, 2007).

Cardiff's Physical Activity and Health Strategy 2008-2011 will contribute to Cardiff Health Alliance's vision to improve health and well being and reduce health inequalities in Cardiff, outlined in the Cardiff Health, Social Care and Wellbeing Strategy (CHA, 2008a). The Physical Activity and Health Strategy aims to enable and support people to increase their current levels of physical activity.

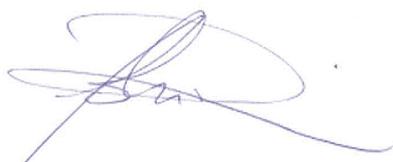
This strategy builds on the national document Climbing Higher whilst local partnerships have gone from strength to strength and recognise the importance of incorporating and addressing the need to increase physical activity across the city.

The Cardiff Health Alliance is committed to the strategic aims, vision and Action Plan of the Physical Activity and Health Strategy and ratified the draft Strategy at the Board meeting in April 2008. The Strategy provides an integrated approach and tackles the widest impact of low levels of physical activity on the health and well being of Cardiff residents.

Cardiff's vision to become a World Health Organisation (WHO) Healthy City and address the wider environmental determinants of obesity will build upon existing initiatives and policies relating to the food and physical activity agendas.

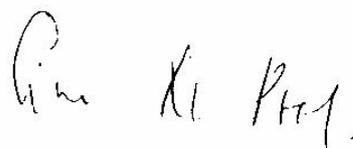
The success of the Strategy is reliant upon the engagement and commitment of all stakeholders, including local government, health services, and voluntary and community sectors working in partnership.

The Health Alliance would like to take this opportunity to thank the Physical Activity and Health Steering Group for their continued commitment in developing this valuable Strategy towards health improvement in Cardiff.



Councillor John Dixon
Executive Member
Health, Social Care and Well Being
Cardiff Council

Chair
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Vice Chair
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August 2008



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1.0 INTRODUCTION

There is increasing evidence relating to the benefits of a physically active lifestyle when addressing issues of health and well being (British Heart Foundation, 2003). The benefits identified include improved function of the heart and lungs, reduced cholesterol, stress management relating to improved self esteem, prevention of osteoporosis, and improved mental health. A physically active lifestyle is also important for weight management. The World Health Organisation (WHO) estimates that approximately 1.2 billion people in the world are overweight, of which at least 300 million are obese. In the UK, the rates of obesity have more than doubled in the last 25 years, and being overweight has become the norm for adults (Government Office for Science, 2007). Further to the direct physiological and psychological benefits of physical activity there are many wider benefits for individuals and communities.

"There is widespread evidence that the benefits of increased physical activity will contribute to better education and lifelong learning, socio-economic regeneration and reduced crime as well as promoting Wales on the world stage and most important of all, improvement to the health of the people of Wales." (Climbing Higher – Next Steps, Welsh Assembly Government, 2006a)

Levels of physical activity in Wales are low, with only a third of adults in Wales carrying out the recommended levels of physical activity per week (at least 30 minutes of moderate intensity physical activity, five times a week). Cardiff is below the Welsh average, with just one in four adults achieving the recommendations (Sports Council for Wales, 2005a).

The Welsh Assembly Government (WAG) has identified the need to address issues that impact on the health and well being of the diverse communities within Wales, by reducing inequalities in health and promoting health and well being. In 2005, WAG launched 'Climbing Higher' a long-term strategy for sport and physical activity, setting out the strategic direction in Wales for the next twenty years. In 2006, a supporting document 'Climbing Higher - Next Steps' was launched, providing guidance on how to achieve the set targets highlighted in the strategy. Additionally, in 2004, WAG launched Health Challenge Wales, an initiative to help improve people's health through promoting health initiatives.

This Cardiff Physical Activity and Health Strategy outlines the strategic approach to physical activity and has been developed by the Physical Activity and Health task group of the Cardiff Health Alliance - a partnership of key organisations spanning the local authority, health service and voluntary sector. This document is a joint vision of physical activity provision and participation for Cardiff over the next three years and is informed by both the vision and strategic direction laid out by the Welsh Assembly Government's document Climbing Higher, the Cardiff Community Strategy and the Cardiff Health, Social Care & Well Being Strategy.

This strategy is intended to highlight priority targets and objectives which will address health concerns and improve health opportunities for the citizens of Cardiff, targeting people whose current inactive lifestyles pose a risk to their health and encourage those who are already active to be "more active, more often". The strategy will be supported by an action plan outlining duties, responsibilities, and timeframes to ensure that all involved local agencies are working together effectively to ensure that the aims and objectives of the strategy are achieved and monitored. An annual summary of achievements will be collated and fed back to the Cardiff Health Alliance and the Health, Social Care and Well Being Strategy.

2.0 THE VISION FOR PHYSICAL ACTIVITY IN CARDIFF

The Cardiff Health Alliance sees the low levels of physical activity as a long-term problem, requiring a co-ordinated approach.

The links between physical activity and health are inextricable, but physical activity is a much broader concept. It cuts across a large number of policy agendas and involves a wide range of partners that may not be involved directly in physical activity or health. This Strategy provides guidance to all policy makers on what contribution they can make to improve the opportunities, skills and knowledge for the population of Cardiff to improve their health through increased uptake of physical activity.

With the planned development of the WHO Healthy City status for Cardiff, such policies will also be supported by a strategic approach to local planning and development to impact at the greatest level.

The Strategy aims to continue to unite and co-ordinate a focused approach to the physical activity and health improvement agenda and raise its importance at all levels.

The Vision

"To improve health and well being and reduce health inequalities in Cardiff through a diverse and inclusive provision of physical activity opportunities to enable more people to be more active, more often"

Strategic Aims

- 1. To influence national and local policy that can contribute to improving health through physical activity, ensuring an effective and efficient approach to delivery**
- 2. To enable people to access opportunities to a physically active lifestyle**
- 3. To promote the health, social and well being benefits of physical activity**

3.0 SETTING THE SCENE

STRATEGIC CONTEXT

There are numerous policies, strategies, frameworks, and localised task groups which provide direction and drive the physical activity agenda in Wales and in Cardiff. Summarised below are some of the key initiatives and strategies that have informed this Cardiff Physical Activity and Health Strategy. (Please refer to Appendix 1 for additional information on the many national and local documents that have also assisted in the production of this document.)

Climbing Higher Strategy

Climbing Higher (WAG, 2005a) is the Welsh Assembly Government's long-term strategy for physical activity and sport, setting out the strategic direction in Wales for the next twenty years. The essence of the strategy is to maximise the contribution that physical activity and sport can make to well being in Wales across many dimensions – health, economy, culture, society, environment and Wales on the world stage. The document states that although it is the responsibility of Government to help create an environment that supports healthy living, it is also the responsibility of individuals to make lifestyle choices that improve their well being.

Climbing Higher aims to set the direction so that physical activity and sport will be at the heart of Welsh life and at the heart of Government policy, complimenting other actions and strategies within integrated policy priorities. Because physical activity and sport can contribute across all these dimensions the strategy has multiple targets under the following complimentary aims:

CLIMBING HIGHER AIMS

Health:	To increase physical activity across all age, gender and social groups
Economy:	To maximise the economic impact of sport and physical activity
Culture:	To enrich and develop our cultural and social life
Society:	To use sport and physical activity to develop and enhance vibrant communities
Environment:	To realise the synergy between sport and the natural environment for the people of Wales
World Stage:	To enable Wales to succeed systematically at the highest international level in priority sports

(Climbing Higher, WAG. 2005a)

In July 2006, Climbing Higher - Next Steps (WAG, 2006a) was published, detailing the areas to be targeted for investment in order to make early progress towards the long-term targets set out in Climbing Higher.

Health Challenge Wales

The Welsh Assembly Governments scheme, 'Health Challenge Wales' (WAG, 2004), was developed and launched in 2004 as a response to documents such as 'Well Being in Wales' (WAG, 2002) which stated that the health of the nation is not just the responsibility of the Welsh Assembly Government and the National Health Service - everyone has a part to play in improving health in Wales. The idea of organisations and individuals sharing responsibility was reinforced by the 'Review of Health and Social Care in Wales' (WAG, 2003), which showed that the demand for health and care services is unsustainable in the longer term. In order to address this, greater emphasis needs to be placed on preventing ill health in the first place, which in turn will free up our health service to treat unavoidable disease.

Health Challenge Wales has been developed to help contribute towards this aim. Members of the public are signposted to information or activity that can help them improve their own health. It also engages with organisations to look after the health of their staff and customers.

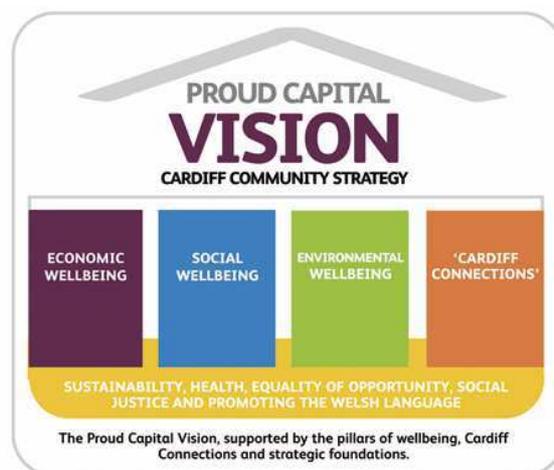
"Health Challenge Wales is a call to everyone - all people and organisations - to do as much as they can to improve health"

(WAG, 2004)

Proud Capital: The Cardiff Community Strategy 2007 - 2017

Proud Capital: The Cardiff Community Strategy 2007-2017 (CC, 2007) outlines the new agenda for Cardiff and is the result of wide consultation among public, private and voluntary sector organisations. The Strategy represents a common focus for Cardiff and provides the overarching framework to support the strategic direction of the city. It sets out the overall vision and commitments of partners that will help shape other strategies and plans, building upon the principles of equality, social justice, and the health and well being of local citizens.

The Community Strategy is structured around the key themes as illustrated opposite.



'Cardiff - working towards a healthy city' Health, Social Care & Well Being Strategy 2008 - 2011

The Local Health Board (LHB) and Local Authority have a statutory duty to formulate and implement a local strategy to address the health and well being needs of the local population. The Health, Social Care & Well Being Strategy is a three-year plan which supports the vision for Cardiff set out in the Community Strategy. The first Health, Social Care and Well Being Strategy (HSC&WB Strategy) 'Meeting the Challenge' was published in April 2005 (CHA, 2005).

'Cardiff, working towards a healthy city' follows on from the first Strategy and describes the strategic direction for the Council and LHB for the period 2008 to 2011 and aims to ensure that Cardiff residents are able to enjoy a healthy, active and long life, with prompt access to appropriate health and social care services when needed (CHA, 2008a). The Strategy outlines the key challenges and priorities for Cardiff and how the relevant organisations, working in partnership, plan to tackle them. The priorities have been developed using the findings of an assessment looking at the health needs of the city and through discussion with key stakeholders including the Council, LHB, Cardiff and Vale NHS Trust, Voluntary Action Cardiff and the voluntary sector. It also takes into consideration priorities identified by the Welsh Assembly Government.

In Cardiff, the Health Alliance provides the partnership forum to oversee the development of the HSC&WB Strategy on behalf of the statutory partners.

Cardiff Health Alliance

Cardiff Health Alliance is a partnership of key organisations spanning the local authority, the health service and the voluntary sector and is facilitated by the Health Partnership Team within Cardiff Council (Please refer to Appendix 2 for the Cardiff Health Alliance Partnership Structures). As part of the work of the Health Alliance a range of multi-agency well being task groups have been established to take forward specific areas of work. Each task group is guided by a steering group consisting of representatives from key organisations. The Health Alliance well being task groups include:

- Physical Activity and Health Steering Group
- Cardiff Food and Health Steering Group
- Smoke Free Cardiff
- Mental Health Promotion Sub-Group
- Healthy Ageing Planning Group

As part of recent funding, Cardiff Health Alliance will be developing a local version of Health Challenge Wales with the aim of expanding local health improvement activity. As part of this funding a dedicated local Challenge website and branding of all health improvement activities is to be developed across the health and well being task groups.

Cardiff Children and Young People's Draft Plan 2008 - 2011

The first comprehensive Plan for the children and young people of Cardiff, is under development by the City's Children and Young People's Partnership (C&YPP) (CC, 2008) and supports the vision for Cardiff set out in the Community Strategy. Key sectors and relevant partners are all represented on the C&YP Partnership Board, so that the work is integrated closely with the strategic planning of the Health Alliance, the Community Safety Partnership and the Voluntary Sector Compact.

The Plan replaces a number of plans previously required by the Welsh Assembly Government. These were the Single Education Plan, the (Social Services) Children's Services Plan, The Children's Partnership Plan, the Children and Young People's Partnership Plan and Annual Plan for Youth Support services and the Children First Management Action Plan.

The Plan builds on what children and young people have said they want in Cardiff and on the work of many organisations who have contributed to its development. The C&YPP has set up five "Core Groups" to deliver its aims: Health, Well Being and Social Care; Purposeful Learning; Participation and Involvement; Nurturing Families and Communities; Leisure, Play and Culture. The work of each of the groups has been informed by a comprehensive needs assessment and by the local priorities identified in response to the National Service Framework for Children, Young People and Maternity Services.

Healthy Cities

The Cardiff Community Strategy 2007 – 2017 (CC, 2007), Cardiff Health, Social Care and Well Being Strategy 2008 – 2011 (CHA, 2008a) and the Cardiff Children and Young People's Draft Plan (CC, 2008) highlight the commitment to improving health and well being through developing Cardiff as a World Health Organisation (WHO) Healthy City. The Healthy Cities programme, launched by the WHO in 1986, will provide an overarching strategic framework for promoting and improving the health of the population of Cardiff. Working towards Healthy City status will require engagement by all partners and stakeholders.

The Healthy Cities programme is a dynamic approach and the programme has evolved over 5 year phases, which have specific themes. Cardiff plans to apply for phase five of the programme, which will be launched in 2008, and will provide the umbrella to a wide range of health improving activities. The programme will provide a co-ordinated, high profile approach and will raise the importance of health and well being across many aspects of city life. It will cover all major health determinants and bring together existing health and well being activities and influence areas that impact on health, including strategic planning, economic development, transport, housing and education.

DEVELOPMENT OF THE CARDIFF PHYSICAL ACTIVITY & HEALTH STRATEGY

The development and implementation of the Cardiff Physical Activity & Health Strategy and Action Plan has been and is constantly dependant on effective partnership working. It has been developed from the Strategic Framework developed in 2005 and has been an evolving and emerging process. Production of the Strategy and development of the Action Plan have been the responsibility of the Cardiff Physical Activity & Health Steering Group with input from the South East Physical Activity & Health Sub-group.

Cardiff Physical Activity and Health Steering Group

In recognition of physical activity as a significant contributor to the health improvement agenda, a Steering Group was established in January 2005 by the Health Alliance. The work of this multi-agency group has demonstrated the benefits to be gained through partnership working to address improvements in health and well being.

The primary roles of the steering group are to:

- Produce the Cardiff Physical Activity and Health Strategy and subsequent Action Plan that will implement, monitor and evaluate the strategy.
- Provide strategic direction to partners involved with Physical Activity initiatives / projects.

Physical Activity and Health Sub-groups

In order to support the work of the Cardiff Physical Activity and Health Steering Group, four sub-groups (North, West, Central and South East) are being set up during 2008. Membership is to consist of individuals that are working within the community and have local knowledge of the issues and needs of the population.

Each sub-group will develop their own local Action Plan that is based on the strategic aims of this Physical Activity & Health Strategy. The sub-groups will feedback to the steering group on a quarterly basis, thus creating effective two way communication.

Cardiff Physical Activity and Health Network

In addition to the sub-groups a Cardiff Physical Activity and Health Network is also to be launched in 2008. The Network will be a partnership between a wide range of organisations and agencies within the National Public Health Service (NPHS), Local Authority, Voluntary and Community sectors with the focus being on Physical Activity and Health of the local population within Cardiff. The Network will enable those working on projects that are Physical Activity related to meet on a regular basis to share information, best practice and learning opportunities.

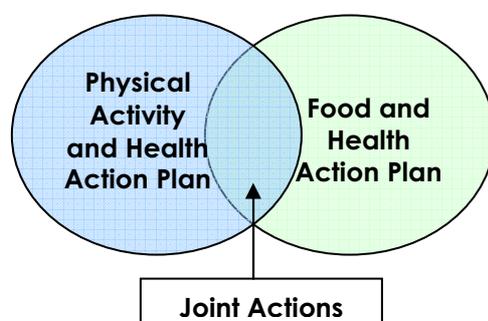
Cardiff Physical Activity Database

A database of Physical Activity initiatives and projects has been developed through the Cardiff Physical Activity and Health Steering Group. The purpose of the database is to provide an effective tool for individuals and organisations to access information about other projects in the City.

LINKING STRATEGIES AND BUILDING EFFECTIVE PARTNERSHIPS

It is vital that through the Health Social Care & Well Being Strategy clear links are made between the health and well being task groups of the Health Alliance in order to address joint issues. One of the closest and most obvious links with the Physical Activity and Health Strategy is with the Cardiff Food and Health Strategy (CHA, 2006; CHA, 2008b) - whereby the strategies and action plans partly overlap and have joint actions as illustrated in Figure 1.

Figure 1: Overlap of the Physical Activity and Health and Food and Health Action Plans



On a national level this is already happening with the implementation of 'Food and Fitness – Promoting Healthy Eating & Physical Activity for Children and Young People in Wales, 5 year Implementation Plan' (WAG, 2006b) and the merging of the Physical Activity Network for Wales (PANW) and the Nutrition Network for Wales (NNW); achieving a more cohesive approach to health and well being.

Local Authority Partnership Agreement

Cardiff Council, along with nine other Local Authorities in the first phase, have been formally approached by the Sports Council for Wales (SCW) regarding the introduction of a Local Authority Partnership Agreement (LAPA), a new era in the development of sport and physical activity in Wales. The LAPA creates an over-arching agreement that co-ordinates the diverse range of funding programmes currently being delivered and in doing so raises the profile of sport and physical activity across the Local Authority. The LAPA demonstrates the SCW commitment to work with local authorities, as a key partner, in delivering action.

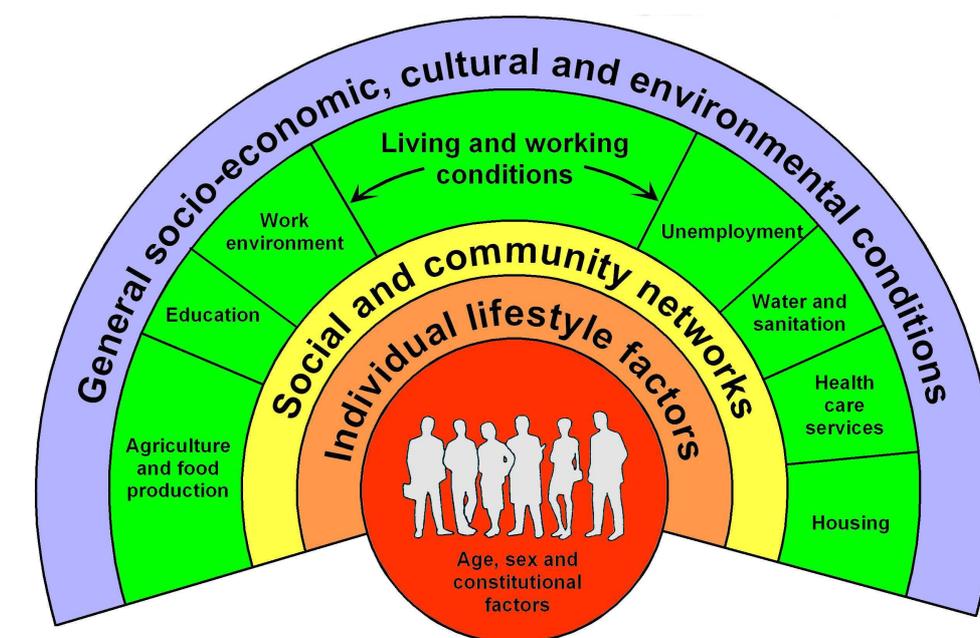
4.0 DETERMINANTS OF HEALTH

The health of individuals and populations is influenced both positively and negatively, by a wide range of inter-related factors. These factors, also known as the determinants of health, are presented in Figure 2 as layers of influence, starting with the individual and moving to wider society.

At the core of the model, are fixed determinants which exert the greatest influence over an individual's health such as age, sex and genetics. The surrounding layers of the model can potentially be modified to achieve a positive impact on population health:

- Individual lifestyles factors such as smoking habits, diet and physical activity have the potential to promote or damage health.
- Social and community networks such as interactions with friends, relatives and mutual support within a community can influence health.
- General socio-economic, cultural and environmental conditions such as living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole (Cavill *et al.*, 2006).

Figure 2: The Main Determinants of Health Model (Dahlgren and Whitehead, 1991)



Source: Dahlgren and Whitehead, 1991

An individual's health is influenced by each layer of the model, and it is recognised that all layers of the model interact. Evidently factors that influence participation in physical activity are inextricably linked to the model. Consistent messages have been found with several intrapersonal factors (close to the core of the model), including age, personal confidence, education, social class, and behavioural attributes and skills.

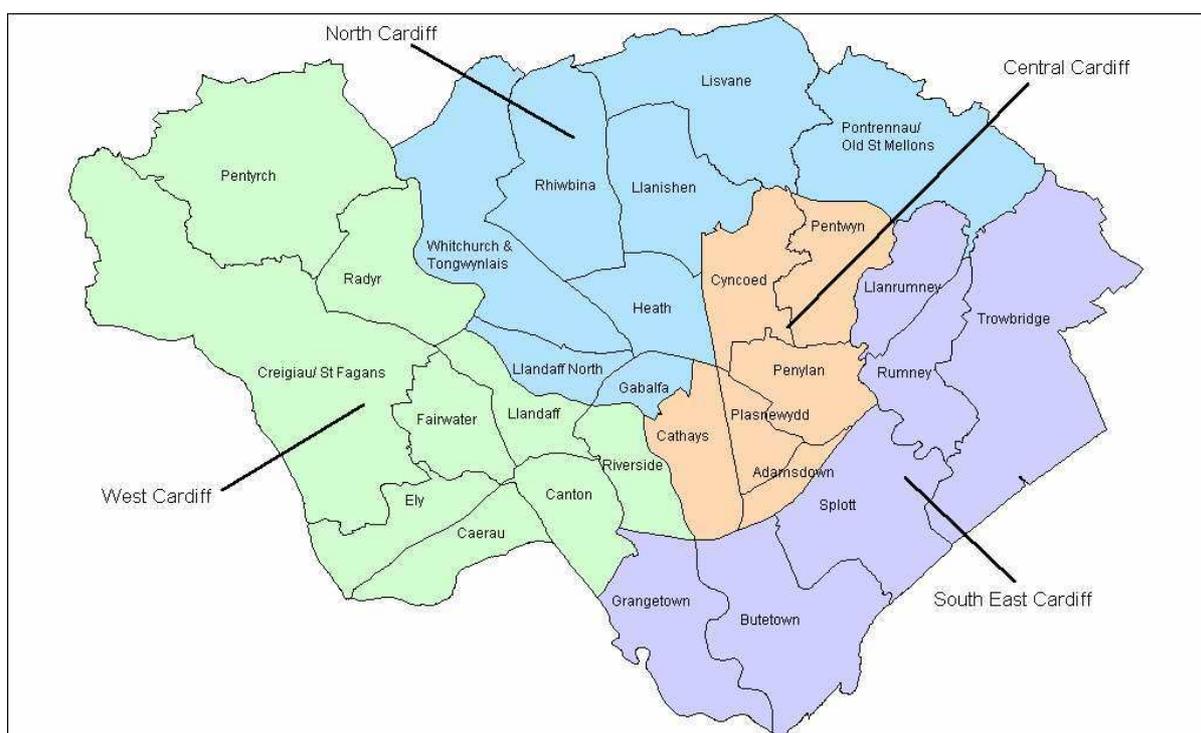
At the social and community layer, associations with physical activity have been found to include support from peers, social support from spouse or family, and influence of a GP. At the outer layer of the model, entitled 'wider socio-economic, cultural and environmental conditions' a wide range of influences on physical activity have been proposed - such as: climate and seasonal factors; access to physical activity programmes and facilities; and aspects of urban design.

When considering how to change health behaviors, multiple levels of variables must be considered and understood, as well as how they interact with each other e.g. multiple levels of environmental variables, such as living and working conditions, and community characteristics (Sallis and Owen, 2002). It is therefore imperative that close partnership working with a number of key agencies such as environment, planning and housing are encapsulated in the physical activity strategy and action plan, to ensure that the impact of their work on physical activity levels is outlined and embedded, consequently, increasing the opportunities for people to become physically active.

GEOGRAPHICAL AREA

The Cardiff Physical Activity Strategy focuses on the geographical areas of the City and County of Cardiff as illustrated in Figure 3.

Figure 3: Geographical Map of Cardiff Areas



Cardiff has developed dramatically over the last twenty years, with major regeneration and economic development, transforming the City into a confident, ambitious capital City committed to achieving a high quality of life for local residents and communities. The National Health Service Administrative Register (NHSAR), a register detailing the number of people registered with GPs, reports a Cardiff population of 353,000 in 2006, whereas the ONS mid-census reports a Cardiff population of approximately 317,500. The population has increased rapidly over the last five years and it is anticipated that this trend will continue. (CHA, 2008a)

As the Capital City of Wales, Cardiff is the regional hub and metropolitan centre for many activities including sport, culture and tourism, attracting large numbers of visitors on both a regular and special events basis, and also commuters (approximately 72,000 daily). Cardiff has a diverse community, with a minority ethnic population of 11.7%, originating from over 100 other countries around the world (CHA, 2008a). In addition there has been an increase in the number of migrant workers (some 4,000) and full-time students (approximately 30,000) (CHA, 2008a). The resultant cultural diversity makes Cardiff a City of opportunity and an exciting place to live, work and play.

The City has a number of special health needs groups which predominantly reside in south east locality of the City. For further information regarding these priority groups please refer to the Cardiff Health Needs Assessment (CHA, 2007; CHA, 2004) and the Cardiff HSC&WB Strategy (CHA, 2008a).

HEALTH INEQUALITIES

The term 'health inequalities' refers to the gap in health between different population groups, such as better-off communities and more deprived communities, or people with different ethnic minority backgrounds (Ewles and Simnett, 2003). Whilst prosperity and thriving economy are key features of Cardiff's success, the city experiences serious inequalities. Cardiff is 'a tale of two Cities', with a prosperous northern area and a 'southern arc', which experiences high levels of multiple deprivation, as assessed by the Welsh Index of Multiple Deprivation (WIMD) (Figure 4). The Welsh Index of Multiple Deprivation measures deprivation in small locality areas known as Lower Tier Super Output Areas (LTSOA) of which Cardiff has 203, using scores from income, employment, health, education, skills and training, geographical access to services, housing and physical environment (WAG 2005c). The Index of Multiple Deprivation indicates that almost 50,000 residents in Cardiff live in communities whose multiple deprivation levels are in the worst 10% in Wales (Butetown 2, in the southern arc, is the most deprived LTSOA in Wales) (WAG 2005c).

Figure 4: Welsh Index of Multiple Deprivation by Lower Tier Super Output Area in Cardiff

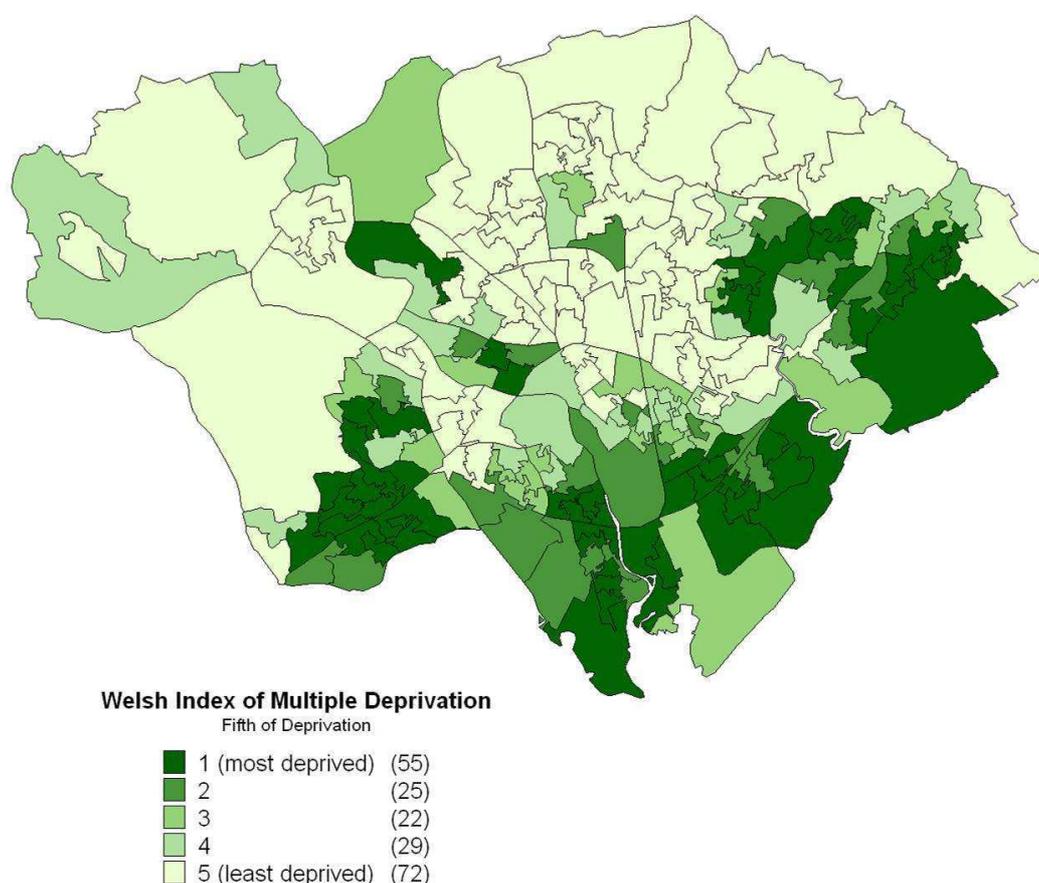


Figure 4: The diagram shows the levels of deprivation in Cardiff by Lower Tier Super Output Areas (LTSOAs), as given in the Welsh Index of Multiple Deprivation (WAG, 2005c). LTSOAs are shaded green according to the ranking of deprivation, 1-5. The darkest green LTSOAs (ranked 1) denote the areas of highest deprivation and the lightest green LTSOAs (ranked 5) denote the areas of least deprivation.

The link between inequalities and poor health is inextricable. Figure 5 illustrates that individuals living in more deprived areas are more likely to do less weekly physical activity than those living in less deprived areas.

Figure 5: The relationship between physical activity levels and deprivation

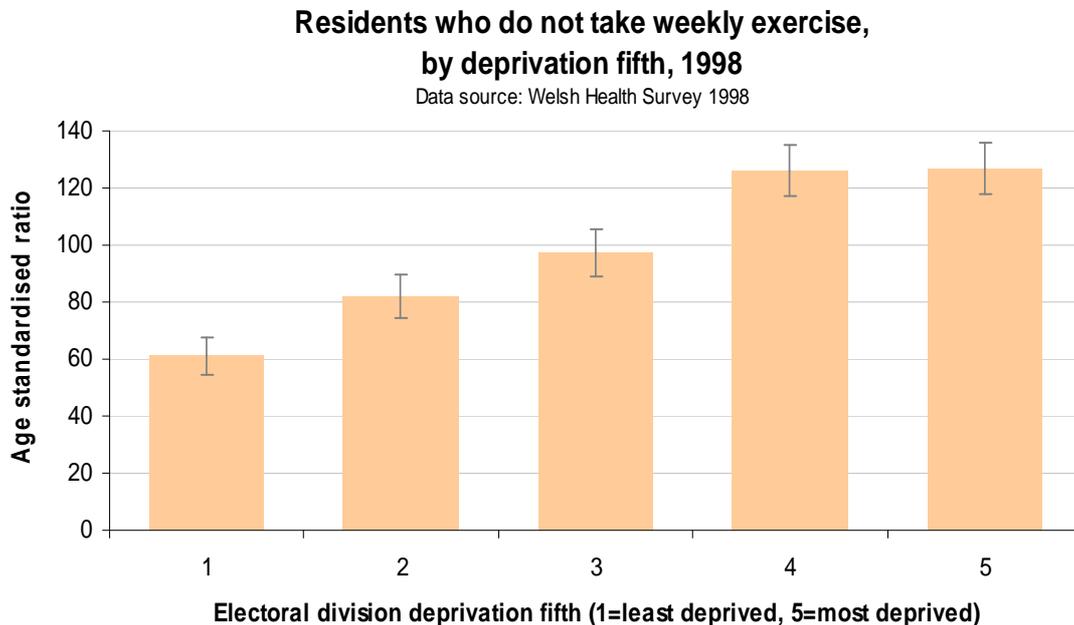


Figure 5: The figure shows the standardised ratio of the number of people who do not take weekly exercise according to the area inhabited in Wales ranked by deprivation (NPHS, 2006). The areas are ranked 1-5 according to the level of deprivation; 1 being the least deprived and 5 being the most deprived (horizontal axis). The original data was derived from the Welsh Health Survey (1998).

Furthermore, obesity levels are also higher in the most deprived areas of Wales and Cardiff, as seen in Figure 6.

Figure 6: Population of Wales defined as obese (BMI>30) by deprivation

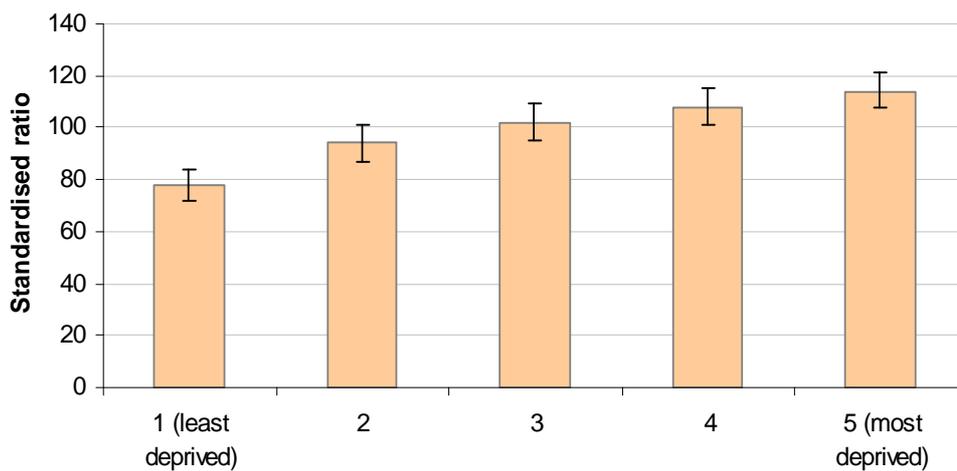


Figure 6: The figure shows the standardised ratio of the number of people classified as obese (BMI > 30) according to the area inhabited in Wales ranked by deprivation. The area is ranked 1-5 according to the level of deprivation; 1 being the least deprived and 5 being the most deprived (horizontal axis).

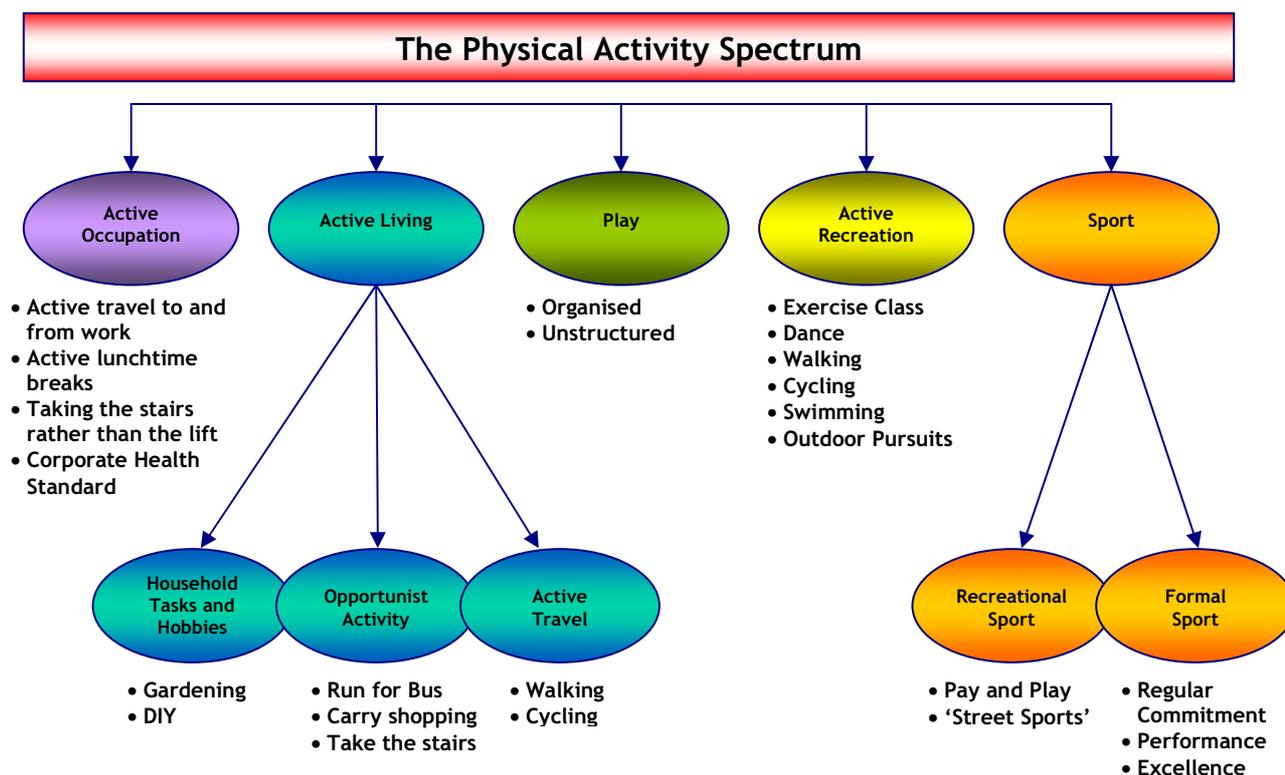
It is clear that health promotion work, including that of this strategy, needs to be targeted to the areas of deprivation and to work to reduce the significant inequalities present in Cardiff. Only through a co-ordinated approach to improve the current health inequalities will the health status of the City of Cardiff be improved.

5.0 PHYSICAL ACTIVITY AND THE KEY HEALTH ISSUES

Physical activity is defined as 'all movements in everyday life, including work, recreation, exercise and sporting activities' (World Health Organisation, 2002) that increases the heart rate to a moderate intensity. There is strong evidence that sustainable gains in physical activity levels will only be achieved by encouraging people to build physical activity into their daily schedules for example, by walking or cycling to school or work, taking the stairs rather than the lift, participating in active play.

THE PHYSICAL ACTIVITY SPECTRUM

Figure 5: The Physical Activity Spectrum



(Adapted from, 'Developing a Physical Activity Action Plan', Welsh Assembly Government, 2005)

Active Occupation, Active Living, Play, Active Recreation and Sport are all forms of physical activity that can increase the heart rate to a moderate intensity. Active recreation and sport are more structured forms of physical activity, whereas active occupation, active living and play are opportunist and a lifestyle choice. The five forms of physical activity as shown in the Physical Activity Spectrum are summarised / defined below:

Active Occupation

Levels of physical activity in the workplace vary enormously depending on the type and role of the job. Employees should be encouraged to participate in physical activity whilst at work through i.e. active breaks, taking the stairs not the lift, etc. Organisations can work towards achieving the Corporate Health Standard which includes employee access to physical activity participation.

Active Living

Active living includes activities such as household tasks and hobbies, opportunist activity and active travel and can contribute considerably to daily physical activity levels. These day-to-day activities should be encouraged as part of working towards the recommended 5 x 30 minutes of physical activity per week.

Play

A popular definition of play within the profession is that play is "freely chosen, personally directed, intrinsically motivated behaviour that actively engages the child" (Hughes & King, 1982). Play can be both organised and unstructured and is vital to a child's development.

Active Recreation

Active Recreation is defined as "any moderate intensity physical activity carried out in leisure time including activities such as dancing, aerobics or brisk walking" (Climbing Higher, WAG, 2005).

Sport

Sport is defined as "all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and well being, forming social relationships, or obtaining results in competitions at all levels" (The Council of Europe). Sport can take place on many levels from 'street sports' to sports clubs and up to international representation.

It is the responsibility of Government to help create an environment (economic, social and physical) that supports healthy living and enables people to access physical activity opportunities. It is the responsibility of individuals to make lifestyle choices that improve their well being.

This strategy aims to promote partnership working with a number of services i.e. planning, environment, transport, education and housing to work towards increasing the levels of physical activity across Cardiff including all five forms of physical activity illustrated in the Physical Activity Spectrum.

WHAT ARE THE PHYSICAL ACTIVITY GUIDELINES?

Adults

The current Department of Health (2004) guidance recommends that adults accumulate 30 minutes of moderate intensity physical activity at least five times per week (5 x 30). The key points underlying this guidance are:

- Moderate activity can be characterised by breathing slightly harder and feeling slightly warmer than normal e.g. a brisk walk
- 30 minutes can be accumulated throughout the day in shorter bouts of 10-15 minutes
- A wide range of activities is beneficial including walking, cycling, dancing, gardening etc
- These guidelines are the minimum required to achieve health benefits

Children and Young People

Children and young people need more physical activity and it is therefore recommended by the Department of Health that they should participate in physical activity of at least moderate intensity for one hour every day (5 x 60). This can be made up from a variety of activities across the day, including organised sport, play, walking to school, physical education, or planned exercise.

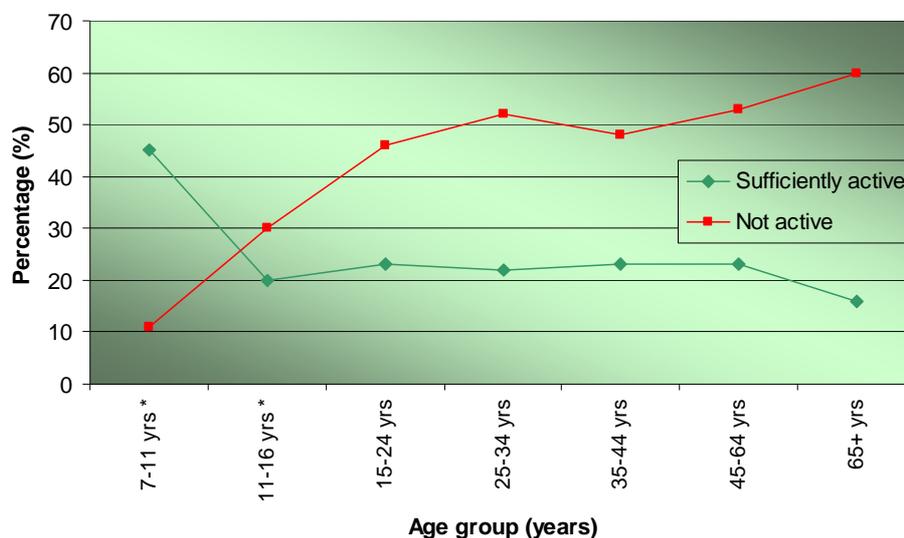
TRENDS OF PHYSICAL ACTIVITY AND INACTIVITY

In the Welsh Health Survey (National Assembly for Wales, 2005), only one third (29%) of adults in Wales were carrying out the recommended amount of physical activity, and nearly half (45%) of adults were classed as being inactive. Cardiff was below the Welsh average; with approximately 26% of adults reporting meeting the 5x30 target in the past week. This is supported by the Sports Council for Wales Adult Participation Survey in which Cardiff's residents were reported to be the 9th least active in Wales (Sports Council for Wales, 2005a).

Women tend to undertake less physical activity than men, with 21% achieving the 5 x 30 target in Cardiff, compared with 26% of men. In line with the adult's participation survey, boys were more likely than girls to be sufficiently active and less likely to be classed as inactive (Sports Council for Wales, 2006).

Physical activity typically declines with age, and in Cardiff, levels of physical activity closely follow the national trend. As seen in Figure 6, it is evident that the number of individuals who do not participate in physical activity increases with age. Conversely, the number participating in sufficient physical activity decreases. The evidence shows the gap in physical activity participation widens as the population gets older. This gap is wider in Cardiff than Wales as a whole.

Figure 6: Physical activity participation levels by age group in Cardiff



NB. Data in Figure 6 is taken from two different Sports Council for Wales Surveys. Data collection differences are noted below:

7-11 years & 11-16 years	- 'Sufficiently active'	= 5 x 60 minutes of physical activity per week.
	- 'Not active'	= no record of physical activity in last 7 days. (SCW children's, 2004)
15-24 onwards	- 'Sufficiently active'	= 5 x 30 minutes of physical activity per week.
	- 'Not active'	= no record of moderate activity of more than 10mins in last 7 days (SCW adults, 2004)

Low physical activity levels (as seen above), coupled with high energy intake has resulted in rising obesity levels. The modern environment we live in has exacerbated the problem, and can be considered 'obesogenic'. Sedentary and lowered levels of physical activity can be attributed to factors of modern life such as: sedentary occupations; increased use of cars; and increased computer and television use (National Local Government Network, 2008). Alarming, more than half (54%) of adults living in Wales are currently reported as being overweight or obese (National Assembly for Wales, 2006), with higher levels of obesity seen in the most deprived areas of Wales. Cardiff is just below the Welsh average, with 52.8% of the population (age standardised) reported to be overweight or obese (National Assembly for Wales, 2005).

Due to complex nature of obesity and its causes, a wide range of partners will be required to make an impact on this far reaching disease, and reverse the trends (Bouchard, 2000)

It is widely recognised that the greatest public health benefits of increasing physical activity comes from reducing the number of people living a sedentary lifestyle. Therefore, there is a need to not only increase the percentage of people carrying out the recommended amounts of physical activity, but also decrease the sedentary population (Welsh Audit Office, 2007).

BARRIERS TO PARTICIPATING IN PHYSICAL ACTIVITY

Common barriers to physical activity are well documented with people's physical activity levels varying according to a range of individual, social, environmental and economic factors. Figure 7 below, summarises the barriers identified in Wales as being behavioural / demand led (meaning led by the individual or the community and requiring a change in culture) or by being environmental / supply led (meaning related to service provision and what is available).

Figure 7: Barriers to Physical Activity

Environmental/Supply Led	Behavioural/Demand Led
<ul style="list-style-type: none"> • Facilities • Costs • Programming • Transport • Coaches: quality/quantity • Lack of volunteers • Competition structures • Financial support • Negative experiences 	<ul style="list-style-type: none"> • Time/commitment • Culture • Gender equality • Alternative activities • PE and school sport • Personal appearance • Role models • Family responsibilities • Personal attitudes • Personal safety/abuse

(Sports Council for Wales, cited in Wales Audit Office, pg 18)

Environmental Change

Land use planning is essential in shaping our environment. Environmental change can improve the quality of life for individuals and communities, and can lead to opportunities for informal and formal play, sport and recreation.

The Assembly Government recognise that planning plays an important role in providing new and protecting existing open spaces and facilities for physical activity and therefore are currently revising the 1998 Technical Advice Note (TAN) 16: Sport, Recreation and Open Space. The revised TAN will be taking direction from a number of policies including; Planning Policy Wales 2002, Climbing Higher 2005, Wales Spatial Plan 2004, Play in Wales 2006 and Environment Strategy for Wales 2006. Planning Policy Wales 2002 provides the procedural and policy framework for planning in Wales which directs Local Development Plans (LDP) in providing a framework for local social, economic and well being development.

Alterations to the physical environment are necessary but not sufficient to increase physical activity levels. Environmental change alone may not lead to an increase in physical activity levels, there also needs to be an individual behavioural change (National Institute for Health and Clinical Excellence, 2008).

Individual Behavioural Change

In a recent survey conducted by the Sports Council for Wales among adults, the most common reasons for non-participation in physical activity and sport in Cardiff were:

- 'Not fit enough' (36.5%)
- Time constraints (17.9%)
- Family commitments (12.8%)
- Work commitments (12.6%).

Although the most common barriers to physical activity are described above, it is important to take into consideration that different groups of people, or individuals may experience different barriers, and to varying degrees. For example, a recent survey in Cardiff revealed that black minority ethnic children and young people (7-25 years) reported more barriers and differing barriers to physical activity than non-black minority ethnic participants (Cymorth Research, 2007a & b). It is therefore imperative when considering physical activity, that varying barriers need to be understood and taken into consideration.

THE IMPACT OF PHYSICAL INACTIVITY ON HEALTH

Evidence shows that the impact of inactivity on health is alarming, with increased risk of developing diseases such as coronary heart disease (CHD) and increasing the risk of premature death.

Those taking regular physical activity are at a 20-30% reduced risk of premature death compared to those who have a sedentary lifestyle

(Department of Health, 2004)

Following are some examples of the effects of physical inactivity:

Coronary Heart Disease (CHD) - CHD is the single most common cause of death in the UK, accounting for 21% of premature deaths in men and 12% of premature deaths in women. More than one in three of all the CHD deaths result directly from physical inactivity with the impact being comparable to that of smoking (DoH, 2004). Improved cardio-respiratory fitness through regular physical activity reduces the risk of cardiovascular disease and improves the standard of life for patients with established cardiovascular disease. Individuals who are active are 1.9 times less likely to have a heart attack than their inactive contemporaries (British Heart Foundation National Centre).

Those taking regular physical activity are approximately 50% less at risk of developing CHD compared to those who have a sedentary lifestyle

(Health Development Agency, 2003)

Obesity - Obesity contributes to cardiovascular disease, diabetes, hypertension, and some forms of cancers (breast, colon, prostate, endometrium, kidney, and gallbladder cancers). Lack of exercise is a major factor in the development of obesity, which is the biggest cause of diabetes.

Those taking regular physical activity are at a 50% reduced risk of becoming obese

(US Department of Health and Human Services, 1996 cited in Sheffield Doc pg 7)

Type II Diabetes - Physical inactivity is a major risk factor in the development of Type 2 diabetes. Physically active people have a 33-50% lower risk of developing Type 2 diabetes compared with inactive people. The prevention effect is particularly strong for those at high risk of developing Type 2 diabetes, as it can reduce their risk of developing the disease by up to 64% (NHS National Diabetes Support Team, 2007).

Those taking regular physical activity are at a 50% reduced risk of developing Type II Diabetes compared to those who have a sedentary lifestyle

(Department of Health, 2004)

Hypertension & Stroke – Uncontrolled high blood pressure can lead to hypertension, stroke, congestive heart failure and end-stage renal disease. Lack of physical activity is a modifiable risk factor for both total stroke and stroke subtypes and is the cause of 25% of all deaths from stroke. Regular moderate to vigorous physical activity is sufficient to both reduce the risk of hypertension and stroke (BHF).

Those taking regular physical activity are at a 50% reduced risk of having a stroke compared to those who have a sedentary lifestyle

(Department of Health, 2004)

Osteoporosis - Physical activity as a way to prevent osteoporosis is based on evidence that it can regulate bone maintenance and stimulate bone formation including the accumulation of minerals, in addition to strengthening muscles, improving balance, and thus reducing the overall risk of falls/fractures and the onset of osteoarthritis. Physical activity interventions can help prevent falls among the elderly by up to 25% (BHF, 2007).

Those taking regular physical activity are at a reduced risk of developing osteoporosis

(Department of Health, 2004)

Cancer - Physical activity is associated with a reduction in overall risk of cancer in particular high levels of physical activity. The most active individuals have on average a 40-50% lower risk of developing colon cancer than the least active individuals. Women with higher levels of physical activity have a 30% lower risk of breast cancer than the least active. For optimal protection against cancer, regular moderate to vigorous physical activity should be maintained throughout a lifetime (BHF).

Those taking regular physical activity are at a 50% reduced risk of developing colon cancer compared to those who have a sedentary lifestyle

(World Health Organisation, 2002)

Depression and anxiety - Regular physical activity relieves symptoms of depression and anxiety. Physical Activity is increasingly recognised by GPs as an alternative to medication, 22% of GPs now prescribe exercise therapy as one of their three most common treatments for depression compared with only 5% three years ago. This is reflected at a local level, with 20% of exercise referral clients in Cardiff being referred due to mental health problems (Personal communication, Cardiff Exercise Referral Co-ordinator, 2008).

Those taking regular physical activity have improved mental health

(Department of Health, 2004)

Management of Painful Conditions – Clinical studies have shown that for patients who are suffering with back pain to remain as physically active as possible as it can reduce pain, improve function and prevent lower back pain becoming chronic. Some symptoms of fibromyalgia are also improved by short-term aerobic fitness training. Exercise is also an inexpensive, low risk option compared with more invasive therapies for treating patients suffering with claudication (BHF).

Physical activity increases functional capacity

(Department of Health, 2004)

THE COST OF PHYSICAL INACTIVITY

The direct and indirect (loss of earnings due to sickness and premature mortality) annual costs of treating obesity in the UK have been conservatively estimated at £3.3 - £3.7billion (House of Commons Health Committee, 2004).

In Wales, the total cost of physical inactivity to the health service and the economy as a whole is estimated at around £650 million per year - equivalent to over 12% of the Welsh Assembly Government's Health and Social Services budget (Wales Audit Office, 2007), and more than £200 for each person, per year.

The rapid increase in the number of obese people in the UK is a major challenge. The economic implications are substantial. By 2050, a seven-fold increase in the direct health care costs of overweight and obesity is anticipated, with the wider costs to society and business reaching \$45.5 billion (at today's prices) (Government Office for Science, 2007).

6.0 IMPLEMENTATION, MONITORING & EVALUATION

This three year Cardiff Physical Activity and Health Strategy and Action Plan (2008 -2011) is intended to highlight the importance of physical activity on the health of the population and identify the key measures that will be needed within the City to increase physical activity levels.

The Vision

"To improve health and well being and reduce inequalities in Cardiff through a diverse and inclusive provision of physical activity opportunities to enable more people to be more active, more often"

Strategic Aims

- 1. To influence national and local policy that can contribute to improving health through physical activity, ensuring an effective and efficient approach to delivery**
- 2. To enable people to access opportunities to a physically active lifestyle**
- 3. To promote the health, social and well being benefits of physical activity**

An action plan has been created to implement, monitor and evaluate the strategy and deliver the physical activity vision and strategic aims for Cardiff. The action plan has been developed through a consultation process with Steering Group members and wider partners to identify priority actions and to address duties, responsibilities and timeframes to ensure that all partners are working together effectively to ensure that the aims and objectives of the strategy are achieved and monitored. The three year Action Plan (2008 – 2011) will be reviewed on an annual basis.

In identifying priority actions it became evident that each area of Cardiff has its own specific health issues which need to be addressed accordingly. To address these needs, four operational sub-groups (North, West, Central & South East) consisting of individuals that are working within the community and have local knowledge of the issues and needs of the population, will be set up during 2008/9. Each area will develop their own action plan that is specific to the needs of their community and will work towards achieving the physical activity vision and strategic aims for Cardiff set out in this Strategy. The sub-groups will feedback to the steering group on a quarterly basis to ensure the local action plans are being delivered successfully, thus creating effective two way communication.

To support the implementation of the local action plans a Physical Activity Network will be launched in 2008/9. The Network will be a partnership between a wide range of organisations and agencies within the public, private, voluntary and community sectors with the focus being on physical activity and health of the local population within Cardiff. The Network will also act as a communication tool, enabling wider partners to be involved in the development and implementation of action plans.

Monitoring & Evaluation

The Cardiff Physical Activity & Health Strategy 2008 - 2011 is a three year document that will be reviewed and updated in 2011 to address the changing health needs of the population.

The action plan accompanying this strategy will be reviewed on annual basis. The action plan will be monitored and evaluated on a quarterly basis by the Cardiff Physical Activity & Health Steering Group to ensure the aims and objectives are being delivered successfully through designated lead agency/officers and in line with timescales. This quarterly monitoring will then be used when reviewing the action plan in future years.

The localised action plans will also be monitored and evaluated through the same process. The action plans will be reviewed on a quarterly basis by the area sub-group and also the Cardiff Physical Activity & Health Steering Group in their management role.

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ABBREVIATIONS

APG	Advisory Planning Group
BHF	British Heart Foundation
BMI	Body Mass Index
C&YP	Children and Young People
C&YPP	Children and Young People's Plan
CC	Cardiff Council
CHA	Cardiff Health Alliance
CHD	Coronary Heart Disease
CHS	Corporate Health Standard
CHAG	Cardiff Healthy Ageing Group
CHAAP	Cardiff Healthy Ageing Action Plan
CNHS	Cardiff Network of Healthy Schools
CNHSS	Cardiff Network of Healthy Schools Scheme
CVD	Cardiovascular Disease
F&F	Food and Fitness – 5 year Implementation Plan
F&H Network	Food and Health Network
F&H Steering Group	Food and Health Steering Group
FSA	Food Standards Agency
GP	General Practitioner
HAAPW	Healthy Ageing Action Plan for Wales
HIT	Health Improvement Team
HPT	Health Partnership Team
HSC&WBS	Health, Social Care and Well Being Strategy
LAPA	Local Authority Partnership Agreement
LDP	Local Development Plan
LHB	Local Health Board
LPHT	Local Public Health Team
LTSOA	Lower Tier Super Output Area
MHPAP	Mental Health Promotion Action Plan
NHS	National Health Service
NHSAR	National Health Service Administrative Register
NPHS	National Public Health Services
OCN	Open College Network
ONS	Office for National Statistics
PAHSAP	Physical Activity and Health Strategy and Action Plan
PANW	Physical Activity and Nutrition Network Wales
RCEDSE	Research and Community Engagement Department of Strategy and Enterprise
SCW	Sports Council for Wales
SFCAP	Smoke Free Cardiff Strategy and Action Plan
SOPW	Strategy for Older People in Wales
TAN	Technical Advice Note
VAC	Voluntary Action Cardiff
WAG	Welsh Assembly Government
WHO	World Health Organisation

GLOSSARY

A	
Action Plan	A specific method or process to achieve the results called for by one or more objectives.
Aim	Broad statement of what you are trying to achieve.
Advisory Planning Groups (APGs)	Sub-groups under the Joint Commissioning Group that address the needs of particular client groups or service areas.
B	
Big Lottery Fund	Big Lottery Fund is responsible for giving out half the money for good causes raised by the National Lottery, with a budget of about £630 million a year for community projects.
C	
Cardiff and Vale NHS Trust	Provides hospital and community health services in Cardiff city area and the Vale of Glamorgan.
Cardiff Health Alliance	The Cardiff Health Alliance was established in 2001 with the aim of raising the general health and well being of the residents of Cardiff, particularly those experiencing poverty and/or social exclusion. By convening a partnership of local interests, the Health Alliance can help ensure that all those things that have an impact upon health and inequalities in health are considered together and not as separate policies.
Chronic Disease	A long term illness or condition.
Climbing Higher	WAG's sport and physical activity strategy 2005-2025.
Community Enterprise	A social mission driven organization which trades in goods or services for a social purpose.
Communities First	WAG funded initiative for the regeneration of deprived communities.
Coronary Heart Disease (CHD)	Narrowing or blockage of the coronary arteries by atheroma, leading to angina, coronary thrombosis or heart attack, heart failure, and/or sudden death.
Cymorth	Welsh Assembly Government funds to provide a network of targeted support for children and young people within a framework of universal provision, in order to improve the life chances of children and young people from disadvantaged families.
E	
Effective	With reference to health and social care this refers to services which are proven to be successful.
Empower	Equipping people with knowledge and skills to enable them to make their own decisions and lifestyle decisions.
Equality	Allowing individuals equal access to service provision by relevant and appropriate means. Not necessarily treating everyone the same, but recognizing individual needs.
Ethnicity	A term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Ethnic Minority	Group differentiated from the main population of a community by racial origin or cultural background.
F	
Fair Trade Status	A town, city, village, county, zone, island or borough that has made a commitment to supporting Fairtrade and using products with the FAIRTRADE Mark, and has met the five criteria required to achieve Fairtrade status.
Flying Start	Funding to work with 0-3 year-olds in disadvantaged areas based on international evidence of the effectiveness of high quality early years services.
G	
Good Procurement Practice	Ensuring that correct Procurement Procedures are adhered to, whilst taking into consideration Value for Money, Efficiency, Sustainability and Governance in order to achieve best value for the Council and Service Users.

H	
Health Challenge Wales	WAG focus on better health, encouraging individuals and organisations to take responsibility for health improvement through a co-ordinated approach.
Health Determinant Indicators	Factors such as employment, fitness, and nutrition that impact on a person's health and well being.
Health Partnership Team	A team of staff supporting the joint planning arrangements and developing and monitoring of the strategy in Cardiff.
Healthy City	A World Health Organisation programme. Healthy City status means that city planners and decision makers are committed to putting the health and well-being of all of those who live and work in their city at the heart of everything they do.
Healthy balanced diet	A diet based on the proportions of food from the five food groups in the Eatwell plate model (FSA) containing lots of fruit and vegetables; is based on starchy foods such as wholegrain bread, pasta and rice; and is low in fat (especially saturated fat), salt and sugar.
Healthy Schools	Welsh Assembly Government Programme to support schools to identify their health and well being needs using a healthy school tool. Then develops an action plan to help addresses those needs.
Holistic	A philosophy of health and social care that takes into account total the physical, emotional, social, economic, and spiritual needs of service users.
I	
Inequalities in Health	Differences in health status or access to health services across population groups or geographical areas.
L	
Local Authority	The elected council, which provides such local services as education, housing and social services.
M	
Monitoring	To observe and regularly check the progress of a service, project or action plan.
Morbidity	An incidence of a particular disease or group of diseases in a given population during a specified period of time.
Mortality	Incidence of death in a population (usually related to a particular cause and presented as a rate (e.g. per thousand population).
N	
National Health Service (NHS)	Publicly funded health care system in the UK.
National Public Health Service (NPHS)	An organisation, which brings together the public health professionals and includes input from academic departments, with those of the Public Health Laboratory Service in Wales, which, includes the Communicable Disease Surveillance Centre.
National Service Frameworks (NSFs)	These frameworks are evidence-based strategies setting out national standards of care that patients can expect to receive from the NHS in major care areas or disease groups. Current NSFs include Mental Health, Older People and Coronary Heart Disease.
Needs Assessment	The process by which Local Health Boards and Local Authorities use information to assess the health of their population and determine what services are necessary to meet that need.
NHS Trust	A statutory body that provides NHS services – including acute services, mental health services, secondary services, tertiary services. Does not include local health boards.
Nutrition Network for Wales (NNW)	Links with and supports all those individuals, organisations and sectors with a role to play in improving diet and nutrition in Wales and supports its partners by providing and improving access to information, providing a forum for sharing knowledge and good practice, and enabling partners to learn from each other.
Nutritious Food	Food rich in nutrients such as vitamins and minerals.

O	
Obesity	An excess of body fat that frequently results in a significant impairment of health.
Objective	Applied to a health programme or activity, this means the desired end state (or result, or outcome) to be achieved within a specified time period.
P	
Physical Activity Network for Wales (PANW)	Links with individuals and organisations across the whole spectrum of physical activity in Wales, providing support and facilitating partnership work with the aim of increasing the physical activity levels of the people of Wales.
Physical Education and School Sport	WAG initiative aimed at raising standards in physical education and school sport and to promote an active and healthy lifestyle. (PESS)
Policy	A broad statement of the principles of how to proceed in relation to a specific issue, such as a national policy on transport, a local authority policy on housing, or a policy on how to deal with alcohol issues in a workplace.
Premature death	Death under 65 years of age.
Procurement	The process of identifying, sourcing, accessing and managing the external resources that an organisation needs or may need to fulfil its strategic objectives.
R	
Race	A human population considered distinct based on physical characteristics.
S	
Strategy	A broad plan of action that specifies what is to be achieved, how and by when; it provides a framework for more detailed planning.
Steering Group	A group of people with responsibility for directing and ensuring effective completion of a particular project.
Sub-group	A distinct group within a group - a subdivision of a group.
Sure Start	Sure Start is a government programme which aims to achieve better outcomes for children, parents and communities by increasing the availability of childcare for all children, improving health and emotional development for young children and supporting parents as parents and in their aspirations towards employment.
Sustainable development	Development that meets the needs of the present without damaging the health or environment for future generations.
T	
Townsend Index of Deprivation and Disadvantage	An index devised to provide a material measure of deprivation and disadvantage. The index is based on four different variables taken, which form an overall score. The higher the score, the more deprived and disadvantaged an area is thought to be.
V	
Voluntary Action Cardiff	The County Voluntary Council for Cardiff which supports a wide range of voluntary organisations.
Voluntary Sector	Organisations, often registered as charities, which operate on a non-profit making basis, to provide help and support to the group of people they exist to serve. They may be local or national, and they may employ staff, or depend entirely on volunteers.
Voluntary Sector Compact	The compact is an agreement that sets out arrangements for joint working between the local voluntary sector, Cardiff Council and the local NHS.
W	
Welsh Index of Multiple Deprivation (WIMD)	An objective measure of multiple deprivation used across the whole of Wales. Using the electoral ward as the basic building block, the index allows comparison between any of 865 Welsh electoral divisions on the basis of the overall index and on its separate domains of income, employment, health, education, housing and access. The higher the score, the more deprived and disadvantaged an area is thought to be.

Welsh Health Survey	A self-completion survey of health in Wales, which includes questions about people's use of health services, illnesses, general health and well being, smoking, alcohol, fruit and vegetables, exercise, carers and questions about themselves (age, sex, weight, height, etc).
Whole Population Approach	Public health approach that focuses on a whole community rather than on individuals who are identified as being in particular need.
World Health Organisation (WHO)	WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

APPENDIX 1

Following is a summary of the key national and local health strategies, policies, reviews and plans that form the strategic context of this strategy. These have been broken down into three tables as follows:

- Overarching National Documents / Initiatives
- Key National Strategies specifically aimed at Physical Activity
- Overarching Local Documents / Initiatives

NATIONAL CONTEXT

Table 1: Overarching National Documents / Initiatives

STRATEGY / POLICY	GENERAL SUMMARY	REFERENCE TO PHYSICAL ACTIVITY
'Better Health- Better Wales' Consultation (May 1998), Followed by 'Better Health- Better Wales Strategic Framework' (October 1998)	The Welsh Assembly Government approached the underlying problems of ill-health through the introduction of the 'Better Health – Better Wales Strategy', which recognised and addressed the factors which impact on health.	The consultation acknowledged that physical activity contributes to health and well being. The strategy outlined 3 Sports Council for Wales (SCW) initiatives to support young people to lead more active lifestyles: SPORTLOT small grants, Clwb Cymru to assist local sports clubs, and Dragon Sport. Furthermore, Healthy Living Centres were identified as a vehicle to promote healthy and active lifestyles
'Improving Health in Wales. A Plan for the NHS with its partners' (2001)	This document sets out the Welsh Assembly Government's vision for the NHS over the next ten years. A key objective of the plan is to improve health and well being through joint working.	No specific physical activity targets, but targets set for the number of schools participating in the Healthy Schools Scheme, and the number of workplaces to achieve the Corporate Health Standard, as well as targets to promote healthy eating, encourage play, and reduce death rates from major and long-term illness, especially in deprived communities.
'Well Being in Wales' consultation (2002)	A policy document produced by the Welsh Assembly Government which aims to highlight the importance of health and well being in everyday life,	Culture, sport and active lifestyles was one of the 7 Policy areas of the strategy, outlining the role of the Assembly government, as well as the NHS and social care services.
The Review of Health and Social Care in Wales (2003)	The report provides a framework for refocusing health and social care services such that they have a greater emphasis on preventing ill health and early intervention.	The report emphasises the range of factors which affect health, such as diet, exercise, and lifestyle. It states that individuals are responsible for doing what they can to maintain and improve their own health. No targets or recommendations specific to physical activity.
Health Challenge Wales (2005)	The Challenge, launched in January 2005, is the national focus of efforts to improve health and well being. It recognises that a wide range of factors – economic, social and environmental – have an impact on health.	Food and fitness is one of the 6 Health Challenge Wales themes. The HCW packs and information on the website highlights the benefits of being physically active, offers examples of how to get started, and outlines some of the barriers to getting started.
'Designed for Life: Creating world class Health and Social Care for Wales in the 21st Century '(2005)	The document provides a vision and strategy to deliver a world class health and social care service for Wales over the next 10 years, and describes the kind of health and social care services the people of Wales can expect by 2015 and how these can be developed. Its primary focus is on health services and health improvement	Recognises key documents related to physical activity linking to the Strategy, including 'Health Challenge Wales- action on food and fitness for children and young people', 'Climbing Higher', 'Healthy and Active Lifestyles in Wales: a framework for action', and many more. No specific mention of physical activity, but proposes that greater efforts will be made to help people look after their own health and take greater personal responsibility to drive forward the prevention agenda.

<p>Building Health – Creating and enhancing places for healthy, active lives (2007)</p>	<p>In recent years there has been an increasing focus in the links between the built environment and physical activity, looking at how the layout of towns, cities and buildings can create everyday opportunities to be physically active. The strategy outlines recommendations which government, local authorities and professional organisations should take to increase levels of physical activity.</p>	<p>The strategy outlines 7 key areas where improvements can be made to the design and planning to ensure people can be physically active:</p> <ul style="list-style-type: none"> ▪ Strategic planning ▪ Urban planning ▪ Streets & the public realm ▪ Walking & cycling ▪ Urban green space ▪ Outdoor playing ▪ Building design
<p>NICE Guidance – Physical Activity & the Environment (2008)</p>	<p>The guidance offers the first National, evidence-based recommendations on how to improve the physical environment to encourage physical activity. It demonstrates the importance of such improvements and the need to evaluate how they impact on the public's health.</p>	<p>There are a total of 7 recommendations based around improving the physical environment to encourage physical activity. The recommendations are based around a number of elements:</p> <ul style="list-style-type: none"> ▪ Strategies, policies & plans ▪ Transport ▪ Public open space ▪ Buildings ▪ Schools
<p>NICE Guidance – Obesity (2006)</p>	<p>NICE Guidance – Obesity (2006) is the first National guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children in England and Wales.</p>	<p>The guidance aims to:</p> <ul style="list-style-type: none"> ▪ Stem the rising prevalence of obesity and disease associated with it ▪ Increase the effectiveness of interventions to prevent overweight and obesity ▪ Improve the care provided to adults and children with obesity, particularly in primary care

Table 2 Key National Strategies specifically aimed at Physical Activity

STRATEGY / POLICY	GENERAL SUMMARY	TARGETS
<p>Healthy and Active Lifestyle in Wales (2003)</p>	<p>In 1998 the Welsh Assembly announced the establishment of a Task Force to advise the Assembly on cross cutting issues that could lead to increases in physical activity levels in Wales. The Task Force launched Healthy & Active Lifestyle in Wales (2003) and subsequent Action Plan</p>	<p>The Healthy & Active Lifestyles in Wales Action Plan (2003) contains 5 objectives as shown below:</p> <ul style="list-style-type: none"> ▪ Develop National and local partnerships and strategies to increase physical activity through active living. ▪ Enable public health and primary care professionals to promote active living and be well-equipped to act on this knowledge. ▪ Address issues of public knowledge of the health benefits of physical activity and of opportunities to increase physical activity by developing a National 'Active Living' campaign in the context of a comprehensive approach. ▪ Reduce the barriers to increasing active living. ▪ Strengthen monitoring, surveillance and research to support the implementation of a Healthy & Active Lifestyle Plan and future planning.

<p>'Climbing Higher – The Welsh Assembly Government Strategy for Sport & Physical Activity' (2005)</p>	<p>The Welsh Assembly Government launched Climbing Higher - its sport and physical activity strategy which set out a twenty year vision for increasing participation levels in sport and physical activity across Wales.</p>	<p>The strategy contains 11 targets. The strategy's 3 physical activity targets are:</p> <p>'To increase the rate of moderate intensity physical activity of at least 5x30mins per week for adults by at least one percentage point per annum for the next twenty years.'</p> <p>'All children of primary school age will participate in sport and physical activity for at least 60 minutes, five times a week'. 'All primary schools will provide a minimum of 2 hours of curricular based sport and physical activity per week'.</p> <p>'At least 90% of boys and girls of secondary school age will participate in sport and physical activity for 60 minutes, five times a week'. 'All secondary schools will provide a minimum of 2 hours of curricular based and 1 hour of extra curricular sport and physical activity per week.</p>
<p>'Climbing Higher-Next Steps' (2006)</p>	<p>Nest Steps builds on the foundations of the original strategy and outlines a framework for action, outlining areas that will be targeted for investment in order to make early progress towards the long-term targets set out in Climbing Higher</p>	<p>The framework outlines the current and planned policy programme investments, across 3 groups: Active Young People, Successful Sporting Nation, and Active Communities. Investment in physical activity across other policy areas of WAG and the Lottery are also outlined.</p>
<p>Framework for the Development of Sport and Physical Activity (2005)</p>	<p>The Framework for the Development of Sport and Physical Activity (2005) underpins the Sports Council for Wales (SCW) work programme in achieving the targets set out in Climbing Higher (2005)</p>	<p>Framework for the Development of Sport and Physical Activity (2005) key priorities are listed below:</p> <ul style="list-style-type: none"> ▪ Target Young People ▪ Reduce the number of sedentary adults ▪ Increasing frequency of participation ▪ Targeting low participation areas and sedentary communities
<p>Food & Fitness – Promoting Healthy Eating & Physical Activity for Children & Young People in Wales 5 year Implementation Plan (2006)</p>	<p>This implementation plan has been produced, following consultation, to communicate the actions which will be put in place to improve the nutrition and levels of physical activity of children and young people in Wales.</p>	<p>Food & Fitness – Promoting Healthy Eating & Physical Activity for Children & Young People in Wales 5 year Implementation Plan (2006) actions are shown below:</p> <ul style="list-style-type: none"> ▪ Extend the Welsh Network of Healthy School Schemes (WNHSS) ▪ Improve the food and drink consumed throughout the school day ▪ Provide high quality PE, health related exercise and practical cookery skills ▪ Provide an environment that will encourage children & young people to access opportunities for physical activity and healthier foods ▪ Develop skills to enable children & young people to take part in physical activity and prepare healthier foods ▪ Develop & deliver training on food & fitness for those working with children & young people ▪ Ensure that actions are evidence-based, or innovative with evaluation, and that findings are shared

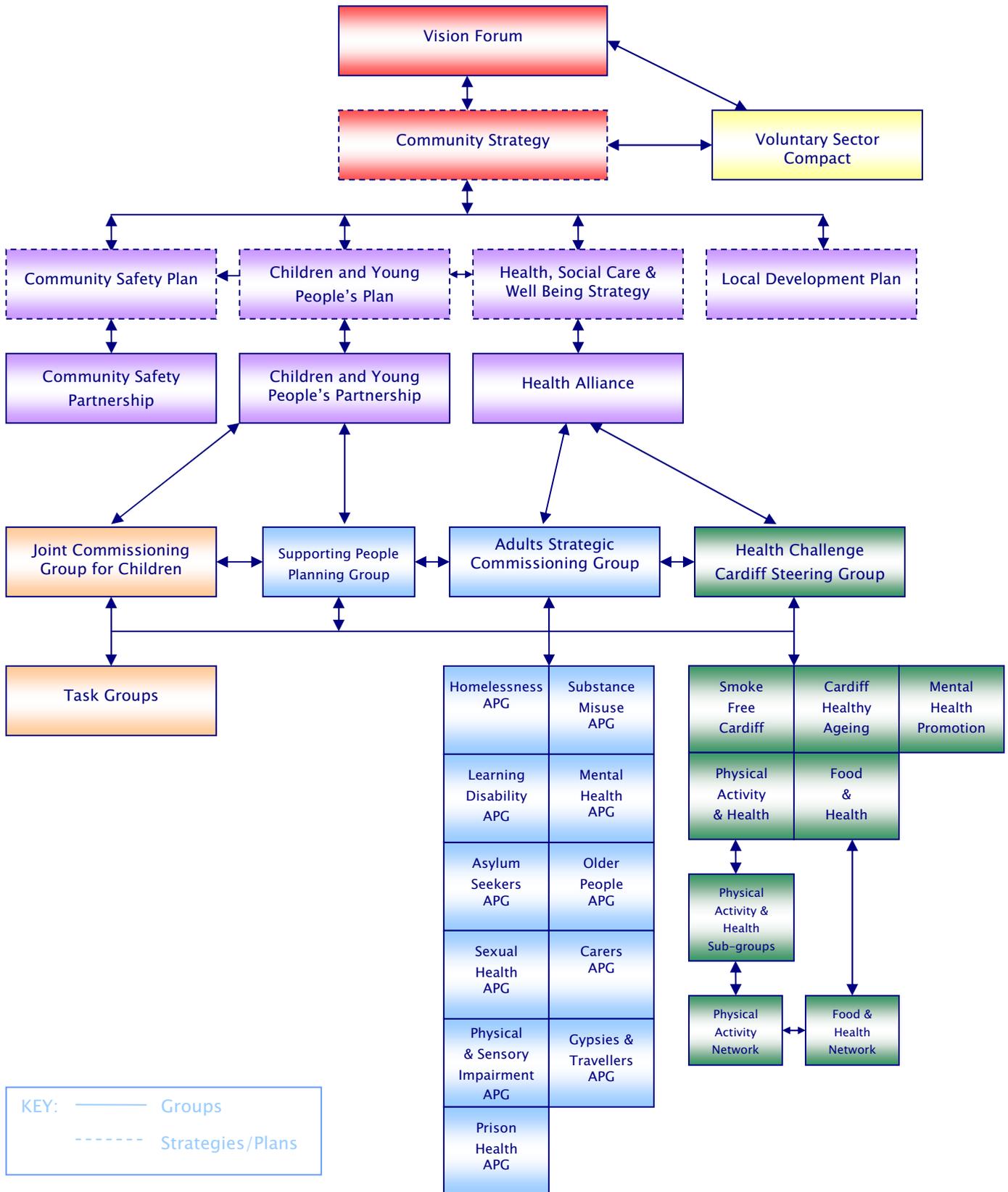
LOCAL CONTEXT

Table 3 Overarching Local Documents / Initiatives

STRATEGY / POLICY	GENERAL SUMMARY	REFERENCE TO PHYSICAL ACTIVITY
Proud Capital: The Cardiff Community Strategy 2007-2017	The Cardiff Community Strategy sets out the long term vision for Cardiff and is supported by an action plan outlining how the strategy will be delivered. It provides an overarching framework that supports other key strategies, plans and initiatives. The vision and targets will guide the development of the local community planning process and will lead to action in identifying and solving local problems over the next 10 years.	Proud Capital: The Cardiff Community Strategy 2007-2017 provides strategic direction to a number of key local strategies including the Health, Social Care & Well Being Strategy (2005-2008 and 2008-2011). Key health and physical activity milestones outlined in the strategy are as follows: <ul style="list-style-type: none"> ▪ Strengthening of networks between primary care health professionals to support people in maintaining their health and well being, increasing the range and quality of services provided locally ▪ Cardiff Local Health Board and Cardiff Council to produce, implement and monitor an updated Health, Social Care & Well Being Strategy for 2008-11, building on the success of 'Meeting the Challenge' ▪ Working in partnership to tackle obesity and improve the health and well being of people living in Cardiff and to improve local communities as a place to live and work ▪ Working to achieve designation as a World Health Organisation (WHO) 'Healthy City'
Cardiff's Health, Social Care and Well Being Strategy (2005-2008 and 2008-2011)	The Health, Social Care and Well Being Strategy for Cardiff is a joint statutory requirement placed on Cardiff Council and the Cardiff Local Health Board. The strategy sets out ways in which working together, organisations locally plan to improve the health and well being of people of Cardiff over the next three years. This will help direct health improvement through the promotion of physical activity.	Improving health and well being has been identified as a key strategic priority and overarching principle for the Cardiff Health, Social Care and Well Being Strategy (2005-2008). The strategy analysed the determinants of health (Dahlgren and Whitehead, 1991) and local priorities and key areas were highlighted as areas that needed to be addressed if health improvement was to be achieved. One of these priorities was physical activity.
Cardiff Children and Young Peoples Plan 2008 - 2011	The Children and Young People's Plan for Cardiff has been produced by the City's Children and Young People's Partnership (C&YPP) and supports the vision for Cardiff set out in the Community Strategy. The Plan builds on what children and young people have said they want in Cardiff and on the work of many organisations who have contributed to its development.	The C&YPP has set up five "Core Groups" to deliver its aims: Health, Well Being and Social Care; Purposeful Learning; Participation and Involvement; Nurturing Families and Communities; Leisure, Play and Culture. The work of each of the groups has been informed by a comprehensive needs assessment and by the local priorities identified in response to the National Service Framework for Children, Young People and Maternity Services.
Cardiff Council Physical Activity Policy Statement	Cardiff Council recognises that it is a principal partner in improving participation levels of physical activity within Cardiff. Working within the framework provided by the Council's four statutory plans, along with our partners we will work to achieve.	An active, healthy and inclusive Cardiff, where sport and physical activity provide a common platform for participation, fun and achievement, which binds communities and the City and where the outstanding local environment is used sustainably to enhance confidence in ourselves and our place in Wales and the world.
Corporate Health Standard	The Welsh Assembly Corporate Health Standard is a quality award given to public and private employers in recognition of work undertaken to promote health promotion within the workplace.	Cardiff Council recognises the importance of promoting physical activity in the workplace and is actively addressing the criteria in the Welsh Assembly Corporate Health Standard.

APPENDIX 2

CARDIFF HEALTH ALLIANCE PARTNERSHIP STRUCTURES



Vision Forum

The Proud Capital Vision Forum is Cardiff's Local Strategic Partnership and was established in October 2006. It brings together the key senior members of public, voluntary and private sector organisations from across the capital to identify a long term vision for the area and to initiate joint projects that promote the economic, social and environmental well being of those who live and work within the city and the wider region.

Cardiff's Four Key Strategies

The Cardiff Community Strategy, the Children and Young People Plan (C&YPP), the Health Social Care and Well Being Strategy (HSC&WBS) and the Local Development Plan (LDP) are the four key strategies for Cardiff and give strategic direct to work and other documents across the city.

Cardiff Health Alliance

The Health Alliance is the key strategic health and social care partnership in Cardiff with local authority, health services and voluntary sector membership. Established in 2000, the initial focus was to consider factors which contribute to health, health gain and reducing inequalities in health. Over time, the Health Alliance widened its scope to include health and social care services in response to WAG policies and initiatives, in particular the responsibility to develop and implement a Health, Social Care and Well Being Strategy on behalf of the Council and LHB. Consequently, the Alliance now provides the forum for strategic liaison between partner organisations on a range of health, social care and well being issues.

Health Challenge Cardiff Steering Group

The Health Challenge Cardiff Steering Group is a newly formed partnership created to direct the development of the Health Challenge brand and with the aim of expanding local health improvement activity. The group provides strategic direction to the five well being task groups.

Well Being Task Groups

As part of the work of the Health Alliance a range of multi-agency well being task groups have been established to take forward specific areas of work. Each task group is guided by a steering group consisting of representatives from key organisations, with the Chair of each sitting on the Health Challenge Cardiff Steering Group.

Strategic Commissioning Group

The SCG is a multi-agency forum of representatives involved with the planning of health and social care services for adults in Cardiff. The SCG inform joint planning across health and social care and ensures that the Health Social Care & Well Being Strategy is developed, implemented and monitored in line with the agreed objectives of the commissioning authorities.

Advisory Planning Groups

The SCG provides the leadership and direction to a range of Advisory Planning Groups (APGs). The Chairs of the APGs are constituent members of the SCG. These multi-agency groups each focus on a specific client group. The role of each APG is to ensure the efficient and effective joint planning of agreed health and social care services for relevant service user groups, as expressed within the Health, Social Care & Well Being Strategy.

Voluntary Sector Compact

There are an estimated 2500 voluntary organisations in Cardiff. Of these, around 400 are sporting and recreational organisations accounting for the largest single category - 23% of the total groups. A further 1334 have an interest in health, social care and well being. The sector's involvement in joint working is supported by the tri-partite Compact between the voluntary sector, Cardiff Council and the local NHS and is facilitated via Voluntary Action Cardiff's members and its networks for Health and Social Care, Community Development, Training, and Children, Young People and Families.

APPENDIX 3

CARDIFF PHYSICAL ACTIVITY & HEALTH STEERING GROUP MEMBERSHIP

NAME	POSITION	ORGANISATION
Dr Karianne Backx	Programme Director	University of Wales, Institute Cardiff
Judith Beck	Operational Manager Lifelong Learning	Cardiff Council – Schools & Lifelong Learning
Bronia Bendall	Health & Well Being Co-ordinator	Cardiff Council – Adult Services
Phil Cadenne	Operational Manager – Asset Management	Cardiff Council – Transport, Infrastructure & Waste
Ros Chown	Project Support Officer	Cardiff Council – Culture, Leisure & Parks
Matthew Coffin	Development Officer	Age Concern
Graham Craven	Operational Manager Leisure Facilities	Cardiff Council – Culture, Leisure & Parks
Jackie Dorrian	Play Services Manager	Cardiff Council – Culture, Leisure & Parks
Lynn Dunn	Team Leader - Countryside	Cardiff Council – Strategic Planning & Environment
Neil Emberton	Senior Regional Officer	Sports Council for Wales (SCW)
Bethan Frost	PESS Co-ordinator	Cardiff Council – Schools & Lifelong Learning
Trevor Gough	Chief Officer	Cardiff Council – Culture, Leisure & Parks
Lauren Holloway	Health Promotion Practitioner	National Public Health Service (NPHS)
Chris Jennings	Programme Director	University of Wales, Institute Cardiff
Judith John	Chief Dietitian	Cardiff & Vale NHS Trust
Christina Lloyd	Corporate Health Standard Co-ordinator	Cardiff Council – Policy & Organisational Development
Jon Maidment	Operational Manager Parks Services	Cardiff Council – Culture, Leisure & Parks
Steve Morris	Sports Development Manager	Cardiff Council – Culture, Leisure & Parks
John Pearse	Operational Manager Customer & Service Development	Cardiff Council – Culture, Leisure & Parks
Eryl Powell	Principal Health Promotion Specialist	National Public Health Service (NPHS)
Mary Powell - Chandler	Programme Manager	Communities First
Jonathon Singleton	Development Manager	BCTV
Sarah Stork	Development Manager	Cardiff Council – Culture, Leisure & Parks
Dafydd Thomas	Development Officer	SUSTRANS
Sue Toner	Principal Health Promotion Specialist	National Public Health Service (NPHS)
Sian Trotman	Programme Director	Coleg Glan Hafren
Ravi Vedi	Development Manager	Voluntary Action Cardiff (VAC)

